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# NSW Health Facility Guidelines

## Part A - Introduction and Instruction for Use

## Release Notes

This release of the NSW Health Facility Guidelines incorporates the results of user commentary and consultation gathered in response to the Industry Review Release of October 2005.

This current release is for Industry Use and Commentary for a 12 month period commencing 1 January 2006.

## Draft Numbering System

These guidelines are compiled within a database framework. The principles adopted for these guidelines dictate that each clause will cover one discrete concept. The clauses are therefore, stand-alone. Once the final clauses are decided and adopted, then the process of clause numbering can be completed. Meanwhile, a temporary numbering system has been utilised to allow for the insertion of new or modified clauses as needed. Once all clauses are finalised and decided, then all clauses will be re-numbered to eliminate gaps.

Concepts and clauses are compiled from many different sources. Every attempt is being made to bring consistent terminology to the clauses. Inevitably, some are missed. These will be progressively corrected.

## What is New?

This release incorporates commentary received in response to the first NSW release of 12 new Hospital Planning Units (HPU) and 57 additional Standard Components for Industry Review in October 2005. Formatting changes have been made to maintain consistency with the Victorian version and to streamline the NSW version.

## Confidentiality

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## Contacts and Credits

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December 2005

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### General

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- 2.1.00 NSW Health acknowledges the following contributors to the development of these Health Facility Guidelines:
- + The Victorian Department of Human Services for contributing the initial database from which these Guidelines have been developed;
  - + Health Projects International for advice and assistance in utilising the database;
  - + GHAAP (Group for Health Architecture and Planning), University of NSW for project managing the development and endorsement of these Guidelines;
  - + The consultants who have facilitated the working group processes;
  - + All members of the working parties who have contributed to the development of these Guidelines;
  - + All reviewers of the Guideline working drafts;
  - + Members of the Executive Steering Committee and the Project Planning Committee who have overseen the project.

### Foreword

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- 3.2.00 Many people only undertake a capital development once in their working life and may not be familiar with capital planning processes. These Guidelines therefore include not only information on capital planning, but also information on current policy directions. They also include information on service and facility planning that will be useful for any agency undertaking the planning, design and construction of a health facility.

The Guidelines promote the importance of clearly defining a Service Plan, model of care and Operational Policies for the service before embarking on the capital planning process. The Guidelines have been developed with recognition of the fact that all parties involved in a facility planning process have a responsibility to ensure that they develop Health Care Facilities that comply with legislation. They also have a responsibility to ensure that Health Care Facility developments are designed to minimise asset management and maintenance costs and maximise efficiencies.

- 3.3.00 Robyn Kruk  
Director General

### Description

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- 10.1.00 This document represents the recommended Design Guidelines for Health Facilities in NSW (HFG). They may be referred to as 'the HFG' or 'these Guidelines' through the text.

This issue of NSW HFG in an electronic database format is the first step in updating the current paper-based guidelines. It covers general guideline clauses plus a set of unit-specific guidelines for nine key units. It sets the directions for NSW Health to update further HFG in this format.

- 10.2.00 Generally designs that depart from these Guidelines will not be approved by the Department of Health unless clear patient/service benefits can be demonstrated and justified.

### Background

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- 10.3.00 The development of these Guidelines in an electronic format was made possible by the Victorian Department of Health and Human Services' contribution of the Guidelines database developed by Health Projects International in 2000.

This contribution has allowed NSW Health to further develop and refine the database and guideline process in the production of an initial suite of priority Health Facility Guidelines to meet NSW requirements.

The development of these Guidelines and enhancement of the database supporting their production has been undertaken with a view towards the development of National Facility Guidelines that would be endorsed and applicable in all Australian States and New Zealand.

Using an electronic database is particularly appropriate for maintaining the currency of the guidelines and helping to avoid duplication. It will also assist in the eventual translation of the Guidelines to a web-based format.

### Objectives

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- 10.4.00 These Guidelines have been developed on the basis that provision of appropriate physical environments that support the delivery of high standards of care will enhance the quality of patient care.
- 10.5.00 These Guidelines provide for a reasonable, safe and affordable standard of care as determined by NSW Health. They do not cover management practices beyond their influence on design.

The main aims of these Guidelines are to:

- + Establish acceptable standards for the design of Health Care Facilities;
- + Achieve affordable solutions for the planning and design of Health Care Facilities;
- + Maintain public confidence in the standard of Health Care Facilities;
- + Provide general guidance to designers seeking information on the special needs of typical Health Care Facilities;
- + Promote the design of Health Care Facilities with due regard for the safety, privacy and dignity of patients, staff and visitors;
- + Eliminate design features that result in unacceptable practices;
- + Update Guidelines to meet current clinical practice and standards;

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- + Eliminate duplication between various Guidelines.
- + Minimise recurrent costs and encourage operational efficiencies.

10.6.00 The design of a facility must support the model of care for service delivery and the associated Operational Policies.

Prior to the commencement of a design, it is essential that the following are defined and approved for the Unit or Facility:

- + The Service Plan;
- + Operational Policies;
- + The list of activities to be accommodated;
- + Health Planning Units/Functional Units;
- + Schedules of accommodation;
- + Functional relationships, external and internal;
- + Key planning principles.

These will generally be set out in the planning brief for the project. Refer to Part B and Part C for further details.

### Facilities Covered

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- 20.1.00 These Guidelines apply to the following types of Health Care Facility:
- + Public Hospitals;
  - + Licensed facilities (contracted to provide services to public patients);
  - + Day Procedure Units (integrated or stand alone);
  - + Ambulatory Care Facilities (integrated or stand alone)
  - + Mental Health Inpatient Facilities;
  - + Rehabilitation Centres;
  - + Dental Health Services;
  - + Palliative Care Centres;
  - + Aged Residential Care Facilities (where included in NSW Health Care Facilities);
  - + Community Health Centres.

Note: Licensed private health care facilities should have regard to these guidelines as a reference for facility standards and plan approvals under the relevant legislation.

- 20.2.00 These Guidelines do not apply to the following types of Health Care Facilities, although they may be voluntarily used in designing them:
- + Community Residential Facilities;
  - + Supported Residential Services;
  - + Medical Practitioners Consulting Rooms;
  - + Pharmacies (retail standalone).

### New Facility Types

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- 20.3.00 Changes in health practice may result in new facility types, descriptions or names.
- The fundamental principles and processes set out in these Guidelines apply equally to all types of Health Care Facilities, whether new, traditional or combinations of these.
- Changing the names of Health Care Facilities (or sub-components) will not alter the requirement to justify departure from the Guidelines that would apply to the traditional settings delivering similar services.

### New and Refurbished Buildings

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- 20.4.00 All new and refurbished work must comply with these Guidelines.
- In the review of refurbishment work, if significant patient or staff benefits are determined and can be enhanced by new provisions without adverse impact on the budget, advice and direction should be sought from the Department.
- Refer to statutory requirements that may also apply in this situation.

### The Structure of these Guidelines

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- 30.1.00 These Guidelines are structured as follows:
- 30.2.00 The Guidelines are divided into parts. Each subject is covered once only in order to avoid duplication of the same information under different Planning Units. The Parts are as follows:
- + Part A: Introduction and Instructions for Use;
  - + Part B: Health Facility Briefing and Planning - including Briefing and Planning, Standard Components and specific unit sections;
  - + Part C: Access, Mobility, OHS and Security;
  - + Part D: Infection Control;
  - + Part E: Building Services and Environmental Design Briefing (not yet modified for NSW use);
  - + Part F: Project Implementation - including FF&E and Operational Commissioning;
  - + Enclosures:
    - Generic Room Data Sheets;
    - Generic Room Layout Sheets.

Within the parts, numbered headings are used to designate key sections or subjects, such as requirements for particular Health Planning Units\* (HPU) eg Emergency, Intensive Care, or to cover issues such as 'Safety', 'Security', 'Access' requirements, etc.

\*refer to Glossary for definition.

Part B contains generic sections of the Guidelines that apply to all or most Health Care Facilities, and specific sections that apply to individual HPUs.

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

#### 30.3.00 REVIEW AND REVISION

A process of review and revision will be developed for the Guidelines. Industry comment will be sought and responded to in future issues of the Guidelines.

#### 30.4.00 APPLICATION

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

#### 30.5.00 Mandatory requirements are identified by the words 'shall', 'must', 'mandatory', 'required', etc.

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

#### 30.6.00 The primary objective of the Guidelines is to achieve a desired performance result or

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

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

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

### Statutory Codes and Regulations

- 40.1.00 Facility design shall comply with all statutory requirements including building codes, OHS legislation, referenced Australian Standards and local authority requirements. It is the responsibility of those referring to these documents or requirements to ensure that the latest version or edition is used.

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

### Building Regulations

- 40.2.00 Construction and design standards in new and refurbished projects shall comply with the requirements of the latest edition of the Building Code of Australia (BCA) .

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

Nothing in these Guidelines implies that compliance with a provision of the BCA is not required.

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

- 40.3.00 OTHER BUILDING REGULATIONS

Facilities covered by these Guidelines may also be covered by other building regulations covering areas such as:

- + Local Government planning instruments;
- + State Government policies and directives;
- + Food Services regulations;
- + Federal Anti-Discrimination Acts - such as the Disability Discrimination Act (DDA);
- + Environmental Protection Authority (EPA) or Environmentally Sustainable Design (ESD) regulations;
- + Import bans;
- + Occupational Health and Safety Act and Regulation. (OHS);

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

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

- 40.4.00 DISABILITY DISCRIMINATION ACT (DDA) - ADVISORY NOTE

This Federal Act has the potential to influence many aspects of the design and construction of Health Care Facilities covered by these Guidelines. This influence goes beyond the other disabled access standards such as AS1428 series.

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

# Part A - Introduction and Instructions for Use

## Building Regulations

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### 40 .5.00 OHS ACT AND REGULATION

Health Care Facility design shall comply with OHS legislation including referenced Australian Standards.

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

## Non-Statutory Guidelines and Regulations

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### 40 .6.00 Compliance with non-statutory guidelines and regulations is required only when specifically nominated.

## Accreditation

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### 40 .7.00 Compliance with these Guidelines does not imply that the Health Care Facility will automatically qualify for accreditation by the Australian Council on Health Care Standards.

Accreditation is primarily concerned with hospital management and patient care practices, although the standard of the Facility is taken into consideration.

For detailed information on accreditation requirements contact:

+ Australian Council on Health Care Standards

### Definition

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- 45.1.00 Role delineation is a process which ensures that clinical services are provided safely, and are appropriately supported by the provision of adequate staffing numbers and profiles, minimum safety standards and other requirements.
- 45.2.00 The Levels of Service referred to in Schedules of Accommodation in these Guidelines are based on the NSW Health model 'Guide to the Role Delineation of Health Services' (Third Edition, 2002). The NSW Health model 'Guide to the Role Delineation of Health Services' has not been reproduced in these Guidelines, but can be obtained separately.
- The aim of the Guide is to provide a consistent language which area and state-wide health care providers and planners can use when describing health services. The Guide also acts as a tool for planning service developments.
- 45.3.00 Levels of Service in the Guide generally range from 1 to 6. The role level of a service describes the complexity of the clinical activity undertaken by that service, and is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care. Level 6 is the most complex.
- 45.4.00 The Guide does not attempt to describe all the services which are provided by Health Care Facilities, but confines itself to those that are widely considered to be the core services for Hospitals and Community Health Care Facilities.

### Application

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- 45.5.00 As part of the planning process, Area Health Services and NSW Health determine the level of services to be provided by Health Care Facilities. These levels are approved via the usual approval processes for facility planning.

### Introduction

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50 .1.00 Throughout these Guidelines, various terms, definitions and abbreviations are used.

In order to standardise these, the following lists are given. These are not comprehensive lists.

### Glossary of Terms

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50 .2.00 the Act - An Act of Parliament.

Acceptable standard - A standard acceptable to the appropriate authority.

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

Asset Strategic Planning - Planning process undertaken to match the future service needs of a population with the provision of the necessary physical assets or via non-physical asset solutions.

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

Building Service Equipment - Equipment items permanently installed in a building as part of the building services, including mechanical, electrical, hydraulics, medical gases, etc.

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

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

Documentation - the third stage of the NSW Health Process of Facility Planning - preparation of the detailed plans and tender specifications that will control construction of the project.

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

Ensuite - A room containing sanitary fixtures attached to a Bedroom, Treatment Room, Consult Room, etc. See Standard Components for a discussion of ensuite options.

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

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

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

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

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

Implementation - The fourth stage of the NSW Health Process of Facility Planning - commences with the letting of tenders and finishes when the building is handed over and commissioning begins.

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

**Minimum** - The least level of provision that is considered necessary for a given function. Anything below minimum is considered unacceptable, unless justified and approved by NSW Health as a 'special case'.

**Mobile Equipment** - mobile equipment items (medical or non-medical) that require electrical or mechanical connections or floor space but are portable. Such items included wheeled items, moveable office furnishings and monitoring equipment.

**Nursing Unit** - The module by which a hospital is developed to ensure cost efficient nurse coverage for patient safety and service; for example one nursing unit = 30 acute patient beds = One Ward.

**Operating Suite** - Comprises Operating Rooms and may include a Procedure Room.

**Optimum** - The preferred level of provision, not necessarily the best, but higher than the minimum level.

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

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

**Post Occupancy Evaluation (POE)** - The fifth and final stage of the NSW Health Process of Facility Planning completes the procurement process and feeds into the start of the next procurement 'loop'. It is a study that assesses the building twelve months after occupation. It is intended to identify both well executed and poorly executed components and to learn from these for the benefit of future projects.

**Procurement Feasibility Plan (PFP)** - The first stage of the Process of Facility Planning defined by NSW Health. The PFP examines all feasible options that would meet the required service delivery objectives that have been identified. It recommends a preferred option - which may not involve capital development.

**Project Definition Plan (PDP)** - The second stage of the Process of Facility Planning defined by NSW Health. The PDP describes all the elements of a project including service need and the physical option that will be developed.

**Process of Facility Planning (POFP)** - The process that NSW Health expects to be followed for the procurement of Health Care Facilities. Refer to DS-1 for further details.

**Recommended** - Currently regarded as good practice, but lack of this will not render the facility non-compliant with these guidelines.

**Shall** - Implies that the requirement referred to is mandatory (in the context of these guidelines)

**Should** - The item being discussed requires attention and a suitable solution such as the one provided. However the example given is not mandatory. In short "Should" is not as strong as "Shall".

**Strongly recommended** - as for 'recommended', but compliance with the provisions of these guidelines is more highly encouraged.

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

### Definitions

'Circulation space' is the space required within a department or unit to enable movement and functionality between individual functional spaces. An example of circulation space is the corridor that joins two rows of rooms or the entrance alcove to a room. Circulation space is nominated as a percentage prior to the development of the design.

These figures can be seen at the end of each cluster in the Schedules of Accommodation, and in the Schedule of Circulation Areas in Part C of these Guidelines.

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

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

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

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

### PROCUREMENT METHODS

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

- + Traditional Lump Sum: A process that requires completion of contract documents such as drawing and specification, prior to the calling of tenders for a lump sum contract for construction.
- + Design and Construct: The process whereby a contractor is appointed to deliver both the design and construction phases of a project as one contract. Usually a building contractor will fill this role and employ the architect or other designer as a subcontractor or subconsultant.
- + Managed Contracts: The process whereby a construction manager is engaged to manage a series of contracts or subcontracts on behalf of a client, on the basis of reimbursement for the actual contract sums negotiated plus an agreed management percentage or fee.
- + BOOT: 'Build Own Operate and Transfer' - A process that sees a facility built and operated by a private firm or consortium with eventual transfer to the eventual owner (such as the public sector) after an agreed period of time.

### REFURBISHMENT

- + 'Rehabilitation': Defined by SAA HB50 as 'Extensive work intended to bring an asset up to a new standard or to alter it for a new use.'
- + 'Major or Total Refurbishment': Removal of non-structural walls, finishes, services, etc to bare structure and replacing with new. May include minor structural alterations and replacement of some central plant. Some existing finishes may be retained.
- + 'Minor Refurbishment': Often a response to a change of use; but keeping existing configuration, finishes and services. May include relocating door and window openings, relocating basins, service outlets and light fittings, repainting, but generally retaining ceilings and floors.
- + 'Moderate Refurbishment': Scope of work that falls between 'Major' and 'Minor'.

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May include moving some walls, replacing some finishes and services.

+ 'Statutory Rehabilitation': Work required to ensure a building complies with current building regulations.

### TRAVEL AND ENGINEERING

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

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

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

### Abbreviations

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50.4.00 Throughout these Guidelines, various terms, definitions and abbreviations are used. In order to standardise these, the following list is given.

This is not a comprehensive list.

ADMIN - Administration

ADL - Activities of Daily Living

ANAES - Anaesthetic Induction Room

CBR - Chemical, Biological and Radiological (agents)

CCU - Cardiac Care Unit

CLEAN - Cleaners Room

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

CSSU - Central Sterilising Supply Unit

CT - CT Scan Room

CU - Clean Utility

DIN - Dining

DOH - Department of Health

DU - Dirty Utility

ED - Emergency Department

END - Endoscopy

ENG - Engineering and Maintenance

ENS - Ensuite

ENT - Entrance

EQUIP - Equipment Room or Bay

EWIS - Emergency Warning Intercommunication System

GEN - General as in GEN X-RAY

HDU - High Dependency Unit

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HOLD - Holding Room or Bed Bay

HVAC - Heating, Ventilation and Air Conditioning

ICU - Intensive Care Unit

KIT - Kitchen or Catering

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

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

LIN - Linen Room or Bay

MAMO - Mammography

MATV - Master Antenna Television

MRI - Magnetic Resonance Imaging Room

NICU - Neonatal ICU

OR - Operating Room

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

PATH - Pathology

PHA - Pharmacy

PFP - Procurement Feasibility Plan

PDP - Project Definition Plan

POE - Post Occupancy Evaluation

POFP - Process of Facility Planning

PPE - Personal Protective Equipment

REC - Records

SCRUB - Scrub-up Room (in Operating Unit)

TSSU - Theatre Sterilising Supply Unit

RAD - Radiology

ULT - Ultrasound

XRAY - X-ray Room.

### General

- 55.1.00 These Guidelines should also be read in conjunction with the following documents. Note as these documents are regularly updated or reissued, users should always ensure that the latest version or edition is being used.
- 55.2.00 + "Health Facility Guideline - Safety and Security", NSW Department of Health, October 2002. (DS 36)
- + "Australian Cost Management Manual", vols 1, 2 and 3, AIQS, 2001-2002
- 55.3.00 + "Public Hospitals : Policy on Handling Medications in NSW" , August 2001 (Circular 2001/64)
- 55.4.00 + "TS11 - Engineering Services Guidelines", NSW Department of Health, April 2003.
- 55.5.00 + "Zero Tolerance: Response to Violence in the NSW Health Workplace." NSW Health July 2003 (Circular No 2003/48)
- 55.6.00 + "Building Code of Australia", 1996 (as amended).
- 55.7.00 + "Safety and Security Manual - Minimum Standards for Health Care Facilities', NSW Department of Health, Sept 1998.
- 55.8.00 + "Infection Control Policy, NSW Health Department, Circular 2002/45, April 2003" (as updated from time to time).
- 55.9.00 + "Guide to the Role Delineation of Health Services", NSW Health Department, 3rd edition, 2002.
- 55.10.00 + "DS 1: The Process of Facility Planning Manual", NSW Department of Health, 1993.
- 55.11.00 + "Workplace Health and Safety - A Better Practice Guide", NSW Health Department, Circular 2001/22.
- + "Effective Incident Response: A Framework for Prevention and Management in the Health Workplace", NSW Health Department, Circular 2002/19.
- + "Crime Prevention Through Environmental Design (CPTED)" and "Safer by Design" Crime Prevention Programs, NSW Police Service.
- + AS4485.1 - 1997, "Security for Health Care Facilities Part 1: General Requirements".
- + AS4485.2 - 1997, "Security for Health Care Facilities Part 2: Procedures Guide".

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- + NSW Occupational Health and Safety Act, 2000.
- + NSW Occupational Health and Safety Regulations, 2001.
- + Design Series - Safety and Security Guidelines (DS 36), NSW Health Department.
- + "Protecting People and Property - NSW Health Guidelines for Security Risk Management in Health Facilities", NSW Health Department, December, 2003.
- + "Designing Workplaces for Safer Handling of Patients/Residents: Guidelines for the Design of Health and Aged Care Facilities", Vic WorkCover, 1999.

55.12.00 For licensed Private Health Care Facilities the current legislation or any subsequent legislation including:

- + Private Hospitals and Day Procedures Act, 1985.
- + Private Hospitals Regulation, 1996.
- + Day Procedures Centres Regulation, 1996.
- + Nursing Homes Act, 1988.
- + Nursing Homes Regulation, 1996.

## Part A - Introduction and Instructions for Use

### CHECKLIST

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

Checked and certified by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Position \_\_\_\_\_

Signature: \_\_\_\_\_