

## 1.0 Space Standards and Dimensions

### 1.1 Corridors

There are many schools of thought on minimum corridor widths and the underlying principles that should dictate them. The requirements set out in this section should be regarded as the minimum required. These requirements take into account the need to allow for the movement of trolleys, beds, wheelchairs and other mobile equipment, including the passing of such equipment.

The overriding principle in setting the minimum corridor width is the need to allow for a workable width that, in the event of an emergency evacuation procedure, does not impede egress.

Note 1: Designers should note that other Building Codes might also specify minimum corridor widths for patient care areas with a focus on Fire Safety or Disability Access. The requirements of these Guidelines for certain areas may be higher than Codes such as Fire Safety since the subjects of concern are wider than those Codes.

Note 2: Most large Hospital Units include a range of patient and staff-only corridors. If staff-only areas are clearly designated by planning and are not required for patient access, then the Guidelines for patient corridors do not apply.

Note 3: All corridor widths are clear of hand-rails and/or crash-rails. It is recommended that for design purposes (and considering construction tolerances) 100mm be allocated to each hand-rail.

In areas where patient beds, trolleys and stretchers will be moved regularly, such as Inpatient Units, Operating Units, Obstetric Units and Intensive Care Units, the minimum clear corridor width shall be 2300mm.

The recommended corridor width in areas where there is frequent bed and trolley movement is 2400mm. Even at this dimension, special consideration must be given to the width of doorways into adjacent rooms and widening corridors at the entry to the affected rooms to accommodate turning trolleys and beds.

Corridor widths in the above areas may be considered at lesser dimensions where an existing building is utilized, but special design and planning detail must be incorporated to overcome the problems of congestion and the potential risk to patients and staff in an emergency evacuation.

Note: In any event, any corridors that may be used by a patient for any purpose may not be narrower than 1800mm wide.

In areas where irregular trolley or bed movement is expected, such as Radiology, corridor widths can be reduced to 2000mm. Special consideration must be given to the door widths to ensure the movement of trolleys or beds from corridor to adjacent rooms is not restricted.

In areas where there is no patient movement requirement such as a corridor to a group of staff offices, corridor widths of 1200mm are acceptable, provided that fire egress and accessibility requirements are met.

Corridor widths of less than 1200mm are unacceptable in patient care areas, except where forming part of an existing facility, and where written approval has been obtained for the lesser width.

The width of major inter-department arterial corridors and public corridors generally shall be as wide as is deemed necessary for the proposed traffic flow, but shall not be less than 2400mm.

Note: In these Guidelines, the inter-departmental corridors are also referred to as 'travel'. Corridor widths shall mean clear, unobstructed widths. Items such as hand-rails, drinking fountains, hand basins, telephone booths, columns, vending machines and portable/mobile equipment of any type shall not reduce the minimum width or impede traffic flow.

Consideration shall be given to the elimination of potentially dangerous 'blind spots'.

## 1.2 Ceiling Heights

The minimum acceptable ceiling height in occupied areas shall be 2400mm, but consideration should be given to the size (aesthetic consideration) and use of the room. A ceiling height of 2700mm is considered more appropriate in work areas such as Therapy Rooms, Conference Rooms and Kitchens. Ceiling heights in Ensuities can be reduced to 2250mm where required, to accommodate building services and structure.

Patient bed areas including bedrooms, Intensive Care Unit (ICU), Coronary Care Unit (CCU), High Dependency Unit (HDU), Emergency, Recovery Rooms and the like must be a minimum of 2700mm.

The minimum ceiling height in areas such as corridors, passages and recesses shall be 2400mm. In portions of remodeled existing facilities, the corridor ceiling height may be reduced to 2250mm, but only over limited areas such as where a mechanical duct passes over a corridor. A reduced ceiling height for no greater corridor length than 3000mm is acceptable. The extent of any such variation from the above recommendations must be approved in writing.

In areas where access is restricted such as drinking fountain recesses, a minimum ceiling height of 2250mm is acceptable.

Rooms with ceiling-mounted equipment, such as X-Ray Rooms and Operating Rooms will require increased ceiling heights. Heights should comply with equipment manufacturers' recommendations. Operating Room, Interventional Imaging Room and Birthing Room ceilings must be no less than 3000mm.

Minimum ceiling (soffit) heights of external areas such as entry canopies, ambulance entries and delivery canopies should suit the requirements of the vehicles expected to use them. Special consideration is to be given to the impact of whip aerials fitted to emergency vehicles.

Ceiling or roof heights in Plant Rooms are to suit the equipment and allow safe access for service and maintenance. The minimum recommended height is 2400mm. The requirement for a ceiling to be installed in Plant Rooms will be dependent on the type of plant equipment and the Operational Policy of the facility.

## 1.3 Department Sizes

Department sizes will depend upon the perceived facility role as set out in the Operational Policy and the organization of services within the hospital. Some functions may be combined or shared, provided the layout does not compromise safety Standards and medical and nursing practices.

Note: Departmental sizes also depend on design efficiency. For Guidelines on this subject, refer to Efficiency Guidelines and Schedule of Circulation Percentages in this section.