

INDEX

	Description
520 . 0.10	INTRODUCTION
	Preamble
	Introduction
	Policy Statement
	Description of Unit
	PLANNING
	Operational Models
	Planning Models
	Other Planning Issues
	Functional Areas
	Functional Relationships
	DESIGN
	Disaster Planning
	Environmental Considerations
	Infection Control
	Finishes
	Fixtures and Fittings
	Safety and Security
	Building Service Requirements
	COMPONENTS OF THE UNIT
	General
	Standard Components
	Non-standard Components
	APPENDICES
	Schedule of Accommodation
	Functional Relationships
	Checklists
	Operating Unit Flow Diagrams

INTRODUCTION

Preamble

520 . 1.00 This Facility Planning Guideline aims to promote the development of optimal environments for the conduct of surgery and the pre and post operative management of patients undergoing surgical procedures, whilst enabling the adoption of emerging technologies and changing models of care.

The design of the Operating Unit and Peri-Operative Unit must be sufficiently flexible to accommodate the day-to-day fluctuations in surgical caseload and the corresponding fluctuations in staff and patient numbers.

A high quality physical environment will indicate that:

- + The patient is valued;
- + There is recognition of the positive contribution such environments make to the safe and efficient provision of surgery and for the pre-operative immediate post-operative recovery of patients;
- + The staff who provide care are valued and enabled to provide optimal care in safe and pleasant workspace.

Introduction

- 520 .2.00 This Section outlines the specific requirements for the planning of an Operating Unit or Peri-Operative Unit. Generic planning requirements and Standard Components must be read in conjunction with this section.

Since an Operating Unit may be incorporated within an Ambulatory Care facility, this section must be read in conjunction with the Ambulatory Care component of these Guidelines.

Policy Statement

- 520 .3.00 NSW Health policies that impact on the management of surgical services and operations of Operating Units and Peri-Operative Units include:

- + Waiting time and Elective Patient Management Policy, PD 2006_020, 07-March 2006;
- + Guide to the Role Delineation of Health Services Third Edition, 2002;
- + What a difference a day can make - Same Day Surgical and Endoscopic Procedures Policy, May 1999.

Specific NSW Health's service plans impact on the planning of Operating Units. Selected highly specialised surgical procedures are provided on a statewide basis and as identified in the following:

- + Selected Specialty and Statewide Service Plan No 1 - Heart Lung Transplantation, January 2002;
- + Selected Specialty and Statewide Service plan No 2 - Pancreas Transplantation, January 2002;
- + Selected Specialty and Statewide Service Plan No 3 - Liver Transplantation, January 2002;
- + Selected Specialty and Statewide Service Plan No 4 - Severe Burns, May 2003.

Description of the Unit

- 520 .4.00 The Operating Unit is a physically distinct and environmentally controlled facility comprising one or more Operating Rooms, with provision to deliver anaesthesia and accommodation for the immediate post-operative recovery of patients.

The Operating Unit may be:

- + Located as a dedicated facility within a hospital;
- + Collocated with a specialist clinical service within a hospital such as a Burns Unit or Obstetric Unit;
- + Located in a free-standing ambulatory surgical facility;
- + Ancillary support services and staff amenities may also be included in the Operating Unit.

The Operating Suite module provides a safe and controlled environment for the care of patients undergoing operative procedures within the Operating Suite.

Facilities are provided for:

- + Patient reception/identification;
- + Induction of anaesthesia;
- + Operative procedures;
- + Post operative recovery;

Part B - Health Facility Briefing and Planning

- + Ancillary support;
- + Staff amenities.

520 .5.00 PERI-OPERATIVE UNIT

The Peri-Operative Unit functions as:

- + A Pre-Admission Reception Area for patients undergoing surgery;
- + A Post-Surgical Recovery Area and Pre-Discharge Lounge for patients.

520 .5.50 OPERATING UNIT

The Operating Unit functions as an appropriate and safe venue to perform surgical procedures, using inhaled and other anaesthetic agents, and to provide accommodation for the recovery of patients in the immediate post-operative period (Stage 1 Recovery). Whilst facilitating the surgical management of patients, the Unit must also provide facilities to meet the needs of staff working in the Area.

520 .6.00 The design of the unit should permit unimpeded traffic flows for sterile and used materials, patients, visitors and staff.

520 .7.00 The number of Operating Rooms and recovery beds/spaces required, the configuration of the support and other services, and the size of the facility are determined by:

- + The anticipated volume of surgical procedures;
- + The casemix and complexity of the surgical caseload.

PLANNING

Operational Models

520 .8.00 The model of surgical service delivery determines the configuration of the Operating Unit, and the functional relationships required with other Units and facilities.

Examples of models of surgical service delivery include:

- + 'The Integrated Ambulatory Care Model' where patients access surgical and/or medical procedures and other complementary services on a planned day-only basis in a dedicated facility;
- + 'The Peri-Operative Model' where patients having planned surgery as day-only or day-of-surgery admissions are admitted to a dedicated facility prior to surgery. Planned and emergency surgery and 1st stage recovery is undertaken in the Operating Unit. Day-only cases are then transferred back to the facility for pre-discharge care;
- + 'The Short Stay Surgery Model' where patients having planned surgery as a day-only or overnight admission are admitted to a dedicated facility, then transferred to the Operating Unit for surgery and 1st stage post-operative recovery, and then returned to the facility. Post-operative stay is usually 48 hours or less;
- + 'Specialist Surgery Model' catering for a single specialty such as ophthalmology or plastic surgery. Patients are day-only admissions for surgery and recovery.

520 .9.00 Users must define their own Operational Policies as one of the earliest steps in the planning process.

Policies that may affect planning include:

Part B - Health Facility Briefing and Planning

- + Admissions procedures;
- + The manner in which food, linen and supplies are ordered, supplied and stored;
- + Medical records management;
- + Use of dedicated theatres for individual specialities;
- + Inclusion of an emergency theatre;
- + Inclusion or exclusion of day procedures;
- + Provision of sterile supplies from Central Sterile Supplies Department (CSSD) or Theatre Sterile Supplies Unit (TSSU);
- + Day of Surgery Admissions (DOSAs) and day surgery patients.

Refer to Part B - General Requirements for general discussion on Operational Policies.

Planning Models

- 520 .10.00 The operational model chosen for the Operating Unit will greatly influence the planning model adopted.
- 520 .11.00 There are many options available for planning a new or upgraded Operating Suite. The response to the agreed Planning Model should be a layout that achieves a balance between the environmental needs of the staff, infection control, operational flow and functional requirements.
- 520 .12.00 The location of departments such as Day Surgery, TSSU/CSSD, Admissions/Bookings and Administration Services and Facilities, including the separation of the flow of patients, staff, goods and services, will have an impact on the selection of the Planning Model.
- 520 .13.00 The shape of the building and the location of the department within the building will affect the planning of the unit; however there are a number of other issues that will need to be evaluated prior to commencing the internal planning of the Department.
- 520 .14.00 SINGLE CORRIDOR
- A single corridor is an option that is often considered where all the goods, clean and used, plus pre and post operative patients all traverse the one corridor. There is ongoing debate as to the suitability of this approach. However, this option is considered suitable provided:
- 520 .15.00 + That the main circulation corridor is sufficiently wide in order to permit separation of passage of goods and services;
- 520 .16.00 + Handling of clean supplies and waste is carefully considered.
- 520 .17.00 A disadvantage of this planning model is that a patient awaiting surgery may be exposed to other patients following their surgery. These patients may have drains, visible blood stains, etc, and be surrounded by equipment that could be upsetting to other patients prior to surgery.

Part B - Health Facility Briefing and Planning

Planning Models

520 .18.00 RACE TRACK

A race track model allows for all the Operating rooms to be accessed from the rear via a combined Set Up/Stock Room. This model aims to separate 'dirty' from 'clean' traffic by controlling the uses of each corridor.

520 .19.00 This is often preferred, as both stock and staff can be concentrated in one location. It therefore prevents duplication of equipment stock and staff.

520 .20.00 The issues of flash sterilisation for dropped instruments and specialised instruments often requires considerable thought and discussion in terms of the Operational Policy and instrumentation requirements.

520 .21.00 SMALL CLUSTERS

Small clusters of two to four Operating Rooms per cluster with a shared Stock and Set-Up Room is often a preferred model during the planning stages, however the operating costs of providing dedicated staff and stock duplication can be an issue.

520 .22.00 This model can add to the corridor space and circulation space. The staff often prefer the space to be used as stock storage rather than as corridor and circulation space.

520 .23.00 DEDICATED THEATRES WITH FIXED OR MOBILE EQUIPMENT

This model dedicates particular theatres to specific types of surgery. This may be beneficial in larger suites where work volumes justify this specialisation. In smaller suites the benefits of flexible use of theatres usually outweighs the benefits of specialisation.

520 .24.00 Fixed equipment can preclude the multifunctional use of the Room. If a piece of equipment needs repair, the room cannot be used.

520 .25.00 If the activity requires, it can be useful to provide dedicated theatres for specialities such as Urology, with a dedicated table and drainage.

520 .26.00 Fixed radiology equipment is large and difficult to clean and may not be required for all cases.

Other Planning Issues

520 .27.00 STERILE SUPPLIES

Sterile supplies may be provided from a dedicated TSSU or from a CSSD that also serves other areas of the hospital. Whichever option is chosen the Theatre Suite is a major user of sterile stock and its location relative to the sterile supplies is of high importance.

520 .28.00 The Theatre Sterile Supplies Unit may be located within the Suite or externally. It is preferable to locate the TSSU adjacent to the Suite with direct access between the departments. If the footprint for the service cannot be located on the same floor, a dedicated clean and used goods lift should be provided.

520 .29.00 Adequate standing space should be provided to allow for the holding of set-up trolleys in front of each of the lifts.

520 .30.00 SCRUB LOCATION

Many Suites are planned with a shared Scrub Room. This allows more than 2 or 3 persons to scrub per room and will speed the change round process.

520 .31.00 Most Operating Suites are planned with the Scrub Room located on the patient entry side, and this is recommended.

520 .32.00 Where space on the entry side is at a premium, Scrub Rooms may be located on the set up and sterile goods inward flow side.

520 .33.00 SET UP, STERILE STOCK FLOW AND LOCATION

Smaller Suites may incorporate the set up and the stock holding flow as part of the TSSU.

520 .34.00 To increase efficiency and throughput, a sterile set up area may be located between, or to the rear, or if space allows, in the front of the Operating Room. If the sterile packs are unwrapped in this set up area, the air conditioning and room pressure implications are considerable and costly.

520 .35.00 SEPARATION OF PRE AND POST OPERATIVE GOODS AND PERSONNEL

Theatres can be planned with an entry for the clean goods and the patient on one side and an exit bay on the other side for the patient and waste. This is a useful way to plan a Suite when same day and day surgery patients walk into the Suite. Trolley holding and stock may be located on one side and a clean up bay and waste holding on the other side.

The location of Recovery can be an issue when planning this option.

520 .36.00 SINGLE STOREY SUITE VERSUS MULTI- STOREY SUITE

There are occasions where the Change Rooms and sometimes Offices and Tea Rooms must be located on a floor above or below the Operating Suite due to space restrictions.

520 .37.00 In this model the Anaesthetists usually prefer the Staff Room to be located on the same floor as the Suite as ease of access to the Recovery is important.

520 .38.00 WINDOWS

The need for an external view from the Operating Room is often a prime requirement. The implications for this concept are:

- + Vision from the Operating Room could be through a corridor, set up area or directly to the external environment.
- + Many procedures require black-out and there are additional cost associated with external heat shields and cleaning blinds within the clean zone of the Suite.
- + If the windows to the Suite are located on the outside of the building there are often heating and cooling implications that will have a considerable impact on the recurrent costs of managing the Suite.
- + Viewing windows from a corridor to the Operating Room can be useful for

Part B - Health Facility Briefing and Planning

supervision and training purposes.

+ Given that only a limited number of windows can be achieved within a Suite, it may be preferable to provide the Staff Amenities and the patients in Recovery and Day Surgery with the windows rather than the staff working in the Operating Rooms.

+ Where a TSU is part of the unit, windows should also be provided where possible.

Functional Areas

520 .39.00 UNIT FUNCTIONAL ZONES

The Operating Unit comprises the following Functional Zones:

+ Admissions/Reception Area - for receipt and admission of patients to the Unit, with general overseeing of day-to-day operations, control of entry and exit from the Unit, and completion of general administrative tasks;

+ Pre-Operative Holding Area - for holding and management of patients prior to their operation or procedure.

+ Operating Rooms Area - where procedures are carried out.

+ OR Support Areas - where stock and sterile supplies, linen, anaesthetic equipment and supplies are stored and managed, waste is disposed of, small items sterilised etc.

+ Recovery Area - where patients are assisted through the process of recovering from the effects of anaesthetic.

+ Staff Areas - Male/Female Change Rooms and Staff Room.

+ Clinical Support Area - where office and administration space is provided for Clinical staff.

Functional Relationships

520 .40.00 EXTERNAL

Patients may enter the Unit from a number of locations; some of these will be emergencies or need urgent treatment. For these reasons it is desirable to have close and direct relationships with:

+ Emergency;

+ ICU/NICU;

+ Ambulance Bay;

+ Helipad;

+ Lifts;

+ Delivery Suite.

Links between these Units and the Operating Unit should be rapid, direct and discreet.

To minimise stress to patients and other hospital users, transfer of severely ill patients to and from the Unit through public corridors should be avoided.

Other Units that are intimately linked with the day-to-day running of the Unit, and are often planned as a part of the Unit include:

+ Peri-Operative Unit;

+ CSSD/TSSU.

Other Units with which a close relationship is desirable include:

- + Pathology;
- + Imaging.

520 .41.00 INTERNAL

Planning of an Operating Unit is complex and requires the correct relationships to be achieved between the Functional Areas listed above.

Key issues to be managed include:

- + Separation of clean and dirty traffic flows.
- + Logical orderly patient flow from arrival at Reception, through Pre Operative Holding, Theatre and Recovery back to either the Peri-Operative Unit, the Ward or discharge to home.
- + The ability of staff to monitor the condition and safety of patients at all times.
- + The efficient management of the Unit, in particular ensuring the design does not result in additional staffing costs.

Achievement of all these goals is not readily described in words and readers should refer to the diagrams included with these Guidelines for guidance.

DESIGN

Disaster Planning

- 520 .42.00 A Disaster Management Plan should be prepared which describes the role of the hospital in a disaster situation.

Depending on the type of disaster the Operating Unit may be a key facility with a substantially increased workload.

The role of the Unit in the Disaster Plan should be understood before planning commences.

This is discussed in more detail in Part B, Section 80 of these Guidelines.

Environmental Considerations

- 520 .43.00 The Operating Unit can be a stressful environment for both patients and staff. The inclusion of natural light and views can improve the environment considerably, however when doing this, care must be taken to control glare and light intensity.

Operating Units will be airconditioned and particular parameters apply to the Operating Rooms, the Recovery Area and storage areas for sterile stock.

Colour can be used to avoid an institutional atmosphere.

- 520 .44.00 In all areas where patient observation is critical such as Operating Room/s, Anaesthetic Room/s, Recovery Area/Room, Holding Area/Room, colours shall be chosen that do not alter the observer's perception of skin colour.

Infection Control

- 520 .45.00 Due to the invasive procedures undertaken, infection control is a key issue in the design and planning of the Unit. For this reason, traditional theatre designs featured clean and dirty zones defined by red lines and completely separate corridor systems for patients and for clean and dirty goods.

Today Operational Policies play a greater role in managing the risk of infection, however it remains a key issue in design of this Unit.

Part B - Health Facility Briefing and Planning

Refer to Part D Infection Control Guideline.

Finishes

520 .46.00 GENERAL

As with most Units, the selection of finishes for the Operating Unit is influenced by both durability and infection control issues.

The finishes in the Operating Suite/Day Procedures Unit should be easy to clean to facilitate infection control. At the same time, they should be hard wearing and impervious to moisture.

Due to the high number of trolley movements in the Unit, wall protection is an important issue, and wall and corner protection is required wherever there is the potential for damage from trolleys.

See Part C of these Guidelines for further information.

520 .47.00 FLOOR FINISHES

The floor finishes should be of a type that are impervious to moisture, easily cleaned, stain resistant, comfortable for long periods of standing and suitable for wheeled traffic. In the Operating Rooms and Procedure Room, the colour should be such that there is sufficient contrast to find small dropped items.

Non-slip sheet vinyl with welded joints and coved skirtings is considered appropriate throughout the Unit.

Some substances heavily stain sheet vinyl. This should be considered when choosing a colour and pattern for the floor material.

Carpet may be used in the Waiting Area. A short dense pile is recommended.

See Part C of these Guidelines for further information.

520 .48.00 CHANGES IN FLOOR FINISHES

Where there are changes in types of floor coverings, eg vinyl, ceramic, tiles, carpet, there should not be a change in floor levels. Ridges, cover strips and humps where two surfaces meet are dangerous and noisy and represent an infection control problem, and safety hazard for potential slips, trips and falls.

See Part C of these Guidelines for further information.

520 .49.00 WALL FINISHES

Wall surfaces are subject to the cleaning protocols documented in the Operational Policy for the Operating Suite/Day Procedures Unit.

Ceramic tiles are not recommended as a wall finish due to their potential to compromise infection control. These tiles are also susceptible to damage from trolleys and if cracked or broken individual tiles may be difficult to replace.

520 .50.00 CEILINGS

Ceilings will be subjected to the cleaning protocols documented in the Operational Policy for the Unit.

See Part C of these Guidelines for further information.

520 .51.00 BENCH TOPS

Bench tops should be of a smooth, impervious finish, resistant to damage and stains.

Part B - Health Facility Briefing and Planning

Joins should be avoided if possible because they are difficult to keep clean. A range of products is suitable, eg laminates, synthetics and stainless steel. Consideration should be given to the use of the bench tops and the type of material most suitable to their task.

520 .52.00 WINDOW TREATMENTS

Window treatments to patient bed areas require consideration of infection control issues, and may require external or internal (between double glazing) treatments.

See Part C for further information.

520 .53.00 CLEANING REQUIREMENTS

The cleaning policy of the Unit must be determined during the design period.

Design, layouts, fittings, furnishings, floor coverings and finishings will have significant impact on the cleaning of the Unit. Ledges, corners and all other surfaces that are difficult to clean should be minimised.

Facilities should be provided that will assist in the efficient cleaning of the unit, eg appropriate location of power outlets, adequate storage of cleaning materials and equipment, waste disposal and handwashing facilities.

Fixtures & Fittings

520 .54.00 See Part C for further information.

Safety and Security

520 .55.00 For security of drugs and equipment, and infection control reasons, access to the Operating Unit should be controlled. Generally this is achieved by limiting access for everyone, other than authorised staff, to one entry point controlled by Reception.

OCCUPATIONAL HEALTH AND SAFETY

Employers and employees have a statutory obligation to ensure the health, safety and welfare at work of all employees.

The design of the Unit should seek to prevent injury and reduce the number of potential hazards.

Hazards that may be prominent in the Operating Suite / Day Procedures Unit include the risk of:

- + Exposure to infectious substances;
- + Exposure to radioactive materials;
- + Exposure to anaesthetic gases;
- + Exposure to decontamination agents;
- + Injury from machines and lifting.

520 .56.00 SAFETY & SECURITY Issues list is appended to this document.

See also Safety and Security in Part C.

Building Service Requirements

520 .57.00 GENERAL

Part B - Health Facility Briefing and Planning

The provision of appropriate building services to the Operating Unit, and easy access to these from the unit, is essential for efficient and safe operation.

Services and systems required include:

- + Medical gases;
- + Communication and data systems such as telephones, nurse call, emergency call, email, internet and vacuum tube;
- + Mechanical airconditioning and humidity control;
- + Light and power;
- + Patient Monitoring systems;
- + Telemetry systems;
- + Bar code readers;
- + Sterilising facilities;
- + Thermostatic mixing valves;
- + Ice machine;
- + Fume extraction where glutaraldehyde is used.

These are described in more detail in both Room Data and Room Layout Sheets.

520 .58.00 STERILISING

Sterilising facilities with high-speed sterilisers or other sterilising equipment for immediate or emergency use must be grouped to several Operating Rooms for convenient, efficient use. A work space and handwashing facility shall be included. Such facilities shall be provided at the ratio of one per four Operating Rooms.

Other facilities for processing and sterilising reusable instruments may be located in another hospital unit such as Central Sterilising Supply Department (CSSD) or Theatre Sterile Supply Unit (TSSU).

520 .59.00 STORAGE

Storage Bays shall be provided for equipment such as portable X-ray equipment, stretchers, fracture tables, warming devices, auxiliary lamps.

Equipment Bays shall be provided at the minimum rate of 5 m² per theatre and minimum dimension of 0.8 m (1m preferred). These areas shall not impede on corridors or disrupt traffic. This can be satisfied by recessing the Bay into the corridor walls or adding the minimum equipment bay width to the corridor width.

Note: Mobile Equipment Bays are best designed as elongated rectangular shapes and combined as far as possible.

COMPONENTS OF THE UNIT

General

- 520 .60.00 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.

Standard Components

- 520 .61.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of Offices, Workstations and support areas will be

Part B - Health Facility Briefing and Planning

dependant on the Operational Policy and service demand and may vary from the Schedule of Accommodation, however, room sizes should remain consistent. See also Planning Models and Functional Areas.

Non-Standard Components

- 520 .62.00 Provide the Non Standard Components as described in this section, according to Operational Policy and service demand.

Admissions / Reception Area

- 520 .63.00 MEETING ROOM - 9 m2

DESCRIPTION AND FUNCTION

Similar to Standard Component.

The Meeting/Interview Room is a multipurpose room that may be used as an office. The Interview Room may also be designed so that it is divided by a physical barrier, such as a desk top. This would enable staff to conduct an interview without the necessity of them compromising their 'clean' status and the need for visitors to change into Operating Suite attire.

Functions and activities include:

- + Consultations;
- + Interviews;
- + Grief counselling with relatives;
- + Office activities.

This room will be multipurpose including functions usually associated with a Treatment Room.

LOCATION AND RELATIONSHIPS

The Consult Interview Room should be on the boundary between clean and dirty zones.

- 520 .64.00 RECEPTION/CLERICAL

DESCRIPTION AND FUNCTION

The Reception/Clerical Area is the focal point of entry into the Operating Suite. It controls the boundary between the Operating Suite and the rest of the hospital.

The functions and activities of the Reception/Clerical Area include:

- + Patient delivery and identification;
- + Clerical work;
- + Enquiry point;
- + Monitoring of all persons entering/exiting the suite;
- + Over sighting of the Holding Bay;
- + Reception of goods.

LOCATION AND RELATIONSHIPS

The Reception/Clerical Area is located at the entry to the Operating Suite with direct access to both the hospital corridor and the Operating Suite corridor.

Patient Areas

520 .65.00 EXIT BAY

DESCRIPTION AND FUNCTION

The Exit Area is for the egress of the patient and used equipment at the conclusion of a procedure. This area may be shared between two or more Operating/Procedure Rooms.

Functions and Activities undertaken include:

- + Storage of patient bed while procedure is in progress;
- + Used linen trolley, optional;
- + Storage of table accessories.

To comply with Standard Components.

LOCATION AND RELATIONSHIPS

Direct access is required:

- + from the Operating/Procedure Room(s);
- + to the Operating Suite corridor.

520 .66.00 PATIENT BAY - HOLDING

DESCRIPTION AND FUNCTION

The Pre-Operative Holding Bays are a preparation area for patients immediately prior to their procedures.

People occupying space: 4 patients, 2 staff, average.

The functions and activities include:

- + Holding patients prior to transfer to the Operating Suite/Procedures Room;
- + Premedication of patients, when appropriate;
- + Pre-procedural preparations, eg shaving, where appropriate;
- + Monitoring patients' condition prior to a procedure;
- + Pre-procedural documentation;
- + Pre-procedural identification;
- + Safe-keeping of personal effects (refer Operational Policy).

LOCATION AND RELATIONSHIPS

The Pre-Operative Holding Area should be located adjacent to the Operating/Procedure Rooms, the Patient Change Cubicles, Shower and Toilets and close to the Waiting Area and Reception Area.

520 .67.00 PATIENT BAY - RECOVERY

DESCRIPTION AND FUNCTION

The Recovery Area/Room shall provide for the following main functions:

Part B - Health Facility Briefing and Planning

- + Recovery of patients from anaesthetic;
- + Observation of patients including skin tone, blood pressure and pulse rate measurement;
- + Resuscitation of patients, if required;
- + Bench level activities and storage;
- + Storage of clean linen;
- + Clinical handwashing;
- + Storage of drugs, some of which may require refrigeration.

LOCATION AND RELATIONSHIPS

Stage 1 Recovery Cubicles or rooms shall be designed in such a way to permit good observation from a Staff Station, when required. This will require either open fronts or wide central doors to any private Stage 1 Recovery Rooms.

Any private room provided for Stage 1 Recovery may also be used for pre-operative preparation, changing or waiting of patients.

Note: Nothing in these requirements prevents the possibility of integrating the Stage 1 Day Surgery Recovery Room with the main Recovery Room of the Operating Unit.

Stage 2 shall provide reasonable privacy for each patient such as curtained cubicles or private rooms of adequate size.

A Patient Toilet directly accessible from patient recovery shall be provided.

There shall be a clearance of at least 1.2 metres between patient beds and between patient bedsides and adjacent walls. Provision shall be made for the isolation of infectious patients.

Clinical handwashing facilities type A (see Part D) with hands-free taps shall be provided at the rate of at least one for every four beds. These shall be uniformly distributed to provide equal access from each patient bed.

Refer Part D of these Guidelines for Infection Control.

Staff Areas

520 .68.00 ANAESTHETIC STORE

DESCRIPTION AND FUNCTION

An area for storage of consumables, monitors and spare parts for anaesthetic equipment.

LOCATION AND RELATIONSHIPS

Direct access from the Operating Suite corridor for staff and equipment, and to Workroom.

520 .69.00 ANAESTHETIC WORKROOM AND BIOMEDICAL EQUIPMENT

DESCRIPTION AND FUNCTION

An area for the repair maintenance and calibration of both Anaesthetic and Biomedical equipment, and as a work base for anaesthetic and biomedical technicians when visiting the Unit.

LOCATION AND RELATIONSHIPS

Part B - Health Facility Briefing and Planning

Accessible from both the sterile and non-sterile areas of the Unit.

520 .70.00 AUDIOVISUAL WORKROOM

DESCRIPTION AND FUNCTION

A room for audiovisual technicians to manage the recording, editing, broadcast and storage of video images used for teaching purposes.

LOCATION AND RELATIONSHIPS

In a non sterile part of the Unit with ready access from outside the Unit. Irregular access may be required to the Operating Rooms for camera maintenance.

520 .71.00 BAY - BLANKET WARMER

DESCRIPTION AND FUNCTION

A Bay to accommodate a machine for the storing and warming of blankets.

LOCATION AND RELATIONSHIPS

This should be located off the Operating Suite corridor with ready access to the Operating Rooms and Holding/Anaesthetic Bays.

520 .72.00 BAY - BLANKET/FLUID WARMER

DESCRIPTION AND FUNCTION

A Bay for a combined blanket and fluid warmer. This is likely to be used in a smaller Unit.

LOCATION AND RELATIONSHIPS

Centrally within the Unit accessible from Patient Care Areas such as Pre-Operative Holding and Operating Rooms.

520 .73.00 BAY - FLUID

DESCRIPTION AND FUNCTION

A Bay for a fluid warmer.

LOCATION AND RELATIONSHIPS

Centrally within the unit accessible from Patient Care Areas such as Pre-Operative Holding and Operating Rooms.

520 .74.00 BAY - PATHOLOGY

DESCRIPTION AND FUNCTION

Depending on the Operational Policy, an area for preparation and examination of frozen sections may be provided. This function may be performed by the general Pathology Laboratory if immediate results are obtainable without unnecessarily delaying the completion of surgery.

LOCATION AND RELATIONSHIPS

Centrally within the Unit, accessible from Operating Rooms and Patient Care/Holding Areas.

Part B - Health Facility Briefing and Planning

Staff Areas

520 .75.00 BLOOD STORE

DESCRIPTION AND FUNCTION

An area for refrigerated storage of blood and blood products.

LOCATION AND RELATIONSHIPS

Centrally within the Unit, accessible from operating rooms and patient care/holding areas.

520 .76.00 FLASH STERILISING

DESCRIPTION AND FUNCTION

The Sterilising Bay is where instruments are sterilised within the Operating Suite.

People occupying space: 1-2 average.

The Sterilising Bay is fitted out for the washing and sterilising of instruments that are dropped in Operating Room procedures.

LOCATION AND RELATIONSHIPS

The Sterilising Bay, is immediately adjacent to the Operating Rooms and may be located in an alcove off the Sterile Stock Store or Set-Up Area.

The Sterilising Bay should not be located in either the Anaesthetic Induction or Scrub-up Rooms nor should it be located where steam could affect sterile stock.

Where possible one Sterilising Bay should be shared between two Operating Rooms.

520 .77.00 PERFUSION ROOM

DESCRIPTION AND FUNCTION

An area for cleaning and maintaining perfusion equipment.

LOCATION AND RELATIONSHIPS

Direct access to the Operating Rooms in which the equipment is used.

520 .78.00 SET-UP

DESCRIPTION AND FUNCTION

The Set-Up Area is where trolleys for each case are assembled, ie loaded with instruments and sterile supplies, prior to delivery to the Operating/Procedure Rooms for set-up, which is the opening and laying out of the contents of the packs.

LOCATION AND RELATIONSHIPS

The Set-Up Area should have a direct relationship to the Operating Room(s) and the Central Sterile Supply Unit or Theatre Sterile Supply Unit, whichever is appropriate.

Direct access to:

- + Operating Rooms;
- + Procedure Room;
- + Central Sterile Supply Unit or Theatre Sterile Supply Unit, as appropriate.

520 .79.00 STAFF STATION

520 .79.00

DESCRIPTION AND FUNCTION

The Staff Station is the focal point controlling the functioning of the Operating Suite.

Functions and activities of the Staff Station include:

- + Staff handover;
- + Communications centre (telephone & computer) for the Operating Suite;
- + Preparation of operating lists;
- + Control and updating of drug records;
- + Stock control of Operating Suite supplies;
- + Report writing.

LOCATION AND RELATIONSHIPS

Operational Policies will affect the design and location of the Staff Station eg the Operational Policies may be such that the Staff Station has to overview one or more of the following areas: Reception/Entry Area, Holding Bay or Recovery.

520 .80.00 STORE - EQUIPMENT - MAJOR

DESCRIPTION AND FUNCTION

The Equipment Store, provides for the storage of equipment not currently required in the Operating Rooms. Each item must be easily accessible. The area should not be so cluttered that fragile equipment is bumped or damaged.

LOCATION AND RELATIONSHIPS

Direct access is required:

- + To the Operating Suite corridor and Operating Rooms.

520 .81.00 STORE - EQUIPMENT - MINOR

DESCRIPTION AND FUNCTION

Similar to Store - Equipment - Major.

This is a supplementary store to provide an alternative location for storage of equipment closer to where it may be used, especially in a larger Unit.

LOCATION AND RELATIONSHIPS

Similar to Store - Equipment - Major

520 .82.00 STORE - NON STERILE/DEBOXING

DESCRIPTION AND FUNCTION

The storage of non-sterile goods on an open mobile shelving system for use in the Operating Suite.

LOCATION AND RELATIONSHIPS

Direct access is required to the Operating Suite corridor and from the Reception/Entry Area.

Staff Areas

520 .83.00 STORE - PERFUSION

DESCRIPTION AND FUNCTION

A room for the storage of consumable goods and spare parts for the perfusion equipment.

LOCATION AND RELATIONSHIPS

Direct access to the Perfusion Room.

Part B - Health Facility Briefing and Planning

APPENDICES

Schedule of Accommodation

520 .84.00 A Schedule of Accommodation for Units at Levels 3, 4, 5, and 6 follows.

Quantities and sizes of some spaces will need to be determined in response to the service needs of each unit on a case by case basis.

ROOMS/SPACE	Standard Component	Level 2	Level 3	Level 4	Level 5/6	REMARKS
OPERATING UNIT:		Qty x m2	Qty x m2	Qty x m2	Qty x m2	*Optional
ADMISSIONS/RECEPTION AREA -						
RECEPTION / CLERICAL		1 x 9	1 x 12	1 x 12	15	Level 2 includes space for porter.
WAITING	yes		1 x 4	1 x 8	16	Near Unit entry & reception.
MEETING ROOM - 9M2	similar		1 x 9	1 x 9	9	May also accommodate office & interview function.
PRE-OPERATIVE HOLDING AREA -						Caters for inpatients, day of procedures & DOSA patients.
PATIENT BAY - HOLDING		1 x 9	2 x 8	4 x 8	8	1 per theatre; sized for trolleys, but some may be spaces for peri-operat chairs @ 5m2.
OFFICE - WRITE-UP BAY	similar		1 x 6	1 x 6	1 x 6	Staff Work Area; ready access from Ors, main corridor, quiet & privacy desirable.
STAFF STATION					6	Only allocated for L5/6 as Reception could be base used for other levels.
BAY - HANDWASHING	yes	1 x 1	1 x 1	1 x 1	1	Min 1 per 8 spaces. Accessible from OR & Patient Care/Holding Areas.
BAY - LINEN	yes				2	Min 1 per 16 spaces. Corridor with ready access to Holding/Anaesth Bays.
BAY - BLANKET WARMER					2	Min 1 per 8 spaces.
CLEAN UTILITY	yes				8	Direct access from Patient Holding Areas, may be shared with Recovery.
DIRTY UTILITY	yes				6	Direct access from Patient Holding Areas, may be shared with Recov & Post Op Lnge.
OPERATING ROOMS AREA -						
ANAESTHETIC INDUCTION	yes		2 x 15	4 x 15	15	1 per theatre
ANAESTHETIC INDUCTION - LARGE	yes				18	1 per larger theatre; in some instances may be suitable for L4.
OPERATING ROOM - GENERAL	yes	1 x 42	2 x 42	4 x 42	42	
OPERATING ROOM - LARGE	yes				52*	
SCRUB UP	yes	1 x 6	2 x 8	4 x 8	8	1 per theatre, may be shared. Located between Operating Rooms as required.
EXIT BAY		1 x 8	2 x 8	4 x 8	8	1 per theatre.
OR SUPPORT AREA -						
CLEAN UP	yes	1 x 15	1 x 15	2 x 15	15	1 per 2 theatres.
FLASH STERILISING		1 x 2	1 x 2	1 x 2	2	1 per 4 theatres. If area req'd to accomm a Steris machine, incr size to 6m2.
STORE - NON STERILE / DEBOXING		1 x 20	1 x 20	1 x 30	30	
STORE - STERILE STOCK	yes	1 x 12	1 x 24	1 x 44	10	Allows for 10-12 m2 per Operating Theatre. Direct relationship to CSSU/TSSU.
BAY - MOBILE EQUIPMENT	yes	1 x 2.5	2 x 2.5	4 x 2.5	2.5	1 per theatre.

Part B - Health Facility Briefing and Planning

SET-UP				1 x 8*	2 x 8*	8	Depends on Operational Policy eg may differ where case cart system used.
STORE - EQUIPMENT - MAJOR	yes		1 x 30	1 x 30	1 x 40	75	
STORE - EQUIPMENT - MINOR	yes			1 x 10	1 x 10	60	
ANAESTHETIC WORKROOM + BIOMEDICAL EQUIPMENT				1 x 10*	1 x 15*	20*	Assumes dedicated biomedical space for Levels 5/6.
ANAESTHETIC STORE				1 x 15	1 x 20	35	
PERFUSION ROOM						42*	
STORE - PERFUSION						30*	
BAY - LINEN	yes		1 x 2	1 x 2	2 x 2	2	1 per theatre. Corridor with ready access to OR.
BAY - FLUID/BLANKET WARMER			1 x 1	1 x 1			
BAY - FLUID					1 x 1	1	1 per 4 theatres.
BAY - BLANKET WARMER					1 x 1	1	1 per 4 theatres
AUDIOVISUAL WORKROOM						12	
CLEANER'S ROOM	yes		1 x 5	1 x 5	1 x 5	5	1 per 8 theatres; ready access to all areas of unit, pref on perimeter in non-critical area.
DISPOSAL	yes		1 x 10	1 x 10	1 x 10	10	
BLOOD STORE			1 x 2*	1 x 2	1 x 2	2	May be for whole facility.
BAY - PATHOLOGY				1 x 9*	1 x 9*	9*	May be collocated with Clean Workroom or Blood Storage area.
OFFICE - WRITE-UP BAY	yes		1 x 6	1 x 6	1 x 6	6	
RECOVERY AREA -							
PATIENT BAY - RECOVERY			2 x 9*	4 x 9	8 x 9	9	2 beds per theatre & Proc Rm. L2 assumes Day Surg Patients recover in that Unit.
STAFF STATION - RECOVERY				1 x 9	1 x 12	24	
CLEAN UTILITY	yes			1 x 10	1 x 12	24	Direct access from Recovery Areas, may be shared with Patient Holding Areas.
DIRTY UTILITY	yes			1 x 12	1 x 12	16	Direct access from Recovery & Post Op Areas, may be shared with Patient Holding.
BAY - LINEN	yes			1 x 2	1 x 2	2	1 per 16 spaces.
BAY - BLANKET/FLUID WARMER				1 x 1	1 x 1	1	1 per 16 spaces.
STORE - GENERAL	yes			1 x 6	1 x 6	10	Low traffic area, access to pat holding; large eqt & deliv trolleys; wide & shallow preferred.
BAY - RESUSCITATION TROLLEY	yes			1 x 1	1 x 1	1	Central, access reqd from Operat'g R'ms & Patient Care/Holding Areas.
BAY - HANDWASHING	yes			1 x 1	2 x 1	1	1 per 8 spaces.
MEETING ROOM - 9M2	yes					9	
STAFF AREAS -							
CHANGE - STAFF	yes		2 x 25	2 x 20	2 x 35	2 x 120	Incl shrs & toilets; divide for female & male - refer relevant awards & legislation.
STAFF ROOM	yes		1 x 20	1 x 20	1 x 30	60	Minimise need to leave Unit. Smaller units - share as appropriate. Ext window desirable.
TOILET - STAFF	yes					3*	
DISCOUNTED CIRCULATION			35%	35%	40%	45%	

Part B - Health Facility Briefing and Planning

CLINICAL SUPPORT AREA* -							Depend on Operational Policy & management structure; HPUs may share.
OFFICE - SINGLE PERSON 9M2	yes			1 x 9	1 x 9	9	NUM clinical
OFFICE - SINGLE PERSON 12M2	yes				1 x 12	12	Nurse manager
OFFICE - SINGLE PERSON 9M2	yes					3 x 9	Recovery NUM, Anaesthetic NUM, IT Applications Manager
OFFICE - SINGLE PERSON 9M2	yes				3 x 9	3 x 9	Surgeon, Anaesthetist, CNC/Educator
OFFICE - 2 PERSON SHARED	yes				1 x 12	12	
OFFICE - 3 PERSON SHARED	yes				1 x 15	2 x 15	
MEETING ROOM - 12M2	yes		Shared	1 x 12			
MEETING ROOM - MEDIUM/LARGE	yes				1 x 15	30	1 per 8 theatres. With other office areas, ready access to main theatre corridor.
PERIOPERATIVE UNIT:							
ROOM/SPACE	Standard Component		Level 2	Level 3	Level 4	Level 5/6	REMARKS
			Qty x m2	Qty x m2	Qty x m2	Qty x m2	*Optional
ADMISSION/RECEPTION AREA -							
CLERICAL SUPPORT/ MEDICAL RECORDS			1 x 9	1 x 9	1 x 9	1 x 9	May be shared with Operating Unit or Ambulatory Care Unit.
ENTRY CANOPY			Varies*	Varies*	Varies*	Varies*	Only required where external access is available.
LOBBY/AIRLOCK			1 x 12*	1 x 12*	1 x 12*	1 x 12*	Only required where external access is available.
RECEPTION/CLERICAL			1 x 9	1 x 9	1 x 9	1 x 12	May be shared with Theatre or consolidated with Reception in smaller units.
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	
TOILET - PUBLIC	yes		2 x 3	2 x 3	2 x 3	2 x 3	
WAITING - WARD PERSON				1 x 6	1 x 6	1 x 9	
PRE-OPERATIVE AREA -							
WAITING	yes						Lounge area for waiting relatives and patients.
CHANGE CUBICLE - PATIENT	yes		1 x 2	2 x 2	3 x 2	4 x 2	
1 BED ROOM - ISOLATION (CLASS S)	yes		1 x 12	1 x 12	1 x 12	2 x 12	
BAY - RESUSCITATION TROLLEY	yes		1 x 2	1 x 2	1 x 2	1 x 2	
CONSULT ROOM	yes		2 x 12	2 x 12	3 x 12	4 x 12	
ENSUITE - ISOLATION ROOM	yes		1 x 5	1 x 5	1 x 5	2 x 5	For each Isolation Room.
PATIENT BAY - HOLDING			2 x 9	8 x 8	16 x 8	24 x 8	
BAY - PATIENT PROPERTY			1 x 2	1 x 2	1 x 4	1 x 4	
BAY - HANDWASHING	yes		1 x 1	1 x 1	1 x 1	1	Minimum 1 per spaces.
SHOWER - PATIENT	yes		1 x 3	1 x 3	1 x 3	1 x 3	
TOILET - PATIENT	yes		1 x 3	1 x 3	2 x 3	3 x 3	Additional may be required if colonoscopy performed.
TOILET - PATIENT DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	

Part B - Health Facility Briefing and Planning

CLEAN UTILITY/ MEDICATION	yes		1 x 10	1 x 10	1 x 12	1 x 12	Could be shared.
POST-OPERATIVE AREA -							
PATIENT BAY - RECOVERY			3 x 9	4 x 9	8 x 9	9 x 9	2 per theatre.
LOUNGE - PATIENT RECOVERY			1 x 12	1 x 16	1 x 16	1 x 20	
STAFF STATION - RECOVERY			1 x 9	1 x 9	1 x 12	1 x 16	
CLEAN UTILITY	yes		1 x 10	1 x 10	1 x 12	1 x 12	Could be shared.
DIRTY UTILITY	yes		1 x 14	1 x 14	1 x 14	1 x 14	Could be shared.
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	1 x 8	Could be shared.
BAY - LINEN	yes		1 x 2	1 x 2	1 x 2	1 x 2	
BAY - BLANKET/FLUID WARMER			1 x 1	1 x 1	1 x 1	1 x 1	
STORE - GENERAL	yes		1 x 6	1 x 6	1 x 8	1 x 10	
BAY - RESUSCITATION TROLLEY	yes		1 x 1	1 x 1	1 x 1	1 x 1	
BAY - HANDWASHING	yes		1 x 1	1 x 1	1 x 1	1 x 1	
MEETING ROOM - 9M2	yes					9	May be shared with Ambulatory Care or Operating Unit.
STAFF AREAS -							
BAY/ROOM - BEVERAGE	yes		1 x 3	1 x 3	1 x 3	1 x 3	For patients post-procedure.
BAY - STAFF PROPERTY	yes		1 x 2	1 x 3	1 x 3	1 x 3	
BAY - PATHOLOGY			1 x 5	1 x 5	1 x 5	1 x 5	May be shared with Ambulatory Care or Operating Unit.
CLEANER'S ROOM	yes		1 x 5*	1 x 5*	1 x 5*	1 x 5*	May be shared with Ambulatory Care or Operating Unit.
OFFICE - CLINICAL/HANDOVER	yes		1 x 12	1 x 16	1 x 16	1 x 16	Write-up, multipurpose function.
OFFICE - SINGLE PERSON 9M2	yes		1 x 9	1 x 9	2 x 9	2 x 9	
STORE - GENERAL/ EQUIPMENT	yes		1 x 12	1 x 14	1 x 14	1 x 16	
PRE-ADMISSION CLINIC -							
CONSULT ROOM	yes		2 x 12	2 x 12	3 x 12	4 x 12	May be shared with Pre-Operative Area.
CLINICAL MEASUREMENT						1 x 12	Provided in Consult Rooms in smaller units.
OFFICE - SINGLE PERSON 9M2	yes		1 x 9	1 x 9	2 x 9	2 x 9	

Functional Relationships

520 .85.00 A diagram showing key functional relationships is attached.

Checklists

520 .86.00 A Security Checklist is attached to this document.

Operating Unit Flow Diagrams

520 .87.00 The relationships between the various components within an Operating Unit are best described by process flow diagrams. The requirements for infection control and patient management result in a number of planning 'models' that have proved

Part B - Health Facility Briefing and Planning

successful through numerous built examples and many years of practice.

Most Operating Unit plans are a variation of one of these 'models'. These have been provided in the Enclosures to these Guidelines.

A plan substantially based on one of these diagrams is 'deemed to satisfy' the requirements of these Guidelines.

A plan that is significantly different to these diagrams should be carefully examined against all the individual requirements of these Guidelines, especially those of Infection Control to determine if it is acceptable.

520 .88.00 The enclosed Operating Unit flow diagrams also show the relationships between typical adjoining Units such as CSSU and possibly Day Surgery. For separate flow diagrams for CSSU, please refer to enclosures B1 to B6. For Operating Unit flow diagrams refer to enclosures B7 to B9. Flow diagrams B6 and B7 in combination create one complete surgical floor.

520 .89.00 In reviewing and using the enclosed Operating Unit flow diagrams, designers should carefully consider a number of issues.

Each flow diagram represents a method of managing patient access, clean/dirty flow, air pressurisation, sterilisation of dropped instruments etc.

The diagrams are different, but each addresses the issues involved in a satisfactory manner. Each option may suit a different management mode or building configuration.

Designers are strongly cautioned against creating hybrid options by combining features of various diagrams. This may result in wrong clean/dirty flows or other unacceptable features. If in doubt, designers should seek advice from specialist Theatre consultants and Infection Control nurses.

520 .90.00 Flow diagram in enclosure B7 shows a base model. This is a linear model. It can be stretched to create the number of Operating Rooms desired. The support facilities required also grow with the number of Operating Rooms. This base model integrates fully with the CSSU simple model provided in enclosure B6.

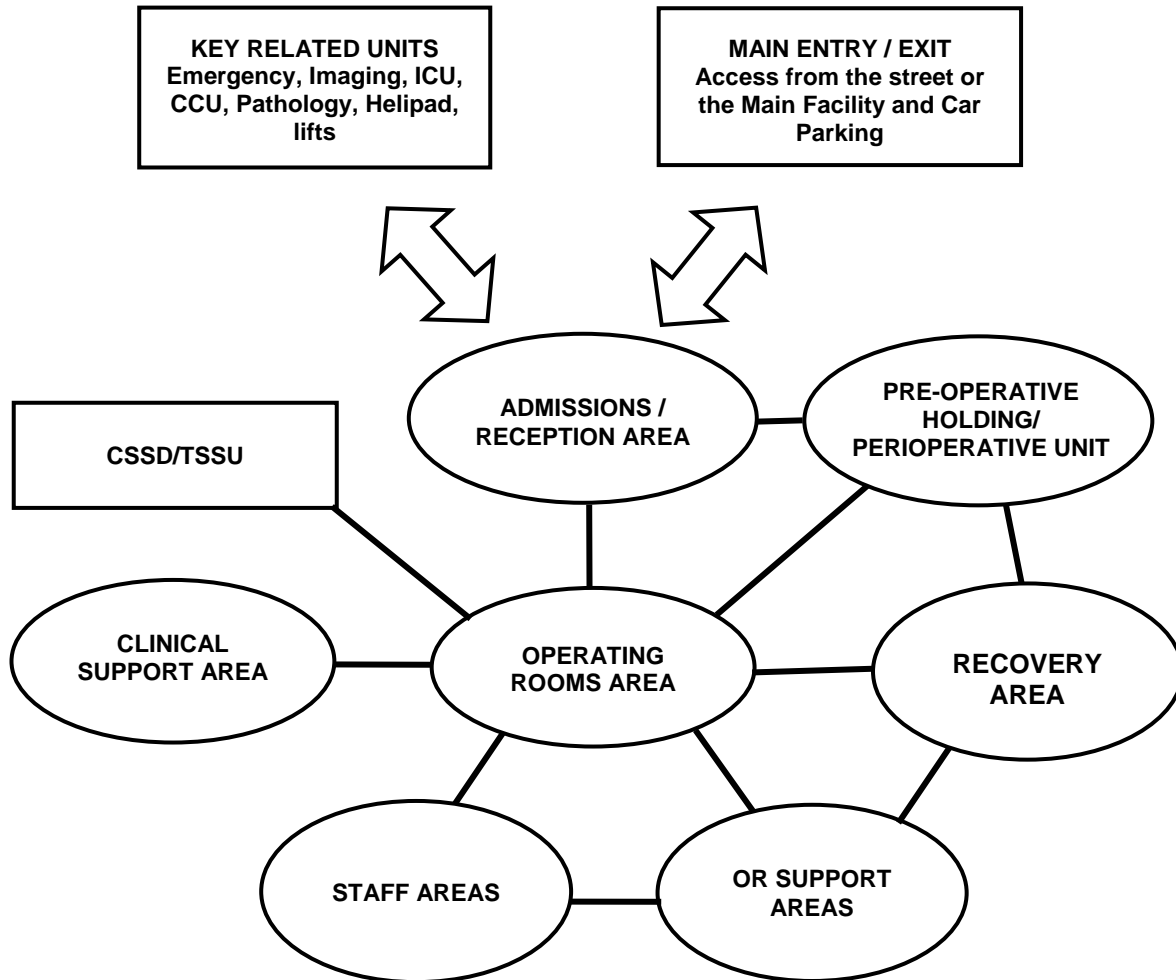
520 .91.00 Enclosure B8 shows alternatives to a typical Operating Room Module. Each module includes the configuration of:

- + Operating Rooms;
- + Anaesthetic Induction Rooms;
- + Scrub Bays or Rooms;
- + Sterile Stock Store/ Set-Up Room;
- + Clean-Up Room;
- + Flash Sterilising Bay.

Enclosure B8 includes 4 alternatives that can be designed to work with the base Operating Unit model shown in Enclosure B7.

FUNCTIONAL RELATIONSHIP DIAGRAM – OPERATING UNIT

The following diagram sets out the relationships between zones in an Operating Unit:



SECURITY ISSUES TO BE CONSIDERED FOR OPERATING THEATRES

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. To receive and return patients after undergoing surgery.	1. Minimise entry and exit doors and restricted area through to sterile areas.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Presence of drugs	<ol style="list-style-type: none"> 1. Dangerous drug safe within the Clean Utility Area. 2. Dangerous drug safe in each Operating Room where mandated by Operational Policy.
2. Staff security.	<ol style="list-style-type: none"> 1. Access doors to be locked at all times with key or card access provided to appropriate staff and monitoring system for personnel requiring access.
3. Furniture fittings and equipment including Computers and Office Equipment	<ol style="list-style-type: none"> 1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
4. Hospital personnel safety	<ol style="list-style-type: none"> 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. Restrict/minimise access by relatives to Recovery Area.
5. Staff personal effects	<ol style="list-style-type: none"> 1. Provision for lockers in Staff Areas and lockable desk drawer to keep small personal effects.

SECURITY CHECKLIST – OPERATING THEATRES

FACILITY:	DEPARTMENT: Operating Theatres
RISK ISSUE	DESIGN RESPONSE
1. Do staff have access to both fixed and mobile duress systems?	
2. Is access to patient records restricted to staff entitled to that access?	
3. Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
4. Are drug safes installed in accordance with current regulations?	
5. How is after hours access provided for staff?	
6. How is this area secured during and after hours?	
7. Are there lockable storage areas available for specialised equipment?	
8. Is lockable furniture provided for storage of staff personal effects?	
9. How is access monitored?	
10. How is access by relatives/visitors managed and monitored?	
DESIGN COMMENTARY/NOTES	DESIGN SIGN-OFF
	Name:
	Position:
	Signature:
	Date:
	Name:
	Position:
	Signature:
	Date:
	Name:
	Position:
	Signature:
	Date:

Part B - Health Facility Briefing and Planning

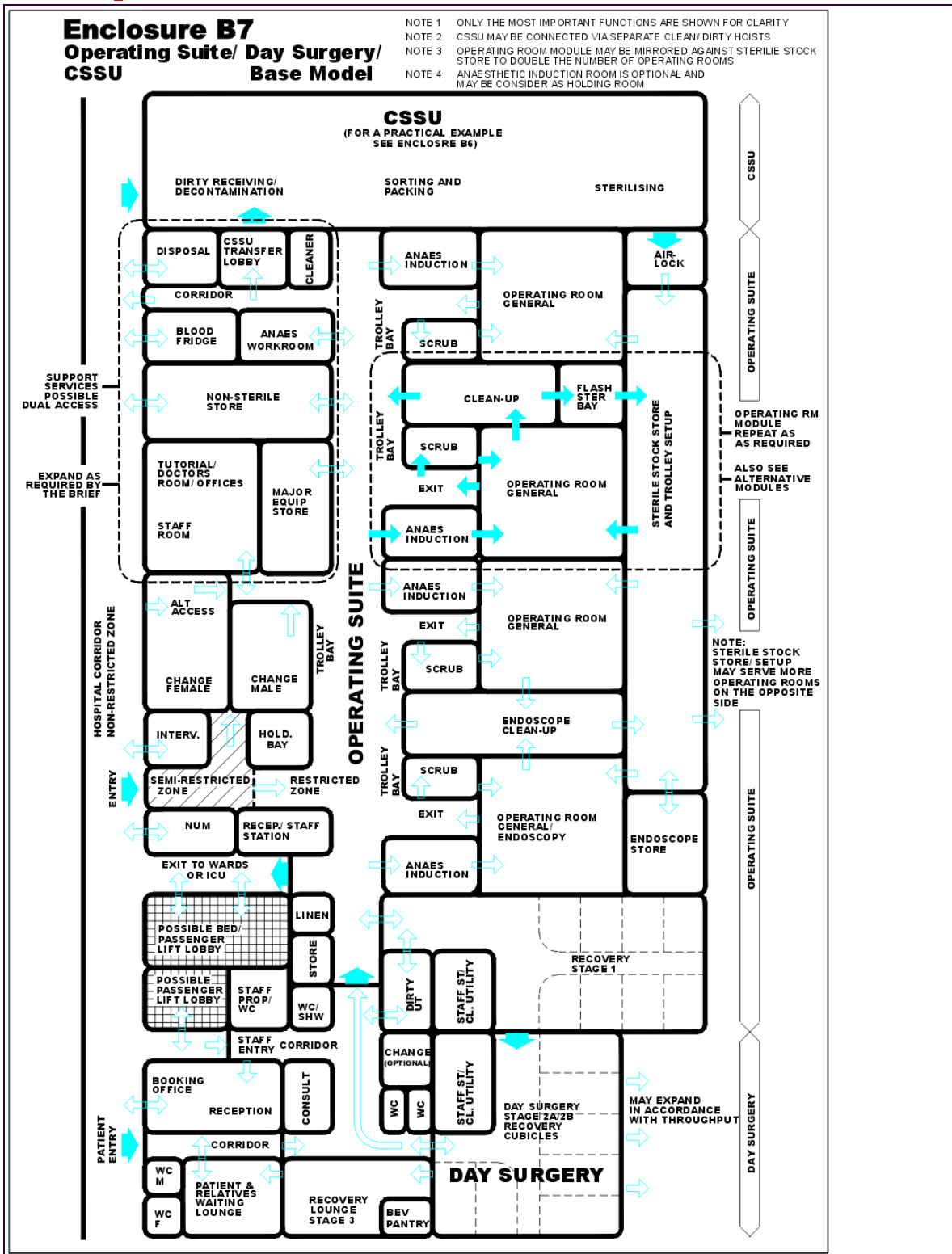
Heading

Operating Unit (B)

Sub-heading

Operating Unit Flow Diagrams

Enclosure-B7



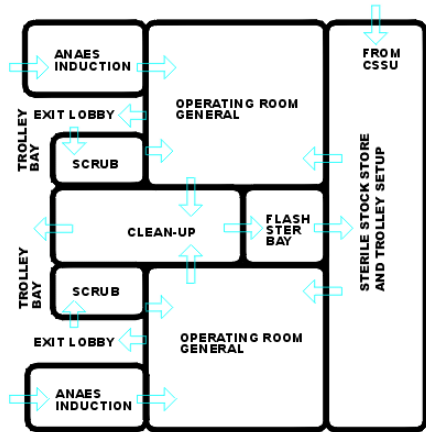
Heading
Sub-heading

Operating Unit (B)
Operating Unit Flow Diagrams

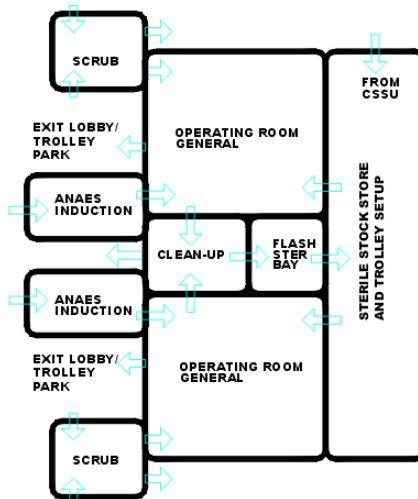
Enclosure-B8

**Enclosure B8
Operating Room Modules**

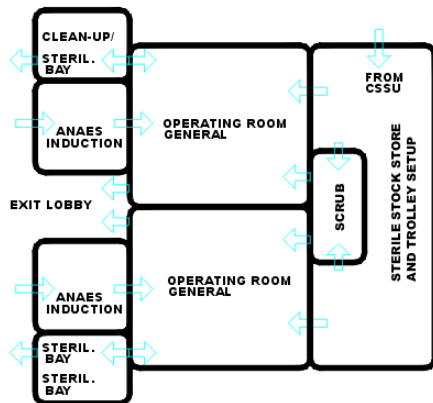
- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
- NOTE 2 CSSU MAY BE CONNECTED VIA SEPARATE CLEAN/ DIRTY HOISTS
- NOTE 3 OPERATING ROOM MODULE MAY BE MIRRORRED AGAINST STERILIE STOCK STORE TO DOUBLE THE NUMBER OF OPERATING ROOMS
- NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDER AS HOLDING ROOM



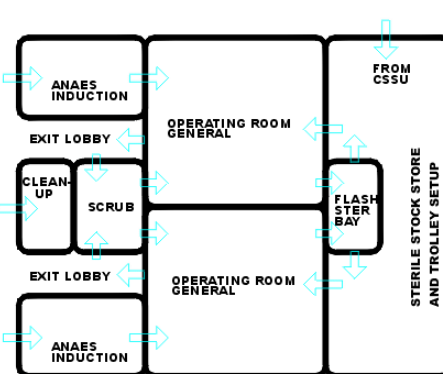
**Operating Room
Module Type A**



**Operating Room
Module Type B**



**Operating Room
Module Type C**



**Operating Room
Module Type D**

Heading
Sub-heading

Operating Unit (B)
Operating Unit Flow Diagrams

Enclosure-B9

