

## Part B - Health Facility Briefing and Planning

### 90 STANDARD COMPONENTS

#### INDEX

#### General

- 90.1.01 This section describes a range of standard rooms that fulfil the same or similar purpose across many Health Planning Units. Key planning considerations only are addressed for each. For further detail with respect to fittings, equipment and services, refer to the Room Data Sheets and Room Layout Sheets attached to these Guidelines

Floor areas given are recommended spaces and increases or decreases must be justified.

Refer to Part B Construction Standards - Legislative Requirements for the relationship between requirements of these Guidelines and other legislative or statutory requirements.

#### Rooms List

90.1.02

ROOM NAME	Area M2 minimum	Room Data Sheet Code	Room Layout Sheet Dwg No
1 BED ROOM (INBOARD ENSUITE)	15	1BR-A	1BR-A
1 BED ROOM (OUTBOARD ENSUITE)	15	1BR-A	1BR-B
1 BED ROOM (SHARED ENSUITE)	15	1BR-A	1BR-D
1 BED ROOM - CRITICAL CARE	22	1BR-CC	1BR-CC
1 BED BAY - CRITICAL CARE	20	1BB-CC	1BB-CC
1 BED ROOM - ISOLATION (STANDARD)	15	1BRI-S	1BRI-S
1 BED ROOM - ISOLATION (POSITIVE PRESSURE)	15	1BRI-S	1BRI-P
1 BED ROOM - ISOLATION (NEGATIVE PRESSURE)	15	1BRI-S	1BRI-N
1 BED ROOM - MENTAL HEALTH (BACK TO BACK ENSUITES)	15	1BR-C	1BR-C
1 BED ROOM - MENTAL HEALTH (SHARED ENSUITES)	15	1BR-C	1BR-E
1 BED ROOM - MENTAL HEALTH (INBOARD ENSUITE)	15	1BR-C	1BR-F
1 BED ROOM - SPECIAL	18	1BR-S	1BR-S
1 BED ROOM - SPECIAL CCU	18	1BRS-CCU	1BRS-CCU
2 BED ROOM (INBOARD ENSUITE)	25	2BR-A	2BR-A
2 BED ROOM (OUTBOARD ENSUITE)	25	2BR-A	2BR-B
2 BED ROOM (SHARED ENSUITE)	25	2BR-A	2BR-D

## Part B - Health Facility Briefing and Planning

2 BED ROOM - MENTAL HEALTH (BACK TO BACK ENSUITE)	25	2BR-C	2BR-C
2 BED ROOM - MENTAL HEALTH (INBOARD ENSUITE)	25	2BR-C	2BR-E
4 BED ROM (INBOARD ENSUITE)	42	4BR-A	4BR-A
4 BED ROM (OUTBOARD ENSUITE)	42	4BR-A	BR-B
4 BED ROM (IN/OUTBOARD ENSUITE)	42	4BR-A	BR-C
ADL BATHROOM	10	ADLB	ADLB
ADL KITCHEN	12	ADLK	ADLK
ADL LAUNDRY	8	ADLL	ADLL
ANAESTHETIC INDUCTION ROOM	15	ANIN	ANIN
ANTEROOM	8	ANRM	ANRM
BATHROOM	10, 12	BATH	BATH
BAY - BEVERAGE	3	BBEV	BBEV
BAY - FLOWERS	2	BFLW	BFLW
BAY - HANDWASHING	1	BHWS	BHWS
BAY - LINEN	2	BLIN	BLIN
BAY - MOBILE EQUIPMENT	4	BMEQ	BMEQ
BAY - PERSONAL PROTECTIVE EQUIPMENT	2	BPPE	BPPE
BAY - RESUSCITATION TROLLEY	2	BREST	BREST
BIRTHING ROOM - LDR	28	BIRM	BIRM
CATHETER LABORATORY	38	CLAB	CLAB
CATHETER LABORATORY CONTROL-REPORTING ROOM	10	CORT	CORT
CHANGE CUBICLE - PATIENT	2	CHPT	CHPT
CHANGE - STAFF	8	CHST	CHST
CLEANER'S ROOM	4	CLRM	CLRM
CLEAN-UP ROOM	7	CLUP	CLUP
CLEAN UTILITY	12, 14	CLUR	CLUR
CLEAN UTILITY - SUB	8	CLUR-S	CLUR-S
CONSULT ROOM	12	CONS	CONS
DENTAL SURGERY	14	DSUR	DSUR
DIRTY UTILITY	10, 12, 14	DTUR	DTUR

## Part B - Health Facility Briefing and Planning

DIRTY UTILITY - SUB	8	DTUR-S	DTUR-S
DISPOSAL ROOM	8	DISP	DISP
ENSUITE (INBOARD)	5	ENS-A	ENS-A
ENSUITE (INBOARD ALTERNATIVE)	5	ENS-A	ENS-F
ENSUITE (OUTBOARD)	5	ENS-A	ENS-B
ENSUITE (SHARED)	6	ENS-A	ENS-C
ENSUITE (SHARED ALTERNATIVE)	7	ENS-A	ENS-G
ENSUITE (SPECIAL)	7	ENS-A	ENS-D
ENSUITE - MENTAL HEALTH	5	ENS-E	ENS-E
ENSUITE - MENTAL HEALTH (OUTBOARD)	5	ENS-E	ENS-H
ENSUITE - MENTAL HEALTH (OUTBOARD FOR 2 BED)	5	ENS-E	ENS-I
ENSUITE - MENTAL HEALTH (OUTBOARD FOR 1 BED)	5	ENS-E	ENS-J
FORMULA ROOM	9	FORM	FORM
GYMNASIUM	45	GYAH	GYAH
INTERVIEW ROOM	9	INT	INT
INTERVIEW ROOM - FAMILY/ LARGE	12	INTF	INTF
LOUNGE - PATIENT	15	LNPT	LNPT
MEETING ROOM - SMALL	9, 12	MEET-S	MEET-S
MEETING ROOM - MEDIUM/ LARGE	15, 20, 25, 30	MEET-L	MEET-L
NEONATAL BAY - GENERAL CARE	5	NBGC	NBGC
NEONATAL BAY - INTENSIVE CARE	12	NBICU	NBICU
NEONATAL BAY - SPECIAL CARE	10	NBSC	NBSC
OFFICE - 2 PERSON SHARED	12	OFF-2P	OFF-2P
OFFICE - 3 PERSON SHARED	16	OFF-3P	OFF-3P
OFFICE - 4 PERSON SHARED	20	OFF-4P	OFF-4P
OFFICE - CEO	15	OFF-CEO	OFF-CEO
OFFICE - CLINICAL/ HANDOVER	12	OFF-CLN	OFF-CLN
OFFICE - CONSULT	12	OFF-CON	OFF-CON
OFFICE - SINGLE PERSON 9 M2	9	OFF-S9	OFF-S9
OFFICE - SINGLE PERSON 12 M2	12	OFF-S12	OFF-S12

## Part B - Health Facility Briefing and Planning

OFFICE - WORKSTATION TYPICAL	6	OFF-WS	OFF-WS
OFFICE - WRITE-UP BAY	2	OFF-WI	OFF-WI
OPERATING ROOM - GENERAL	42	ORGN	ORGN
OPERATING ROOM - LARGE	50	ORLA	ORLA
OPERATING ROOM - MINOR	36	ORMS	ORMS
OVERNIGHT STAY - BEDROOM	10	OVBR	OVBR
OVERNIGHT STAY - ENSUITE	4	OVES	OVES
PANTRY	8	PTRY	PTRY
PATIENT BAY (HOLDING)	9	PBTR-H	PBTR-H
PATIENT BAY (TRAUMA)	12	PBTR-T	PBTR-T
PATIENT BAY (CRITICAL)	25	PBTR-C	PBTR-C
PLASTER ROOM	14	PLST	PLST
PROPERTY BAY - STAFF	6	PROP	PROP
RECEPTION	10 nominal	RECW	RECW
SCRUB-UP/ GOWNING	6	SCRB	SCRB
SECLUSION ROOM	14	SECL	SECL
SHOWER - PATIENT	4	SHPT	SHPT
SHOWER - STAFF	2	SHST	SHST
STAFF ROOM	15	SRM	SRM
STAFF STATION	14	SSTN	SSTN
STORE - CLEANER'S	12	STCL	STCL
STORE - EQUIPMENT	20 nominal	STEQ	STEQ
STORE - FILES	10	STFS	STFS
STORE - GENERAL	9	STGN	STGN
STORE - PHOTOCOPY/ STATIONERY	8	STPS	STPS
STORE - STERILE STOCK	10	STSS	STSS
TOILET - DISABLED	5	WCDS	WCDS
TOILET - PATIENT	4	WCPT	WCPT
TOILET - PUBLIC	3, 4	WCPU	WCPU
TOILET - STAFF	2	WCST	WCST

## Part B - Health Facility Briefing and Planning

TREATMENT ROOM	15	TRMT	TRMT
ULTRA-ISOLATION AIRLOCKS	4	UIF-CU UIF-AL	UIF-CU UIF-AL
ULTRA-ISOLATION CLEAN UTILITY	11	UIF-CU	UIF-CU
ULTRA-ISOLATION DIRTY UTILITY	9	UIF-DU	UIF--DU
ULTRA-ISOLATION ENSUITE	6	UIF-ENS	UIF-ENS
ULTRA-ISOLATION PATIENT BED ROOM	25	UIF-BR	UIF-BR
ULTRA-ISOLATION STAFF CHANGE	5	UIF-SC	UIF-SC
WAITING	10	WAITG	WAITG
X-RAY VIEWING AND REPORTING	12	XRRR	XRRR

### COMPONENTS OF THE UNIT

#### 1 Bed Room

##### 90.1.10 DESCRIPTION AND FUNCTION

A 1 Bed Room will accommodate one patient for the delivery of nursing and medical care and treatment.

A 1 Bed Room shall be a minimum of 15 m2.

##### 90.1.20 LOCATION AND RELATIONSHIPS

Bedrooms should be located close to, and visible from a Staff Station.

Ensuites shall be dedicated to each room and directly accessible from the bedroom.

##### 90.1.30 CONSIDERATIONS

External windows should be provided in accordance with BCA requirements.

Each Patient Bedroom shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets.

#### 1 Bed Room - Critical Care

##### 90.2.10 DESCRIPTION AND FUNCTION

A 1 Bed Room for patients requiring critical care nursing and medical treatment.

A 1 Bed Room - Critical Care shall be a minimum of 22 m2.

##### 90.2.20 LOCATION AND RELATIONSHIPS

The Critical Care Bedrooms should be visible from a Staff Station. Patient Showers and Patient Toilets may be shared.

##### 90.2.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

90.3.20

Bedside monitoring equipment should be located to permit easy access and viewing and should not interfere with the visualisation of, or access to the patient.

External windows should be provided in accordance with BCA requirements. Glazed walls and doors are recommended to maintain visual access to Staff Station.

For additional room considerations refer to Part B - Intensive Care - General, Room Data Sheets and Room Layout Sheets.

### 1 Bed Bay - Critical Care

#### 90.3.10 DESCRIPTION AND FUNCTION

A 1 Bed Bay for patients requiring critical care nursing and medical treatment.

A 1 Bed Bay Critical Care shall be a minimum of 20 m<sup>2</sup>.

#### 90.3.20 LOCATION AND RELATIONSHIPS

The Critical Care Bed Bays should be visible from a Staff Station. Patient Showers and Patient Toilets may be shared.

#### 90.3.30 CONSIDERATIONS

Bedside monitoring equipment should be located to permit easy access and viewing and should not interfere with the visualisation of, or access to the patient.

External windows should be provided in accordance with BCA requirements.

For additional room considerations refer to Part B - Intensive Care - General and Room Data Sheets.

### 1 Bed Room - Isolation

#### 90.4.10 DESCRIPTION AND FUNCTION

Isolation Rooms are used to isolate patients with known infectious conditions, or to protect patients from infection. They may be positive pressure or negative pressure but not both.

A 1 Bed Isolation Room must be a minimum of 15 m<sup>2</sup>.

#### 90.4.20 LOCATION AND RELATIONSHIPS

The Isolation Room requires direct access to an Ensuite, comprising shower, toilet and handbasin.

Where an Isolation Room is pressurised an Anteroom or Airlock will be required for pressure stabilisation. Refer to the DHS Isolation Guidelines.

#### 90.4.30 CONSIDERATIONS

Each Isolation Room shall include a clinical handwashing basin within the room.

All surfaces including the ceiling must be impervious and designed for easy cleaning.

Refer to Part D - Infection Control in these Guidelines for other aspects of

## Part B - Health Facility Briefing and Planning

Isolation Rooms. For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

### 1 Bed Room - Mental Health

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#### 90 .5.10 DESCRIPTION AND FUNCTION

A Single Bedroom for a general mental health patient.

A 1 Bed Room - Mental Health shall be a minimum of 15 m2.

#### 90 .5.20 LOCATION AND RELATIONSHIPS

The 1 bed Room Mental Health shall have an adjoining Ensuite and be located with ready access to Lounge, Dining and patient activities area.

The Bedrooms should be observable from the Staff Station

#### 90 .5.30 CONSIDERATIONS

An observation panel in the door or a window is required for discrete observation. There should be no blind spots in the room.

The room should be capable of locking for patient privacy and security.

Fittings, fixtures and furniture must meet the safety and security needs of both patients and staff.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

### 1 Bed Room - Special

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#### 90 .6.10 DESCRIPTION AND FUNCTION

A 1 Bed Room - Special will accommodate one patient for the delivery of nursing and medical care and treatment. It will be a larger room to accommodate special needs patients, Sub-acute Care, Rehabilitation and High Dependency. The additional floor area allows for larger or additional furniture and equipment. It also permits overnight stay by relatives.

Natural light and outlook is essential. The room requires the ability to view out of the window from either chair or bed. Bedrooms for Palliative Care may also include a beverage making area with a small refrigerator.

A 1 Bed Room - Special shall be a minimum of 18 m2.

#### 90 .6.20 LOCATION AND RELATIONSHIPS

Each 1 Bed Room - Special will have direct access to an Ensuite - Special.

#### 90 .6.30 CONSIDERATIONS

Each Bed Room - Special shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets

### 1 Bed Room - Special Coronary Care

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## Part B - Health Facility Briefing and Planning

### 90 .7.10 DESCRIPTION AND FUNCTION

One Bed Room for patient requiring cardiac care treatment. Glazed doors and partition walls are recommended for patient visibility and privacy.

A 1 Bed Room - Special Coronary Care shall be a minimum of 18m<sup>2</sup>.

### 90 .7.20 LOCATION AND RELATIONSHIPS

The Coronary Care Bed Rooms should be visible from a Staff Station. Each Coronary Care Room should have a dedicated Ensuite, directly accessible from the bedroom.

### 90 .7.30 CONSIDERATIONS

Each Bed Room - Special Coronary Care shall include a clinical handwashing basin within the room.

Provisions are required for patient monitoring which may be hard wired or telemetry.

Bedside monitoring equipment should be located to permit easy access and viewing, and should not interfere with the visualisation of or access to the patient.

For additional considerations and details refer to Room Data Sheets and Room Layout Sheets

## 2 Bed Room

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### 90 .8.10 DESCRIPTION AND FUNCTION

A 2 Bed Room will accommodate two patients with similar nursing needs for delivery of nursing and medical care and treatments.

The room may also be used for obstetric care, either pre or post natal, and may include bassinets.

A 2 Bed Room shall be a minimum of 25 m<sup>2</sup> (not including an Ensuite).

### 90 .8.20 LOCATION AND RELATIONSHIPS

Bed Rooms should be located close to, and visible from, a Staff Station, and have natural light and outlook. Ensuities shall be directly accessible from the Bed Room, or from directly adjacent to the entry door.

### 90 .8.30 CONSIDERATIONS

Each 2 Bed Room shall include a clinical handwashing basin within the room.

For additional room considerations and room details refer to Room Data Sheets.

## 2 Bed Room - Mental Health

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### 90 .9.10 DESCRIPTION AND FUNCTION

A two Bed Room for general mental health patients.

A 2 Bed Room - Mental Health shall be a minimum of 25 m<sup>2</sup>.



### 2 Bed Room - Mental Health

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#### 90.9.20 LOCATION AND RELATIONSHIPS

The 2 Bed Room Mental Health shall have an adjoining Ensuite and be located with ready access to Lounge, Dining and patient activities area.

The Bedrooms should be observable from the Staff Station

#### 90.9.30 CONSIDERATIONS

An observation panel in the door or a window is required for discrete observation. There should be no blind spots in the room.

The room should be capable of locking for patient privacy and security.

Fittings, fixtures and furniture must meet the safety and security needs of both patients and staff.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

### 4 Bed Room

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#### 90.10.10 DESCRIPTION AND FUNCTION

A 4 Bed Room will accommodate four patients with similar nursing needs for the delivery of nursing and medical care and treatment

A 4 Bed Room shall be a minimum of 42 m2 (not including an Ensuite).

#### 90.10.20 LOCATION AND RELATIONSHIPS

Bed Rooms should be located close to, and visible from, a Staff Station, and have natural light and outlook

Visual privacy from casual observation by other patients and visitors shall be provided for each patient. The design for privacy shall not restrict patient access to the room entrance, the patient toilet or shower.

#### 90.10.30 CONSIDERATIONS

Each 4 Bed Room shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets.

### ADL Bathroom

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#### 90.11.10 DESCRIPTION AND FUNCTION

Domestic style Bathroom for patient Activities of Daily Living assessment and training.

The ADL Bathroom shall be a minimum of 10 m2.

#### 90.11.20 LOCATION AND RELATIONSHIPS

The ADL Bathroom should have ready access to patient dining / lounge areas with direct access to the Unit corridor.

#### 90.11.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

The shower must not have a raised hob or steps.

For additional room considerations and details refer to Room Data Sheets.

### ADL Kitchen

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#### 90.12.10 DESCRIPTION AND FUNCTION

Domestic style kitchen for patient Activities of Daily Living assessment and training.

The ADL Kitchen shall be a minimum of 12 m<sup>2</sup>.

#### 90.12.20 LOCATION AND RELATIONSHIPS

The ADL Kitchen should have ready access to patient dining / lounge areas with direct access to the Unit corridor.

#### 90.12.30 CONSIDERATIONS

Benches and cupboards should be wheelchair accessible.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### ADL Laundry

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#### 90.13.10 DESCRIPTION AND FUNCTION

Domestic style laundry for patient Activities of Daily Living assessment and training.

The ADL Laundry shall be eight m<sup>2</sup>.

#### 90.13.20 LOCATION AND RELATIONSHIPS

The ADL Laundry should have direct access to the Unit corridor with ready access to patient therapy and dining/ lounge areas.

#### 90.13.30 CONSIDERATIONS

The ADL laundry and equipment should be wheelchair accessible.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Anaesthetic Induction

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#### 90.14.10 DESCRIPTION AND FUNCTION

The Anaesthetic Induction Room is for holding patients on mobile beds or trolleys prior to operative procedures at times when the Operating Room is not available. Local, regional or general anaesthesia may be administered in this area.

The Anaesthetic Induction Room shall be a minimum of 15 m<sup>2</sup>.

#### 90.14.20 LOCATION AND RELATIONSHIPS

The Anaesthetic Induction Room may be directly connected to the Operating/

## Part B - Health Facility Briefing and Planning

Procedure Room.

The Anaesthetic Induction Room may be shared between two Operating / Procedures Rooms. It should be located enroute from the entrance of the Unit to the Operating Room.

### 90.14.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Anteroom

### 90.15.10 DESCRIPTION AND FUNCTION

Anterooms are required to ensure pressure stabilisation and for staff and visitors to change and dispose of personal protective gear used on entering or exit of an Isolation Room.

The Anteroom shall be a minimum of eight m<sup>2</sup>.

### 90.15.20 LOCATION AND RELATIONSHIPS

The Anteroom must be located adjacent to an Isolation Room; staff must pass through the Anteroom to enter the Isolation Room. The Anteroom shall not be shared between Isolation Rooms.

### 90.15.30 CONSIDERATIONS

For additional information refer to Part D - Infection Control.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Bathroom

### 90.16.10 DESCRIPTION AND FUNCTION

The Bathroom provides for assisted bathing of patients, patient dressing, undressing, grooming and handwashing. It is also used for bathing of patients for treatment and aromatherapy.

The Bathroom should allow for independent disabled access as well as the manoeuvring of a patient on a lifting device, wheelchair or assisted chair. Space may be required to enable transfer of a patient to a bath from both sides. A low height adjustable shower is required. The placement of the toilet should also allow assistance from both sides.

The minimum Bathroom size is 10 m<sup>2</sup>. If a separate shower is provided, the room size should be increased by two m<sup>2</sup> accordingly.

Note: The size of the room will be determined by the space required for fixed and mobile fittings and equipment, as well as the free floor areas required to ensure adequate circulation space for semi and non-ambulant patients.

### 90.16.20 LOCATION AND RELATIONSHIPS

The Bathroom should be central to all bedroom areas and placed in a low traffic area.

The entrance to the Bathroom is to be flush with the adjoining corridor.

### 90.16.30 CONSIDERATIONS

Finishes: Floors are to be slip resistant and impervious to water; walls to wet areas are to have water resistant finish with no gaps and the ceiling is to be water resistant.

Hydraulic lift baths may be considered for occupational health and safety purposes, depending on the patient requirements.

If the bathroom is for use by children, the height, scale and type of fittings / fixtures should be suitable.

For additional room considerations and details refer to Room Data Sheets.

### **Bay - Beverage**

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#### 90.17.10 DESCRIPTION AND FUNCTION

The Beverage Room/ Bay is for preparing and/or heating refreshments, snacks and some meals for patients, washing some utensils, storing food and drink and disposing of food waste.

The Beverage Bay shall be a minimum of three m2. If an enclosed room is provided, the floor area may be increased to six m2. If food rethermalisation trolleys are to be located in the room during meal times, an additional four m2 should be added to the total area.

#### 90.17.20 LOCATION AND RELATIONSHIPS

The Beverage Room / Bay should have ready access to patient areas, Unit corridor, staff or patient lounges and conference/ meeting rooms as required.

#### 90.17.30 CONSIDERATIONS

If located in a corridor, the space is to be adequately recessed.

For additional room considerations and details refer to Room Data Sheets.

### **Bay - Flowers**

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#### 90.18.10 DESCRIPTION AND FUNCTION

An area with bench and sink for use by staff, relatives, visitors and volunteers to maintain patients' flowers.

The Flower Bay shall be a minimum of two m2.

#### 90.18.20 LOCATION AND RELATIONSHIPS

The Flower Bay should have direct access to the Unit corridor with ready access to patient areas.

#### 90.18.30 CONSIDERATIONS

It is recommended that a Flower Bay be excluded in Oncology/ Haematology Units.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Bay - Handwashing

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#### 90.19.10 DESCRIPTION AND FUNCTION

Handwashing bays are provided for staff to cleanse their hands before and after every patient contact.

Hand-washing Bays shall be a minimum of one m2.

#### 90.19.20 LOCATION AND RELATIONSHIPS

Handwashing Bays should have direct access to the Unit corridor and ready access to patient bedrooms.

#### 90.19.30 CONSIDERATIONS

For a description of Handbasin Types refer to Part D - Infection Control - Staff Hand-washing.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Bay - Linen

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#### 90.20.10 DESCRIPTION AND FUNCTION

The Linen Bay is a recessed space or alcove to accommodate a linen supply or exchange trolley. Blankets and pillows may also be stored.

A Linen Bay shall be a minimum of two m2.

#### 90.20.20 LOCATION AND RELATIONSHIPS

The Linen Bay shall have ready access to patient areas and direct access to the Unit corridor.

#### 90.20.30 CONSIDERATIONS

If the bay is enclosed, the doors must not impede trolley access. Wall protection and corner guards may be required to protect against trolley impact. If a blanket warming cabinet is to be included in the linen bay area add 1 m2.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Bay - Mobile Equipment

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#### 90.21.10 DESCRIPTION AND FUNCTION

The Mobile Equipment Bay is an open storage bay for one or more items of mobile equipment in frequent use which may include wheelchairs, mobile scales, commode chairs, chair scales, shower chairs, patient lifting devices, other equipment or X-ray equipment.

A Mobile Equipment Bay shall be a minimum of four m2. If X-ray equipment is to be stored, the bay shall be six m2. Floor area and depth of the bay may vary to suit the type of equipment stored.

## Part B - Health Facility Briefing and Planning

### Bay - Mobile Equipment

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#### 90 .21.20 LOCATION AND RELATIONSHIPS

The Mobile Equipment Bay should be located in a low traffic area, close to areas of use.

#### 90 .21.30 CONSIDERATIONS

Mobile Equipment Bays should be deep enough to allow storage of equipment without projection into the corridor.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Bay - Personal Protective Equipment

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#### 90 .22.10 DESCRIPTION AND FUNCTION

An open storage bay for location of personal protective equipment such as gloves, gowns, overshoes and masks.

The Personal Protective Equipment Bay shall be a minimum of two m2.

#### 90 .22.20 LOCATION AND RELATIONSHIPS

The Bay should be located immediately outside Isolation Rooms of all types, unless an Anteroom is provided. It should have direct access to the Unit corridor.

#### 90 .22.30 CONSIDERATIONS

Refer to Part D - Infection Control for further information.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Bay - Resuscitation Trolley

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#### 90 .23.10 DESCRIPTION AND FUNCTION

The Resuscitation Trolley Bay is for the supervised holding of the resuscitation trolley and equipment.

The Resuscitation Trolley Bay shall be a minimum of two m2.

#### 90 .23.20 LOCATION AND RELATIONSHIPS

The Resuscitation Trolley Bay must be located adjacent to a Staff Station and elsewhere as required, with direct access to the Unit corridor.

Rapid emergency access to the trolley from this area to patient areas is essential.

#### 90 .23.30 CONSIDERATIONS

The Resuscitation Trolley Bay may be incorporated in the Clean Utility in an Inpatient Unit.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Part B - Health Facility Briefing and Planning

### Birthing Room - LDR

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#### 90.24.10 DESCRIPTION AND FUNCTION

Birthing Rooms provide for the entire process of preparation and delivery, including the following functions:

- patient preparation, relaxation and analgesia during labour
- delivery
- infant resuscitation
- post-natal recovery and observation

A Birthing Room (LDR) shall be a minimum of 28 m2.

#### 90.24.20 LOCATION AND RELATIONSHIPS

Birthing Rooms should be located with ready access to the Unit entry and Staff Station. Each Birthing Room should have a dedicated Ensuite or Bathroom, a scrub basin and access to a storage area for mobile equipment.

#### 90.24.30 CONSIDERATIONS

The décor and finishes for a Birthing Room should be in a domestic style. Clinical items such as medical gases and equipment should be concealed but within easy reach.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Catheter Laboratory

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#### 90.25.10 DESCRIPTION AND FUNCTION

Procedure room where cardiac catheter procedures and electrophysiology studies are undertaken in a controlled environment. A clinical scrub basin should be located immediately adjacent to the room entry.

The Catheter Laboratory shall be a minimum of 38 m2.

#### 90.25.20 LOCATION AND RELATIONSHIPS

The Catheter Laboratory shall be located adjacent to a Control/ Reporting room and Computer Equipment Room. It should have ready access to the Unit corridor and Patient Holding / Recovery area.

#### 90.25.30 CONSIDERATIONS

Radiation shielding shall be assessed by a certified Radiation Consultant or authority.

For additional considerations and details refer to Cardiac Catheterisation Unit in these Guidelines and Room Data Sheets.

### Catheter Lab Control/ Reporting

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#### 90.26.10 DESCRIPTION AND FUNCTION

A room adjacent to Cardiac Catheter Room/s with direct visibility to the patient for remote control of equipment and review and reporting of procedure images. The Control/ Reporting room may serve two procedure rooms.

The Control/ Reporting Room shall be a minimum of 10 m2 for a single procedure room.

## Part B - Health Facility Briefing and Planning

### 90 .26.20 LOCATION AND RELATIONSHIPS

The Control/Reporting Room shall be located adjacent to the Catheter laboratory with direct access to the procedure room and the circulation corridor.

### 90 .26.30 CONSIDERATIONS

Radiation shielding shall be assessed by a certified Radiation Consultant or authority.

For additional considerations and details refer to Cardiac Catheterisation Unit in these Guidelines and Room Data Sheets.

### Change Cubicle - Patient

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#### 90 .27.10 DESCRIPTION AND FUNCTION

The Change Cubicle - Patient is a screened area for ambulant patients to undress from street clothes into a hospital gown, as appropriate, prior to examination or treatment. Following examination or treatment, the patient will re-dress in street clothes.

The Change Cubicle should provide hanging facilities for clothes, and a bench for the patient to sit on whilst changing.

The Change Cubicle - Patient shall be a minimum of two m2 and five m2 for disabled access.

#### 90 .27.20 LOCATION AND RELATIONSHIPS

The Change Cubicle - Patient should be located near or directly adjacent to Treatment areas with ready access to Waiting areas and Public Amenities

#### 90 .27.30 CONSIDERATIONS

Security of patient belongings should be ensured. Privacy and accessibility from Waiting areas should be considered.

For additional room considerations and details refer to Room Data Sheets and Room layout Sheets.

### Change - Staff

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#### 90 .28.10 DESCRIPTION AND FUNCTION

Staff Change areas are provided for staff to change into appropriate work clothing or gowns, to store their street clothing and to perform personal ablutions.

The staff change shall be a minimum of eight m2 for a single person at any one time. Increase the space by one m2 for each additional person.

The total area for Staff Change will depend on the size of the Unit but should also be divided into male and female areas on a proportional basis to meet the specific requirements of the project brief.

#### 90 .28.20 LOCATION AND RELATIONSHIPS

In Operating Units, for security and control purposes it is desirable that the traffic pattern to and from the Staff Change can be overviewed from the



## Part B - Health Facility Briefing and Planning

Reception/ Entry Area.

In other areas, Staff Change Areas should be located in a convenient position, generally near the entry.

Access may be required to showers, toilets and decontamination facilities depending on the nature of the Unit.

### 90 .28.30 CONSIDERATIONS

Provision should generally be made for two Staff Change areas - separate male and female change rooms. If staff numbers are small and predominantly of one sex, unisex facilities may be considered.

Secure storage for personnel property will be required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Cleaner's Room

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#### 90 .29.10 DESCRIPTION AND FUNCTION

A secure room for the storage and decanting of cleaning materials and agents, storage of cleaning equipment and trolley, washing and storage of mops, buckets, brooms etc and for waste disposal.

The Cleaner's Room shall be a minimum of four m2.

#### 90 .29.20 LOCATION AND RELATIONSHIPS

The Cleaner's Room should be central to the area it serves, with direct access to the Unit corridor

#### 90 .29.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets.

### Clean-Up Room

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#### 90 .30.10 DESCRIPTION AND FUNCTION

The Clean-Up Room is used for holding of used trolleys and articles from Operating Rooms or Procedure Rooms. Items may be sorted, rinsed and despatched to Waste Holding / CSSU areas as appropriate. One Clean-Up room may be shared between two Operating Rooms.

The Clean-Up Room shall be a minimum of 7 m2; where the Clean-Up room is shared by more than one Operating Room it should be 10 m2.

#### 90 .30.20 LOCATION AND RELATIONSHIPS

The Clean-Up Room should be located adjacent to its associated Operating Room or Procedure Room, with direct access to the Exit area or circulation corridor.

#### 90 .30.30 CONSIDERATIONS

If Glutaraldehyde is to be used in this space, refer to 'Guidelines for the Use of Glutaraldehyde in the Health Industry' - Department of Human Services, Victoria, for detailed design and ventilation requirements. Refer also to Part E

## Part B - Health Facility Briefing and Planning

Building Services of these Guidelines.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Clean Utility

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#### 90 .31.10 DESCRIPTION AND FUNCTION

The Clean Utility is for the storage and preparation of clean and sterile consumables and equipment for patient treatment, secure storage and preparation of medications, including intravenous fluids. It may also function as an alternative storage area for the medication trolley.

The room may also provide storage for dangerous drugs in accordance with relevant legislation.

The Clean Utility shall be a minimum of 12 m<sup>2</sup> or 14 m<sup>2</sup> when access is required from two sides of the room.

#### 90 .31.20 LOCATION AND RELATIONSHIPS

The Clean Utility is to have direct access from the Unit corridor, with close proximity to the Staff Station and ready access to patient areas.

Depending on the configuration of the Unit, access may be from two sides.

#### 90 .31.30 CONSIDERATIONS

Doors to the Clean Utility should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Clean Utility - Sub

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#### 90 .32.10 DESCRIPTION AND FUNCTION

The Clean Utility - Sub room is a small Clean Utility for the storage and preparation of clean and sterile stock, patient care items and secure storage of medications. The Clean Utility - Sub shall not be provided in Inpatient Units used for overnight accommodation; in these units a full sized Clean Utility is required.

The Clean Utility - Sub shall be a minimum of eight m<sup>2</sup>.

#### 90 .32.20 LOCATION AND RELATIONSHIPS

The Clean Utility - Sub should be located within ready access of the Staff Station and treatment areas.

#### 90 .32.30 CONSIDERATIONS

The doors to the Clean Utility - Sub should be lockable.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

### Consult Room

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## Part B - Health Facility Briefing and Planning

### 90 .33.10 DESCRIPTION AND FUNCTION

The Consult Room will provide for private consultation and examination of patients with or without support persons present.

The Consult Room must be a minimum of 12 m2.

### 90 .33.20 LOCATION AND RELATIONSHIPS

The Consult Room should be easily accessible from Entry and Waiting areas and where possible, close to Clean and Dirty Utility rooms.

The Consult Room may be grouped with other Consult Rooms.

Two doors may be required into the room in certain situations - refer to Part C of these Guidelines for further information.

### 90 .33.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Dental Surgery

### 90 .34.10 DESCRIPTION AND FUNCTION

The Dental Surgery Room provides for dental consultation, examination and treatments for patients.

The Dental Surgery shall be a minimum of 14 m2.

### 90 .34.20 LOCATION AND RELATIONSHIPS

The Dental Surgery may be provided as a discrete Unit in located in an outpatient area or as a room located within an acute Unit such as an Emergency Unit. It should have ready access to waiting areas and public amenities.

### 90 .34.30 CONSIDERATIONS

The Dental Surgery will require provisions and services for a dental chair, examination light, dental X-ray unit, preparation and work benches.

A clinical handbasin shall be provided within the room.

For additional room considerations and room details refer to Room Data Sheets and Room layout Sheets

## Dirty Utility

### 90 .35.10 DESCRIPTION AND FUNCTION

The Dirty Utility provides for the following functions;

- Cleaning and holding of used equipment for collection and sterilisation elsewhere
- Disposal of clinical and other wastes and soiled linen
- Testing and disposing of patient specimens
- Decontamination and storage of patient utensils such as pans, urinals and bowls

In smaller Units, the Dirty Utility Room may be combined with a Disposal Room for space efficiency.

## Part B - Health Facility Briefing and Planning

The Dirty Utility shall be a minimum of 10 m<sup>2</sup> or 12 m<sup>2</sup> when access is required from two sides of the room. If combined with Disposal Room, the combined Dirty Utility/ Disposal shall be minimum of 14 m<sup>2</sup>.

### 90 .35.20 LOCATION AND RELATIONSHIPS

The Dirty Utility requires a central position to allow for ready access from the patient areas served and have easy access to handwashing facilities.

The Dirty Utility will have direct access to the Unit corridor and close proximity to the Clean Utility.

### 90 .35.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Dirty Utility - Sub

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### 90 .36.10 DESCRIPTION AND FUNCTION

The Sub-Dirty Utility is a small Dirty Utility Room providing for cleaning and holding of used equipment for collection, disposal of clinical and other wastes and soiled linen, testing and disposal of patient specimens; decontamination and storage of patient bedpans, urinals and bowls is optional in the Dirty Utility - Sub.

The Dirty Utility - Sub shall not be provided in Inpatient Units used for overnight accommodation; in these units a full sized Dirty Utility is required.

The Dirty Utility - Sub shall be a minimum of eight m<sup>2</sup>.

### 90 .36.20 LOCATION AND RELATIONSHIPS

The Dirty Utility - Sub should have ready access to patient areas and Unit corridor.

### 90 .36.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layouts.

## Disposal Room

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### 90 .37.10 DESCRIPTION AND FUNCTION

The Disposal Room provides for the temporary storage of contaminated waste, sharps, soiled linen and recyclables prior to removal.

In smaller Units the Disposal Room may be combined with the Dirty Utility Room, for space efficiency.

The Disposal Room shall be a minimum of eight m<sup>2</sup>.

### 90 .37.20 LOCATION AND RELATIONSHIPS

The Disposal Room should have direct access to the Unit corridor and ready access to service lifts.

### Disposal Room

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#### 90 .37.30 CONSIDERATIONS

The Disposal Room shall be lockable.  
The room may be shared by two or more Units.  
In some Units, space may be required for cytotoxic waste bins.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Ensuite

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#### 90 .38.10 DESCRIPTION AND FUNCTION

An Ensuite is for a patient to wash, shave, groom themselves, shower and use the toilet, either independently or with assistance. The area and layout must accommodate an assisting nurse, patient lifter and wheelchair access.

A number of alternatives have been provided in Room Layout Sheets showing different configurations that may suit different patient types. The actual choice should depend on the patient type and the Operational Policy.

An Ensuite - Standard shall be a minimum of five m<sup>2</sup>; an Ensuite - Shared shall be a minimum of six m<sup>2</sup> and an Ensuite - Special shall be a minimum of seven m<sup>2</sup>.

#### 90 .38.20 LOCATION AND RELATIONSHIPS

The Ensuite must be adjacent to the Bed Room entry door or directly accessible from each Bed Room. Individual shower and toilet compartments may be used for patients in shared bedrooms; refer to Shower - Patient and Toilet - Patient.

#### 90 .38.30 CONSIDERATIONS

Doors must open outwards and be fitted with emergency release function.

Fittings including grab rails and shower must comply with AS 1428.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Ensuite - Mental Health

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#### 90 .39.10 DESCRIPTION AND FUNCTION

The Ensuite - Mental Health will provide a shower, toilet and handbasin for use by mental health patients. The Ensuite will be lockable from the outside with a privacy latch on the inside.

The Ensuite - Mental Health shall be a minimum of five m<sup>2</sup>.

#### 90 .39.20 LOCATION AND RELATIONSHIPS

The Ensuite - Mental health should be located adjacent to the Patient Bedroom entry door or have direct access from the Patient Bedroom.

#### 90 .39.30 CONSIDERATIONS

All fittings and fixtures shall be suitable for mental health patients.

## Part B - Health Facility Briefing and Planning

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Formula Room

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#### 90.40.10 DESCRIPTION AND FUNCTION

The Formula Room provides space for the preparation, distribution and storage of baby feeds. All prepacked feeds will be stored in this area. The room will accommodate the following functions:

- Washing, sterilisation and storage of baby bottles, teats and equipment
- Preparation of baby formulas
- Refrigerated storage of baby feeds
- Demonstration to mothers on formula preparation.

A Formula Room shall be a minimum of nine m2.

#### 90.40.20 LOCATION AND RELATIONSHIPS

The Formula Room should be located with direct access to a circulation corridor with ready access to Nursery areas. It should be located separately from the Nursery

#### 90.40.30 CONSIDERATIONS

A clinical handwashing basin shall be located within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout sheets.

### Gymnasium

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#### 90.41.10 DESCRIPTION AND FUNCTION

A room for patient evaluation, rehabilitation exercise activities, therapy and ambulation training.

The Gymnasium shall be a minimum of 45 m2.

#### 90.41.20 LOCATION AND RELATIONSHIPS

The Gymnasium shall be located close to patient therapy areas with ready access to the circulation corridor, the Unit entry, waiting areas and amenities areas.

#### 90.41.30 CONSIDERATIONS

For additional considerations, refer to Allied Health Unit in these Guidelines and Room Data Sheets.

### Interview Room

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#### 90.42.10 DESCRIPTION AND FUNCTION

A room to undertake confidential discussion and/ or counselling between staff, patients and family members where required. This room may also be used as a multipurpose room for small staff groups or discussions. The room may also be used as a family/ relatives room.

The Interview Room shall be a minimum of 9 m2. If the room is required for

family or group discussions the minimum area shall be 12 m2.

### 90.42.20 LOCATION AND RELATIONSHIPS

The Interview Room should be located close to waiting and reception areas, with ready access to a Beverage Bay

### 90.42.30 CONSIDERATIONS

A second exit door may be considered where an additional staff escape route is required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Lounge - Patient

### 90.43.10 DESCRIPTION AND FUNCTION

The Patient Lounge provides for a change of environment away from clinical areas for patients and visitors. It is an area where family groups can visit and patients can socialise.

The Patient Lounge shall have a minimum floor area of 15 m2. Depending on the patient population, number of single rooms and access to other sitting areas, a ratio of 0.8 m2 per patient may be used to calculate the area of a Patient Lounge.

### 90.43.20 LOCATION AND RELATIONSHIPS

The Patient Lounge should be on an external wall to take advantage of natural light and outlook. The Patient Lounge should be located away from patient bedrooms but staff should be able to observe and monitor its use by patients, with direct access to the Unit corridor.

Where possible, direct access to a secure landscaped area offering partial covering against sun, wind and rain should be provided.

### 90.43.30 CONSIDERATIONS

Low window sill heights promote access to a view from a seated position.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets

## Meeting Room - Small

### 90.44.10 DESCRIPTION AND FUNCTION

A multipurpose room for interviews, consultation, staff meetings, teaching and training activities. The small meeting room may also function as a distressed relatives room for grieving family/visitors.

A Meeting Room - Small shall be nine m2 or 12 m2.

### 90.44.20 LOCATION AND RELATIONSHIPS

The Meeting Room should be located near the main Waiting area or Unit entry and away from Treatment areas with ready access to public / staff amenities.

Where used for accommodation of distressed relatives, it should be located in

## Part B - Health Facility Briefing and Planning

a quiet, low traffic area.

### 90.44.30 CONSIDERATIONS

Where used for accommodation of distressed relatives, a Beverage Bay may be located in close proximity.

For additional room considerations and details refer to Room Data Sheets.

### **Meeting Room - Medium/Large**

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#### 90.45.10 DESCRIPTION AND FUNCTION

The Medium and Large Meeting Rooms will accommodate staff and other meetings such as those held with the Mental Health Review Board in a Mental Health Unit. It is a multi-purpose room also used for staff meetings, training or educational purposes.

A Meeting Room for Seminar/ Training shall be a minimum of 15 m<sup>2</sup> (5 to 10 people). A Meeting Room - Medium shall be a minimum of 20 m<sup>2</sup> (12 to 15 people) and a Meeting Room - Large shall be 25 - 30 m<sup>2</sup> (15 to 25 people).

#### 90.45.20 LOCATION AND RELATIONSHIPS

Meeting Rooms used for seminars or training may be located in a low traffic area on the periphery of a Unit or between a number of Units.

Medium and Large Meeting Rooms should be located close to the entry point for a Unit to enable ready access for people from outside the Unit and shared use by adjacent Units.

In a Mental Health Unit, the Magistrates Meeting Room should be accessible from the Entry/ Reception areas as well as from Inpatient Areas, with discreet access from the Secure Unit.

### 90.45.30 CONSIDERATIONS

When used as part of a Mental Health Unit, two points of exit should be provided. Duress alarms will be required and more than one telephone outlet provided. Video and teleconferencing facilities may be required.

For additional room considerations and details refer to Room Data Sheets.

### **Neonatal Bay - General Care**

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#### 90.46.10 DESCRIPTION AND FUNCTION

A single Bay for the care of well babies away from their mother's bed area which may include treatments such as phototherapy.

The Neonatal Bay shall be a minimum of 5 m<sup>2</sup>, which includes a circulation area of one metre between Bays.

#### 90.46.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - General Care will be located within the Neonatal Nursery. The Neonatal Nursery will be located with ready access to Maternity inpatient bedrooms used for post-natal care.

### 90.46.30 CONSIDERATIONS



## Part B - Health Facility Briefing and Planning

90 .46.30

A staff handwash basin (type A or B) should be provided for each four Neonatal Bays - General Care.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Neonatal Bay - Intensive Care

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90 .47.10 DESCRIPTION AND FUNCTION

A single Bay or Room for neonates requiring Intensive Care nursing and medical treatment. The Bay (or room) will include provisions for charting and storage.

The Neonatal Bay/ Room - ICU shall be a minimum of 12m<sup>2</sup>. In multi-bed rooms a minimum of 2.4 metres is required between infants' beds, with an aisle of 1.2 metres between beds facing each other.

90 .47.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - ICU will be located within the Intensive Care Unit - Neonatal/ Special Care, which will have ready access to the Maternity Inpatient Unit, Obstetric Unit, Operating Unit, Emergency Unit and Pathology Unit.

90 .47.30 CONSIDERATIONS

A staff clinical handwash basin (Type A) is required in close proximity to each Neonatal Bay - ICU. Each Bay shall be within six metres of a handwash basin. If a room is provided, the handbasin shall be located within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Neonatal Bay - Special Care

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90 .48.10 DESCRIPTION AND FUNCTION

A single Bay for neonates requiring Special Care nursing and medical treatment. The Bay will include provisions for charting and storage.

The Neonatal Bay/ Room - ICU shall be a minimum of 10 m<sup>2</sup>. In multi-bed rooms a minimum of 1.2 metres is required between infants' beds, with an aisle of 1.5 metres between beds facing each other.

90 .48.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - Special Care will be located within the Intensive Care Unit - Neonatal/ Special Care, which will have ready access to the Maternity Inpatient Unit, Obstetric Unit, Operating Unit, Emergency Unit and Pathology Unit.

90 .48.30 CONSIDERATIONS

A staff clinical handwash basin (type A) is required in close proximity to each Neonatal Bay - Special Care.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - 2 Person Shared

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#### 90.49.10 DESCRIPTION AND FUNCTION

An Office for two persons to carry out administrative functions in a degree of privacy. This may include preparing rosters, reports, counselling, interviewing staff and patients.

The 2 Person Shared Office shall be a minimum of 12 m2.

#### 90.49.20 LOCATION AND RELATIONSHIPS

The Office should be located close to the Staff Station with ready access to the Unit corridor.

#### 90.49.30 CONSIDERATIONS

The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - 3 Person Shared

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#### 90.50.10 DESCRIPTION AND FUNCTION

A Shared Office for three persons to carry out administrative functions in a degree of privacy. This may include patient care coordination and preparation of reports.

A 3 Person Shared Office shall be a minimum of 16 m2.

#### 90.50.20 LOCATION AND RELATIONSHIPS

The 3 Person shared office should be located away from the clinical area.

#### 90.50.30 CONSIDERATIONS

The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - 4 Person Shared

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#### 90.51.10 DESCRIPTION AND FUNCTION

Office space to be shared by four persons for carrying out administrative functions in a degree of privacy.

A 4 Person Shared Office shall be a minimum of 20 m2.

#### 90.51.20 LOCATION AND RELATIONSHIPS

The 4 Person Shared Office should be located away from clinical areas.

#### 90.51.30 CONSIDERATIONS

The Office should be lockable.

## Part B - Health Facility Briefing and Planning

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - CEO

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#### 90 .52.10 DESCRIPTION AND FUNCTION

An Office to be used by the CEO/ General Manager to perform administrative duties and allows for confidential discussion in a degree of privacy.

The Office - CEO/DCO shall be 15 m2.

#### 90 .52.20 LOCATION AND RELATIONSHIPS

The CEO/DCO Office should be located in an administrative zone away from clinical areas.

#### 90 .52.30 CONSIDERATIONS

The room area allows for a small meeting area incorporated into the office. Inclusions for this room shall assume a 'Clean Office Policy'.

For additional room considerations and details refer to Room Data Sheets.

### Office - Clinical/Handover

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#### 90 .53.10 DESCRIPTION AND FUNCTION

An Office for staff to write up notes, view digital imaging, hold confidential discussions, store records and have handovers.

The Office Clinical/ Handover shall be nominally 12 m2; the actual size will be dependant on the number of staff using the space at any one time.

#### 90 .53.20 LOCATION AND RELATIONSHIPS

The Office - Clinical / Handover should be located adjacent to the Staff Station.

#### 90 .53.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - Consult

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#### 90 .54.10 DESCRIPTION AND FUNCTION

A room where clinical consultation and administrative functions are combined, and may be used by medical, nursing and allied health staff.

The Office/Consult Room shall be 12 m2.

#### 90 .54.20 LOCATION AND RELATIONSHIPS

The Office / Consult should be located near patient treatment areas with close access to patient waiting areas.

#### 90 .54.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

For additional room considerations and details refer to Room Data Sheets.

### Office - Single Person 9 m2

#### 90 .55.10 DESCRIPTION AND FUNCTION

A Single Person Office where Unit Managers can carry out administrative functions in a degree of privacy. This includes preparing rosters, reports, counselling, interviewing staff and patients.

A Single Person Office shall be a minimum of nine m2.

#### 90 .55.20 LOCATION AND RELATIONSHIPS

The Office - Single Person should be located close to the Staff Station, in a quieter traffic area.

#### 90 .55.30 CONSIDERATIONS

Inclusions in this room shall assume a 'Clean Office Policy'.  
The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - Single Person 12 m2

#### 90 .56.10 DESCRIPTION AND FUNCTION

A Single Person Office 12m2 is provided for a Director or other senior manager to carry out administrative functions in a degree of privacy. This includes preparing reports, counselling and interviewing. The room size allows for a small meeting area within the room.

A Single Person Office shall be a minimum of 12 m2.

#### 90 .56.20 LOCATION AND RELATIONSHIPS

The Office - Single Person 12m2 should be located away from clinical areas, preferably located with other office areas.

#### 90 .56.30 CONSIDERATIONS

Inclusions in this room shall assume a 'Clean Office Policy'.  
The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room layout Sheets.

### Office - Workstation Typical

#### 90 .57.10 DESCRIPTION AND FUNCTION

A workstation within an open plan arrangement for staff to carry out administrative functions.

A Typical Workstation in a shared open-plan area or office shall be a minimum of six m2.

#### 90 .57.20 LOCATION AND RELATIONSHIPS

## Part B - Health Facility Briefing and Planning

90 .57.20

The Typical Workstation should be located within a shared open plan office area away from clinical areas.

90 .57.30 CONSIDERATIONS

Inclusions for this room shall assume a 'Clean Office Policy'. Refer to Part C - Access, Mobility, OH & S in these Guidelines for workstation requirements with respect to OH&S and ergonomic aspects.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Office - Write-up Bay

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90 .58.10 DESCRIPTION AND FUNCTION

This bay provides a write-up bench for use by members of the patient care team. In this space the user may review and write-up patient records, enter patient data on computer and make telephone calls.

The Write-up Bay shall be a minimum of two m2.

90 .58.20 LOCATION AND RELATIONSHIPS

The Write-up Bay should be located in a corridor near patient care areas.

90 .58.30 CONSIDERATIONS

The Write-up Bay should be recessed sufficiently to not create a protrusion into the corridor.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Operating Room - General

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90 .59.10 DESCRIPTION AND FUNCTION

The Operating Room - General provides an aseptic environment in which to carry out surgical procedures under local, regional or general anaesthetic.

The General Operating Room may be used for general surgery and specialties including ENT, Urology, Gynaecology, Ophthalmology, Plastic Surgery and any other procedures that do not require bulky equipment.

The Operating Room - General shall be 42 m2.

90 .59.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

90 .59.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

90.59.30

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Operating Room - Large

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#### 90.60.10 DESCRIPTION AND FUNCTION

The Operating Room - Large provides an aseptic environment in which to carry out surgical procedures under local, regional or general anaesthetic.

The Operating Room - Large may be used for surgical procedures that require large and bulky equipment, including neurosurgery, orthopaedics and cardiac surgery.

The Operating Room - Large shall be a minimum of 50 m<sup>2</sup>.

#### 90.60.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

#### 90.60.30 CONSIDERATIONS

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Operating Room - Minor

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#### 90.61.10 DESCRIPTION AND FUNCTION

The Operating Room - Minor provides a clean and/or aseptic environment in which to carry out endoscopic and/or minor surgical procedures under local, regional or general anaesthetic.

The Operating Room - Minor shall be 36 m<sup>2</sup>.

#### 90.61.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from

## Part B - Health Facility Briefing and Planning

through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

### 90.61.30 CONSIDERATIONS

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Overnight Stay - Bedroom

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#### 90.62.10 DESCRIPTION AND FUNCTION

Single Bedroom with an adjoining Ensuite for clinical staff or parents needing to remain on close call overnight.

The Overnight Stay Bedroom shall be a minimum of 10 m2.

#### 90.62.20 LOCATION AND RELATIONSHIPS

The Overnight Stay Bedroom shall be located in a discrete area with ready access to the critical care areas.

#### 90.62.30 CONSIDERATIONS

The Bedroom should be lockable and requires acoustic privacy.

Staff or parents using the Overnight Stay facilities need to be contactable using a telephone or paging system.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Overnight Stay - Ensuite

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#### 90.63.10 DESCRIPTION AND FUNCTION

Ensuite adjoining an Overnight Stay Bedroom for use by staff or parents.

#### 90.63.20 LOCATION AND RELATIONSHIPS

The Ensuite shall be located adjacent to the Overnight Stay Bedroom. Access to the Ensuite will be from the Bedroom.

#### 90.63.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Pantry

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#### 90.64.10 DESCRIPTION AND FUNCTION

The Pantry is for preparing and/or heating refreshments, snacks and some meals for patients, washing some utensils, storing food and drink and disposing of food waste. It may also provide space for a meal tray collection trolley.

The Pantry shall be a minimum of eight m<sup>2</sup>. If food rethermalisation trolleys are to be located in the room during meal times, up to an additional four m<sup>2</sup> should be added to the total area.

#### 90.64.20 LOCATION AND RELATIONSHIPS

The Pantry should have ready access to patient areas and the Unit corridor.

#### 90.64.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets.

### Patient Bay

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#### 90.65.10 DESCRIPTION AND FUNCTION

A Patient Bed Bay may be used for the treatment or management of patients in various types of treatment or holding spaces. Depending on the type of space, the patient will receive clinical intervention ranging from resuscitation, through clinical, acute, non-acute treatment to observation or holding.

The Patient Bed Bay will vary in size, depending on the function and type of patient to be accommodated. Three alternatives have been provided in Room Data Sheets and Room Layout sheets showing different sizes that may suit different patient types including:

- Patient Bay - Trauma (12 m<sup>2</sup>)
- Patient Bay - Critical (Resuscitation) (25 m<sup>2</sup>)
- Patient Bay - Holding or Non-Acute (9 m<sup>2</sup>)

Patient Bed Bays may be closed or open; this will affect the space required. The actual choice of Bay type should depend on the patient type and the Operational Policy.

#### 90.65.20 LOCATION AND RELATIONSHIPS

Patient Bed Bays should be generally located with other patient treatment areas and near the Staff Station.

#### 90.65.30 CONSIDERATIONS

For additional considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Plaster Room

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#### 90.66.10 DESCRIPTION AND FUNCTION

The Plaster Room allows for the application of Plaster of Paris, or other splints and for the closed reduction of displaced fractures or dislocations under sedative or regional anaesthesia.

The Plaster Room shall be a minimum of 14 m<sup>2</sup>.



### Plaster Room

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#### 90 .66.20 LOCATION AND RELATIONSHIPS

The Plaster Room should be located close to Treatment Areas with ready access from Waiting Areas.

#### 90 .66.30 CONSIDERATIONS

A Splint and Crutch Store will be accessible to the Plaster Room.

Clear access to the plaster trap is required for maintenance purposes.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Property Bay - Staff

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#### 90 .67.10 DESCRIPTION AND FUNCTION

A bay containing lockers for the secure storage of staff property including clothing, handbags and personal effects.

The Property Bay - Staff shall be six m2, although final calculation of floor area will depend on the number of lockers required for staff numbers working in the Unit.

#### 90 .67.20 LOCATION AND RELATIONSHIPS

Staff Property Bays shall be located adjacent to Staff Stations or main Work Areas for security. The Bay should have discreet access from the Unit corridor and ready access to the Staff Lounge.

#### 90 .67.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Reception

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#### 90 .68.10 DESCRIPTION AND FUNCTION

An area where visitors to the Unit or facility can be received and either immediately directed to their destination or to a Waiting Area.

A Reception Area should be a minimum of 10 m2, although this will vary according to the Unit and number of staff.

#### 90 .68.20 LOCATION AND RELATIONSHIPS

The Reception should be located near the entry point to the Unit or facility and adjacent to the Waiting Area.

#### 90 .68.30 CONSIDERATIONS

Refer to Part C - Access, Mobility, OH&S for information regarding counter heights and access requirements.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Scrub-Up / Gowning

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#### 90 .69.10 DESCRIPTION AND FUNCTION

The Scrub-up / Gowning room provides an enclosed area for pre-operative scrubbing, gowning and gloving.

The Scrub-up/ Gowning area shall be a minimum of six m2 per Operating Room, or eight m2 where one Scrub-up bay is shared between two Operating Rooms. A minimum of 800 mm is required between scrub stations.

#### 90 .69.20 LOCATION AND RELATIONSHIPS

The Scrub-up area should be directly accessible from the Operating Unit corridor and from the associated Operating or Procedure Room.

Access should also be available from the staff Change and Staff Lounge.

#### 90 .69.30 CONSIDERATIONS

The activities of scrubbing and gowning/ gloving should be separate within the space. Taps should be non-touch - automatically operated or foot operated.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Seclusion Room

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#### 90 .70.10 DESCRIPTION AND FUNCTION

A Seclusion Room provides for the sole confinement of a distressed or agitated person requiring separation for short periods at any hour of the day or night on an involuntary basis. The door and windows of the room are locked from the outside.

Note: A person receiving treatment for a mental disorder in an approved mental health service may be kept in seclusion only:

- If it is necessary to protect the person or any other person from an immediate or imminent risk to his or her health or safety or to prevent the person from absconding
- If the use of seclusion has been approved by the authorised psychiatrist, or in the case of an emergency, authorized by the senior registered nurse on duty and notified to a registered medical practitioner without delay
- for the period of time specified in the approval or authorization under the second paragraph

It is not necessary to obtain a person's consent to keep him or her in seclusion. Where a seclusion room is required for an involuntary patient it should be designed as part of a designated High Dependency Suite within the Unit. A High Dependency suite also includes a Secure Courtyard, a small Lounge and Ensuite. A toilet with a door that can be locked open or shut should be directly accessible from the room.

The Seclusion room shall be a minimum of 14 m2.

#### 90 .70.20 LOCATION AND RELATIONSHIPS

The Seclusion Room should be adjacent to the Staff Station and High Dependency and have no 'blind spots'.

#### 90 .70.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

The Seclusion Room will require a door with an external swing and a viewing panel and be secure in construction with specific locks. The door shall be wide enough for three staff abreast and can be lockable inside and outside with a key.

The door to the seclusion room and walls must be capable of withstanding extreme force from inside the room in the event that the patient tries to force their way out.

The ceiling height is to be three metres.

Finishes, furniture fittings and fixtures must be robust and not provide an opportunity for self harm. The room must meet OH&S Guidelines for staff safety.

For additional room considerations and details refer to the Room Data Sheets

### Shower - Patient

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#### 90.71.10 DESCRIPTION AND FUNCTION

The Shower - Patient is a room containing a shower and handbasin for patients in multi-bed rooms to shower or wash, either independently or with nurse assistance. Commode access is required.

A Patient Shower shall be a minimum of four m2 .

#### 90.71.20 LOCATION AND RELATIONSHIPS

The Shower - Patient shall be located immediately adjacent to or directly accessible from Bed Rooms or the Unit corridor.

#### 90.71.30 CONSIDERATIONS

The door must be fitted with escape hardware to allow staff access in an emergency.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Shower - Staff

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#### 90.72.10 DESCRIPTION AND FUNCTION

A shower for staff use; it may be gender specific or unisex.

The Staff Shower shall be two m2

#### 90.72.20 LOCATION AND RELATIONSHIPS

The Staff Shower should be located near the Staff Toilet, Staff Change Area and Staff Lounge areas.

#### 90.72.30 CONSIDERATIONS

A privacy latch is required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Staff Room

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#### 90.73.10 DESCRIPTION AND FUNCTION

The Staff Room is used by staff for respite, rest and relaxation during tea and meal breaks, especially where it is difficult for staff to use centrally located facilities including at night. It may also be used for small meetings or tutorials and for the storage of staff resources or library materials.

The Staff Room shall be a minimum of 15 m<sup>2</sup>; size will be dependant on the number of persons using the space at any one time; allow 1.5 m<sup>2</sup> per person.

#### 90.73.20 LOCATION AND RELATIONSHIPS

The Staff Room should be located away from Patient, Treatment and Visitor areas. Where possible, the Staff Room may be shared between two Inpatient Units, or one per floor provided in larger facilities.

#### 90.73.30 CONSIDERATIONS

Facilities for food and beverage preparation and storage should be provided.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Staff Station

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#### 90.74.10 DESCRIPTION AND FUNCTION

The Staff Station is the administrative base for the Unit and enquiry point for patients and visitors. It provides for the coordination of patient care, observation, writing up of clinical notes, entering data into computers, making and receiving telephone calls. The Staff Station may also accommodate a Unit Receptionist/ Clerk.

The Floor area will vary according to the Unit and will depend on the activity level, the number of full and part-time staff, the operational model and the building layout.

For Planning purposes, a 30 Bed Inpatient Unit will require a Staff station of 14 m<sup>2</sup>.

#### 90.74.20 LOCATION AND RELATIONSHIPS

At least one Staff Station shall be provided within an Inpatient Unit, central to Bed Rooms to allow observation of patients.

#### 90.74.30 CONSIDERATIONS

The model of care adopted will determine the need for additional stations and their placement within the Unit.  
Lockable stable doors may be provided for additional security if required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Store - Cleaner's

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#### 90.75.10 DESCRIPTION AND FUNCTION

The Cleaner's Store is a bulk store provided for the central storage of large items of cleaning equipment, bulk containers of cleaning chemicals and a

## Part B - Health Facility Briefing and Planning

cleaner's trolley.

The Cleaner's Store should be a minimum of 12 m2.

### 90.75.20 LOCATION AND RELATIONSHIPS

The Cleaner's Store should be located with other storage areas, or in a central area where cleaning staff can access easily in the course of their duties.

### 90.75.30 CONSIDERATIONS

Clean paper goods such as toilet paper and hand towels should be stored in an adjacent dry store or cupboard. The Cleaner's Store must be lockable and comply with OH&S guidelines. Refer to Part C of these Guidelines for additional information.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Store - Equipment

### 90.76.10 DESCRIPTION AND FUNCTION

The Equipment Store is used for the storage of medical equipment when not in use and recharging of electrical items. Space is required for parking of mobile equipment including IV poles, wheelchairs, lifting equipment, trolleys, cradles and commode chairs for the Unit.

The floor area shall be nominally 20 m2. This may vary depending on the Unit size and service profile and the use/ provision of bays for mobile equipment.

### 90.76.20 LOCATION AND RELATIONSHIPS

The Equipment Store should be centrally located in a low traffic area with direct access to the Unit corridor.

### 90.76.30 CONSIDERATIONS

The Equipment Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Store - Files

### 90.77.10 DESCRIPTION AND FUNCTION

A secure room for the storage of departmental files and patient clinical records.

The Files Store shall be a minimum of 10 m2.

### 90.77.20 LOCATION AND RELATIONSHIPS

The Files Store should have direct access to the Staff Station or be located adjacent to the office areas served.

### 90.77.30 CONSIDERATIONS

The Files Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and

Room Layout Sheets.

### Store - General

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#### 90.78.10 DESCRIPTION AND FUNCTION

A secure room for the storage of general supplies used within the Unit. Equipment may also be recharged in this room.

The General Store shall be a minimum of nine m2.

#### 90.78.20 LOCATION AND FUNCTION

The General Store should be centrally located within a Unit or group of Units when shared.

#### 90.78.30 CONSIDERATIONS

The General Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Store - Photocopy/Stationery

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#### 90.79.10 DESCRIPTION AND FUNCTION

A room for the photocopier and for secure storage of paper and stationery supplies. The facsimile and printers may also be located in this area if required.

The Photocopy/ Stationery Store shall be nominally eight m2.

#### 90.79.20 LOCATION AND RELATIONSHIPS

The Photocopy/ Stationery Store should be located adjacent to administrative areas served, with direct access to the administrative area circulation corridor.

#### 90.79.30 CONSIDERATIONS

Exhaust to be provided to photocopier area, to meet OH&S requirements.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### Store - Sterile Stock

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#### 90.80.10 DESCRIPTION AND FUNCTION

An area centrally located within the Operating Unit or other Treatment Areas for storage and holding of sterile stock in a clean environment. This area may accommodate drugs in lockable cupboards or safe as required.

The Sterile Stock Store shall be a minimum of 10 m2.

#### 90.80.20 LOCATION AND RELATIONSHIPS

The Sterile Stock Store should be located near or directly adjacent to Operating, Procedure and Treatment Rooms. It should have ready access to Central Sterile Supply Unit (CSSU) or Theatre Sterile Supply Unit (TSSU) and

## Part B - Health Facility Briefing and Planning

may be provided as a part of the CSSU/ TSSU.

### 90 .80.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### **Toilet - Disabled**

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#### 90 .81.10 DESCRIPTION AND FUNCTION

A toilet and handbasin for use by disabled persons with or without assistance. The room shall comply with AS 1428.

The Toilet - Disabled shall be a minimum of five m2.

#### 90 .81.20 LOCATION AND RELATIONSHIPS

The Disabled Toilets should have direct access to a waiting or circulation corridor. Disabled Toilets for public use should be readily accessible from Public Areas.

#### 90 .81.30 CONSIDERATIONS

Disabled Toilets may also include facilities for baby change. Disabled Toilets to be used by patients must also include patient/ nurse call and emergency call buttons and indicators.

For additional room considerations and details refer to Room data Sheets and Room Layout Sheets.

### **Toilet - Patient**

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#### 90 .82.10 DESCRIPTION AND FUNCTION

A room containing a toilet and handbasin for patients in multi-bed rooms or adjacent to communal patient areas.

A Patient Toilet shall be a minimum of four m2.

#### 90 .82.20 LOCATION AND RELATIONSHIPS

The Patient Toilet should be located immediately adjacent to, or directly accessible from Patient Bed Rooms, Unit corridor or patient areas served.

#### 90 .82.30 CONSIDERATIONS

The door will be fitted with escape hardware to allow staff access in an emergency.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

### **Toilet - Public**

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#### 90 .83.10 DESCRIPTION AND FUNCTION

A room containing toilet and handbasin for public or visitor use. The Public Toilet may also include facilities for baby change.

## Part B - Health Facility Briefing and Planning

The Public Toilet shall be a minimum of three m2. If baby change facilities are included, the size may be increased to four m2.

### 90.83.20 LOCATION AND RELATIONSHIPS

Toilets for public use should be readily accessible from public areas including circulation corridors, Entrances and Waiting Areas.

### 90.83.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Toilet - Staff

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### 90.84.10 DESCRIPTION AND FUNCTION

A toilet and handbasin for staff use.

A Staff Toilet shall be a minimum of two m2.

### 90.84.20 LOCATION AND RELATIONSHIPS

Toilets for staff use should be readily accessible from staff work areas. They should be located central to a Unit

### 90.84.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Treatment Room

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### 90.85.10 DESCRIPTION AND FUNCTION

The Treatment Room provides a controlled environment, privacy and facilities for carrying out consultations, examinations and treatments which may include wound dressings.

The Treatment Room shall be a minimum of 15 m2.

### 90.85.20 LOCATION AND RELATIONSHIPS

The Treatment Room should be located with other patient care areas, near the Clean Utility.

### 90.85.30 CONSIDERATIONS

The door should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## Ultra-Isolation Airlock

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### 90.86.10 DESCRIPTION AND FUNCTION

Separate Entry and Exit Anterooms to ensure negative pressurisation of the Ultra-Isolation area. The Airlock allows for transit of patient bed and bed isolator moving into the patient bedroom. The Entry Airlock area also may accommodate gowns, gloves, masks, overboots, goggles and linen. The Exit



## Part B - Health Facility Briefing and Planning

Airlock may accommodate an autoclave for sterilisation of patient equipment prior to removal from the area.

The Ultra-Isolation Airlock/s shall be a minimum of four m2.

### 90 .86.20 LOCATION AND RELATIONSHIPS

The Airlock/s should be located adjacent to the Patient Bed Room with direct access to the circulation corridor.

### 90 .86.30 CONSIDERATIONS

All materials used in the room and interior surfaces are to be easily cleanable and able to withstand fumigation. All penetrations for fittings in walls and ceilings must be fully sealed. Double glazed windows with integral Venetians are preferred, however, where curtains or blinds are used, they should be washable.

For additional room considerations refer to Room Data Sheets.

## Ultra-Isolation Clean Utility

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### 90 .87.10 DESCRIPTION AND FUNCTION

Room for storage and preparation of consumables, equipment for patient treatment and medications for use within the Ultra-Isolation Facility. The room may contain a write-up bay.

The Ultra-Isolation Clean Utility shall be a minimum of 11 m2.

### 90 .87.20 LOCATION AND RELATIONSHIPS

The Ultra-Isolation Clean Utility shall be located adjacent to both the Entry Airlock and the Patient Bed Room.

### 90 .87.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

## Ultra-Isolation Dirty Utility

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### 90 .88.10 DESCRIPTION AND FUNCTION

Room within the Ultra-Isolation Facility for storage and cleaning of utensils and disposal of linen and waste. Equipment to be located within the room includes a dual function pan sanitiser/ utensil washer, slop hopper and a pass through autoclave.

The Ultra-Isolation Dirty utility shall be a minimum of eight m2.

### 90 .88.20 LOCATION AND RELATIONSHIPS

The Dirty Utility will be located adjacent to the Patient Bed Room with external access to the circulation corridor for removal of waste, linen and equipment.

### 90 .88.30 CONSIDERATIONS

## Part B - Health Facility Briefing and Planning

### 90 .88.30

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

### Ultra-Isolation Ensuite

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#### 90 .89.10 DESCRIPTION AND FUNCTION

A room for patients to shower, toilet and use handbasin, within the Ultra-Isolation Facility. The spatial allocation reflects the requirement for nursing assistance and the use of equipment.

The Ultra-Isolation Ensuite shall be a minimum of six m2.

#### 90 .89.20 LOCATION AND RELATIONSHIPS

The Ensuite will have direct access to the Patient Bed Room within the Ultra-Isolation Facility.

#### 90 .89.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

### Ultra-Isolation Patient Bed Room

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#### 90 .90.10 DESCRIPTION AND FUNCTION

One Bed Isolation Room for patient requiring intensive care treatment and ultra-isolation for quarantinable infectious diseases.

The Ultra-Isolation Patient Bedroom shall be a minimum of 25 m2.

#### 90 .90.20 LOCATION AND RELATIONSHIPS

The Ultra-Isolation Patient Bed Room shall be located adjacent to the Entry Airlock and shall have an adjoining Ensuite.

#### 90 .90.30 CONSIDERATIONS

All materials used in the room and interior surfaces are to be easily cleanable and able to withstand fumigation. All penetrations for fittings in walls and ceilings must be fully sealed. Double glazed windows with integral Venetians are preferred, however, where curtains or blinds are used, they should be washable.

A handsfree communication system is required between the patient Bed Room and the Entry Airlock, to communicate with personnel within either room.

For additional room considerations refer to Room Data Sheets.

### Ultra-Isolation Staff Change

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## Part B - Health Facility Briefing and Planning

### 90.91.10 DESCRIPTION AND FUNCTION

A room with shower and toilet facilities for staff to change on entry and exit from the Ultra-Isolation Facility. The shower is required in cases of accidental contamination.

The Ultra-Isolation Staff Change shall be a minimum of five m2.

### 90.91.20 LOCATION AND RELATIONSHIPS

The Staff Change/ Toilet will require direct access from the Entry Airlock and from the Dirty Utility exit.

### 90.91.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

## Waiting

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### 90.92.10 DESCRIPTION AND FUNCTION

An area for visitors and patients to wait in comfort prior to or during visits to a Unit. A Waiting Area may be for the use of the public, patients, families and other visitors to a facility or Unit.

A range of occupants will require waiting space and these will include adults and children, both able-bodied and disabled. Circulation requirements must cater for this.

The Waiting area shall be a nominal 10 m2. The size will be dependant on the number of people to be accommodated but will generally require 0.5 m2 per able-bodied person or one m2 per wheelchair occupant or other disabled person.

### 90.92.20 LOCATION AND RELATIONSHIPS

Waiting areas should be located near to the entry of a Facility or Unit and be observable from the Reception area. The Waiting area requires direct access to the circulation corridor and ready access to public amenities.

### 90.92.30 CONSIDERATIONS

Natural light is desirable. Waiting areas may be shared between Units. Paediatric waiting areas should allow access for prams and have baby change facilities nearby. Refer to Part C for additional information related to access and mobility.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

## X-Ray Viewing and Reporting

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### 90.93.10 DESCRIPTION AND FUNCTION

A room within a Clinical or Diagnostic Unit for reviewing and reporting of patient imaging film or computerised images.

## Part B - Health Facility Briefing and Planning

The X-ray Viewing and reporting Room shall be 12 m2.

### 90.93.20 LOCATION AND RELATIONSHIPS

The X-ray Viewing and Reporting Room should be accessible from the Unit corridor and located near other staff work areas.

### 90.93.30 CONSIDERATIONS

Facilities may be required to accommodate both imaging film (X-ray boxes) and computerised images (computer screens).

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.