



Part A – Introduction and instructions for use

Issue 1 Release Notes

This release represents the first public issue of the new Victorian Guidelines for Hospitals and Day Procedure Centres (DGHDP). All previous releases were marked DRAFT for review and comment only.

Every effort has been made to check the new guidelines for errors and inconsistencies. Many difference stakeholders, proof-readers and reviewers have participated in this process. Nevertheless, As may be expected of issue 1 of a comprehensive set of new guidelines, errors and inconsistencies may still be found. These will be progressively corrected in future editions of the guidelines

Important Disclaimer

These Guidelines have been created as "Stand-alone" documents. Nothing in these Guidelines implies that compliance with them will automatically result in compliance with other Legislative or Statutory requirements. Similarly, nothing in these Guidelines implies compliance with the Australian Standards or the Building Code of Australia. Parts of these Guidelines such as Room Layout Sheets necessary show elements which may be subject of those Legislative or Statutory requirements. Every effort has been made to ensure such compliance, however no guarantees are made. It is the responsibility of each user to check and ensure compliance with other "Stand-alone" Legislative and Statutory requirements.

As the name suggests, the documents provided are "Guidelines". Users are advised to seek expert opinion on the important issue of Health Facility Design whilst considering these Guidelines. Many of the concepts covered by these Guidelines require a minimum level of knowledge of Health Facilities and Health Facility Design. Due to the generic nature of these Guidelines, all the individual circumstances can not be anticipated or covered. Furthermore, these Guidelines do not cover the operational policies of individual facilities. Delivery of excellence in health care as well as the provision of a safe working environment will depend on appropriate operational policies. The authors of these Guidelines as well as those involved in the checking or approval of these Guidelines accept no responsibility for any harm or damage, monetary or otherwise caused by the use or misuse of these Guidelines.

What is New?

These guidelines were specifically prepared by Health Projects International for Victoria using a specially customised database of health design knowledge. Over the last few years, thanks to a framework of cooperation between different State Departments of Health, the guidelines have been offered as the core of the proposed future National Health Facility Design Guidelines. The same database system is used to deliver the new NSW Health Facility Guidelines over the next few years. The delivery system, the structure and content database are shared, whilst each State initially has its own version meeting legislative and policy requirements. Over time, various State variations of the guidelines are expected to reduce to pave the way towards the future unified Guidelines.

Use of Other Guidelines

These Guidelines have been prepared after considering numerous other Guidelines available in Australia and overseas. Both words and concepts found in the other Guidelines have been used when appropriate, sometimes with changes to terminology or methods of measurement. Since very similar concepts and requirements are covered by many different guidelines, a clause by clause reference to other guidelines would be impractical. A short list of other Guidelines reviewed for the preparation of these Guidelines can be found under "References and Further Reading" in each section of the Guidelines. Nothing in these Guidelines implies or guarantees compliance with every requirement of those other Guidelines.

Credits

These Design Guidelines as well as the Guidelines Web Site have been prepared by:
Health Projects International Pty Limited (HPI) for the Department of Human Services, Victoria, (DHS).



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10 INTRODUCTION

General

- 10 .1.00 This document and its various attachments represent the minimum Design Guidelines for Hospitals and Day Procedure Units (DGHDP). They may be referred to as 'the DGHDP' or 'these Guidelines' through the text.

For a quick start, please refer to the section under "How to Read"

- 10 .2.00 These Guidelines do not represent the ideal or best standards. Neither do they cover management practices beyond the influence of design. The main aims of these guidelines is to:
- Establish the minimum acceptable standards for design and construction
 - Maintain public confidence in the standard of Health Care Facilities
 - Determine the basis for the approval and registration of private hospitals
 - Provide general guidance to designers seeking information on the special needs of typical Health Care Facilities
 - Promote the design of health facilities with due regard for safety, privacy and dignity of patients, staff and visitors
 - Eliminate design features that result in unacceptable practices
 - Update guidelines to meet current medical practices
 - Eliminate duplication between various standards.

- 10 .3.00 These Guidelines were compiled by Health Projects International for the Victorian Department of Human Services (DHS) in 2002. Many existing guidelines and standards used in Australia and the United States of America have been evaluated in order to arrive at the requirements of these guidelines. These can be found in the credits list. Furthermore, these are forward looking guidelines, reasonably anticipating and allowing for emerging health care practices.

- 10 .4.00 Although design has a major impact on the quality of health care, it is not the only influence. Management practices, staff quality and regulatory framework potentially have a greater impact. Consequently, compliance with these guidelines can influence but not guarantee good health care outcomes.

- 10 .5.00 It should be noted that Private Nursing Homes are included in Classification IXA Institutional Health Care Building of the Victoria Building Regulations.

Through amendments No. 3 and 4, which came into force on 1 July 1986, the following basic building matters are now covered by the Victoria Building Regulations:

- Structural Integrity
- Basic Health and Amenity
- Fire Safety and Fire Resistance.

Only briefing and functional design matters are covered by these guidelines.

- 10 .6.00 These Guidelines place emphasis on achieving Health Care Facilities that reflect current health care procedures in a desirable environment for patient care at a reasonable facility cost.

- 10 .7.00 The model standards suggested in the Guidelines are performance and service oriented. Where prescriptive measurements are given, these have been carefully considered relative to generally recognised standards. These standards are self evident and do not require detailed specification.

General

- 10.8.00 In many instances it may be desirable to exceed minimum requirements to achieve optimum standards. For example, doorways that are wider than the stated minimum patient bedroom door width will minimise damage to beds and door frames where frequent traffic may occur.

Administrative Provisions

- 10.9.00 Equivalent Alternatives

The primary objective of the Guidelines is to achieve a desired performance result or service. Prescriptive limitations, when given, such as exact minimum dimensions or quantities, describe a condition commonly recognised as a practical standard for normal operation.

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

It is important to note that these Guidelines are not designed to restrict innovation which might improve performance and/or outcomes.

- 10.10.00 Compliance and Accreditation

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

Accreditation is primarily concerned with hospital management and patient care practices, although the standard of facility is certainly a consideration.

For detailed information on accreditation requirements contact:
Australian Council on Health Care Standards
PO Box 95
Waterloo NSW 2017

Phone: (02) 9662 2311
Fax: (02) 9662 6370

for detailed information on accreditation requirements.

Glossary of Terms

- 10.11.00 the Act - An Act of Parliament

Acceptable standard - A standard acceptable to the Department of Human Services, Victoria.

Area, space - The Guideline requirement need not be fully enclosed but form part of a larger space; for example trolley park alcove off a corridor.

Building Code of Australia - Building Code of Australia (1996) and any subsequent amendments or updates.

Building Service Equipment - equipment items including heating, air-conditioning, ventilation, humidification, filtration, chillers, electrical power distribution, emergency power generation, energy / utility management systems, and other equipment with the primary function of a building service.

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

Part A - Introduction and Instructions for Use

Day Procedure Centre (DPC) - A facility primarily composed of a Day Procedure Unit with additional support facilities. This may be stand-alone or attached to a hospital or medical centre.

Disabled facilities - Facilities that are designed for use by the disabled, to AS 1428 series.

Egress - A safe means of escape in the event of an emergency.

Ensuite - A room fitted out with a shower, a toilet and a basin/mirror combination. An Ensuite associated with a bedroom should have a door which opens directly off the bedroom. There are other types of Ensuities such as Shared Ensuities. Variations are fully and semi-assisted types.

Facility - The physical aspects of the development; for example the buildings.

Fixed Equipment - items that are permanently fixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment.

Fully assisted facilities - Facilities for toileting, showering and bathing that are designed for the patient to be assisted by two staff members.

Guidelines - A collection of requirements and recommendations, some mandatory, some non-mandatory, which describe a minimum level of facility provision.

Inpatient Unit - The module by which a hospital is developed to ensure cost efficient nurse coverage for patient safety and service for example one inpatient unit = 32 acute patient bedrooms = One ward.

Interpretation - The meaning of something as understood by the Department of Human Services, Victoria.

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

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

Life Cycle Cost Analysis - A technique of economic evaluation that sums the costs of initial investments, replacements, operations, and maintenance and repair of an investment decision over a given study period.

Minimum - The least level of provision that is considered necessary for a given function. Anything below minimum is considered unsatisfactory.

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

Office or Room - The function is to be fully enclosed to create its own space for example Birthing Room, Operating Room. This is in contrast to the definition of 'Workstation or 'Space/Bay' where the function is within a larger area which contains other items or users.

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

PACU - Post Anaesthesia Care Unit within a Day Procedure Unit or Operating Unit.

Partially assisted facilities - Facilities for toileting, showering and bathing that are designed for the patient to be assisted by one staff member.

Part A - Introduction and Instructions for Use

Patient Care Area - Area as defined in the Building Code of Australia part of Health Care Facilities normally used for the treatment, care, accommodation, recreation, dining and holding of patients, including a ward and treatment area.

Private Hospital - A registered premises where persons are provided with health services of a prescribed kind or kinds and for which a charge is made and includes a privately-operated hospital but does not include -

- a public hospital or denominational hospital
- a day procedure centre
- a residential care service

Radiographer (Medical Imaging Technologist) - A person eligible for membership with the Australian Institute of Radiography who is permitted by the Radiological Council to operate major x-ray equipment under the direction and supervision of a licensed Radiologist.

Shall - Implies that the requirement referred to is mandatory.

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

Standards - The Standards of the Standards Association of Australia or parts of these Guidelines depending on the context.

Treatment Area - Area as defined in the Building Code of Australia (BCA) - an area within a Patient Care Area such as an Operating Suite or Unit and rooms used for recovery, minor procedures, resuscitation, intensive care and coronary care from which a patient may not be readily moved.

X-ray Operator - A person who has received approval by the Radiological Council to perform a range of X-ray examinations, limited to chests and extremities, using low powered mobile X-ray equipment.

Maintenance

10.12.00 Refer to Section E5 of the Building Code of Australia - Maintenance.

In designing and detailing a Hospital or Day Procedure Unit, the recurrent costs involved in maintaining the building stock should be an important consideration. The aim being to prevent the building from deteriorating to the point where the facility no longer complies with these Guidelines. Hospital proprietors are encouraged to consider establishing an asset management program to ensure that building stock is maintained to an appropriate standard. The architect and engineers should optimise the impact of maintenance on the life cycle costs of the facility, with obvious due consideration to the proprietor's capital commitment. Selection of building material, finish, fitments, plant etc., and maintenance access are all important considerations.

20 TERMS OF REFERENCE

Objectives

- 20 .1.00 The Department's prime concern is in the area of patient care. These Guidelines are intended to enhance the quality of patient care by ensuring that hospital facilities are designed to provide appropriate living conditions and standards of care for patients, staff and visitors.

Facilities Covered

- 20 .2.00 The following health facilities are included in these Guidelines:

- Public Hospitals
- Privately Operated Public Hospitals
- Private Hospitals
- Day Procedure Units (within hospitals or separate)
- Integrated Care Centres (ICC)
- Mental Health Inpatient Facilities
- Rehabilitation Centres
- Geriatric Evaluation and Management (GEM) Centres
- Palliative Care Centres

- 20 .3.00 The following health facilities are excluded from these Guidelines:

- Community Residential Facilities
- Aged Residential Care Facilities
- Supported Residential Services
- Medical Practitioners and Consulting Rooms
- Pharmacies (Retail Stand-alone)
- Stand-alone Dental Health Services

- 20 .4.00 The facilities listed above may be public or private or any combination of the two. These guidelines apply equally to all such facilities.

New and Refurbished Buildings

- 20 .5.00 These Guidelines apply to all new facilities or existing facilities being refurbished as one of the health facility type covered.

Requirements for full compliance for a whole unit when a partial redevelopment is proposed will be determined in consultation with the Department of Human Services.

For existing planning units within health buildings that are being cosmetically redecorated without replanning, compliance with these Guidelines is confined to those applying to surfaces and finishes being altered.

New and Refurbished Engineering Services

- 20 .6.00 These Guidelines apply to the engineering services of all new health facility types covered.

Refurbishment or upgrading of existing Health Facility Engineering Services such as HVAC services, hydraulic services, medical gas services, electrical and communication services, will require compliance with these Guidelines in the same manner but independently of the building works.

Engineering services within existing planning units that are being refurbished by more than 50% (of area coverage), with or without re-planning, will require

Part A - Introduction and Instructions for Use

full compliance with these Guidelines for the entire planning unit. All refurbishment work within the previous three years will be counted as part of the 50% calculation of areas.

For engineering services within existing planning units that are being refurbished by no more than 50% (of area coverage) compliance with these Guidelines is highly recommended.

If compliance with these Guidelines is required due to any building work, change of use or services upgrade, then compliance with all engineering requirements also is required.

For example, if the air-conditioning system for 70% of an existing Operating Unit is being refurbished, then the entire air-conditioning system for the Unit should comply with these guidelines.

New Facility Types

- 20 .7.00 New facility types are proposed from time to time due to the changes in health practice. These new facility types do not necessarily invalidate the requirements of these Guidelines. In situations where the names of facilities and their processes are changed, the fundamental requirements of similar facilities or processes should be followed. In other words, changing the names of facilities (or sub-components) will not alter their minimum requirements.

The Structure of these Guidelines

30 .1.00 These Guidelines are structured as follows:

Parts: The Guidelines are divided into parts. The intention is to cover each discrete subject in a compartmented fashion to avoid duplication of the same information under different Hospital units.

30 .2.00 The parts are as follows:

Part A Introduction and Instructions for Use
Part B Health Facility Briefing and Planning
Part C Access, Mobility, Occupational Health & Safety
Part D Infection Control
Part E Building Services and Environmental Design
Enclosures

- Standard Components Room Data Sheets
- Standard Components Room Layout Sheets
- Functional Relationships Diagrams

30 .3.00 HEADINGS

These represent the main topics in each part.

SUB-HEADINGS

These cover the details of each Heading.

CLAUSES

This represents one discrete concept or topic under the sub-heading.

NOTES

These expand the clause by giving more explanations or examples of ways to achieve the main intent of the clause.

30 .4.00 LEVELS OF RECOMMENDATION

MANDATORY

All clauses by default are mandatory. In situations where the text has the potential for misunderstanding, the note "mandatory" may be used to clarify any aspect which is absolutely required without re-interpretation. If the word "Mandatory" does not appear in a clause, it does not indicate that the clause is optional.

RECOMMENDATION

On some occasions a standard is mandatory but a higher standard is recommended. The intention is to guide designers who wish to voluntarily upgrade the facility to a higher standard and wish to know what the higher standard is.

OPTIONAL

Shows clauses that are not mandatory requirements but are non-mandatory alternatives.

30 .5.00 CHARTS AND TABLES

Certain concepts, especially numerical standards, are expressed in charts and tables. Similarly, parametric requirements, depending on the size of components, may be expressed in charts and tables.

Part A - Introduction and Instructions for Use

DIAGRAMS AND DRAWINGS

Depending on the context and notation, the items illustrated are either mandatory, recommended or optional. The text will make this clear.

PICTURES

These provide a visual context for the issues being covered. The issues or subjects may be mandatory, however, the pictures are only examples.

The Style of these Guidelines

- 30 .6.00 These guidelines are expressed in a combination of performance based standards and prescriptive requirements. In the interest of clarity, only one subject is covered per clause.

Unless otherwise noted, all performance based and prescriptive guidelines are mandatory. However, where appropriate additional information is provided to guide designers.

Checklists

- 30 .7.00 At the end of each major section of these Guidelines, a checklist is provided for the users' convenience. The purpose of these checklists is to verify compliance with the key prescriptive requirements. The checklists themselves are not part of the mandatory requirements of these Guidelines.

How to Measure Drawings

- 30 .8.00 To measure drawings, the following measurement technique will apply.

FOR ROOMS

- Areas are measured to the inside face of outside walls,
- To centre of walls to adjoining rooms,
- To the full thickness of corridor walls facing rooms,
- To the centre of departmental boundary walls (except where boundary wall adjoins a corridor).

Areas not included are:

- Circulation % (represented by Departmental corridors)
- Service risers, Service cupboards and Plant Rooms
- Fire Hose Reels, Fire Stairs, Lift Shafts

- 30 .9.00 FOR DEPARTMENTAL CORRIDORS REPRESENTING CIRCULATION %

- Areas are measured to the face of corridor walls
- To the inside face of outside walls

Areas not included are:

- Service Risers, Service Cupboards and Plant Rooms
- Fire Hose Reels, Fire Stairs Lift Shafts

- 30 .10.00 FOR 'TRAVEL'

- Corridors between departments (HPUs) to the face of corridor walls
- To the inside face of outside walls
- Stairs including Fire Stairs
- Internal Fire Stairs and ramps.

Areas not included are:

- Service risers and cupboards
- Fire Hose Reels, Lift Shafts

Part A - Introduction and Instructions for Use

- Plant Rooms.

30 .11.00 FOR ENGINEERING

- Plant Rooms, Fire Hose Reels and Service Cupboards to the centre of adjoining walls,
- To the inside face of outside walls,
- To the full thickness of riser walls.

Areas not included are Lift Shafts (the void area).

30 .12.00 The minimum room sizes in these Guidelines assume wall thicknesses of 100 mm. For wall thicknesses of more than 120 mm, the minimum area of the room (as measured in accordance with these Guidelines) shall be increased to compensate for the greater wall thickness.

30 .13.00 Refer to Enclosures - Area Measurement Diagrams A1.1 and A1.2 for a visual representation of these area measurements.

Legend of Colours for Diagrams

30 .14.00 Refer to the attached Enclosures for the Legend of Colours used in the Functional Relationships Diagrams.

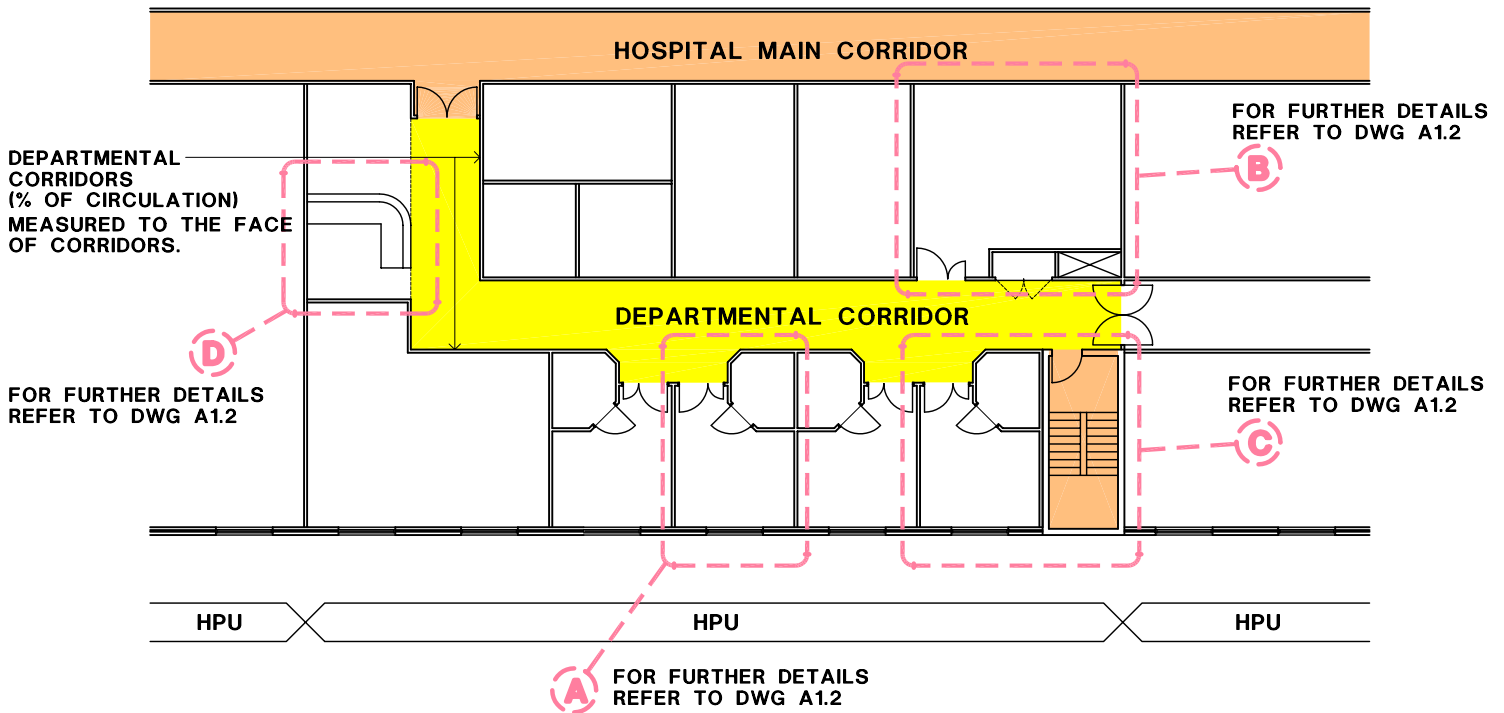
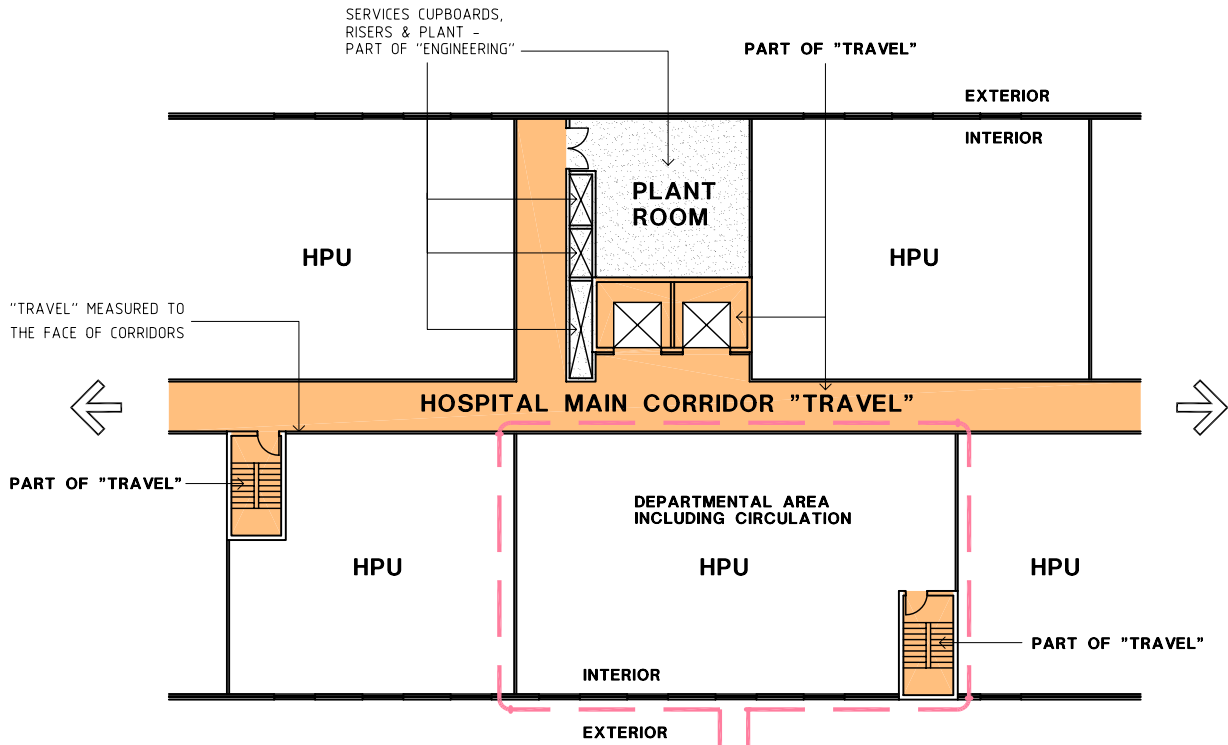
DGHDP STANDARD COMPONENTS

Room Layout Sheet

Room Name

Area Measurement Diagrams

ID No **A1.1**



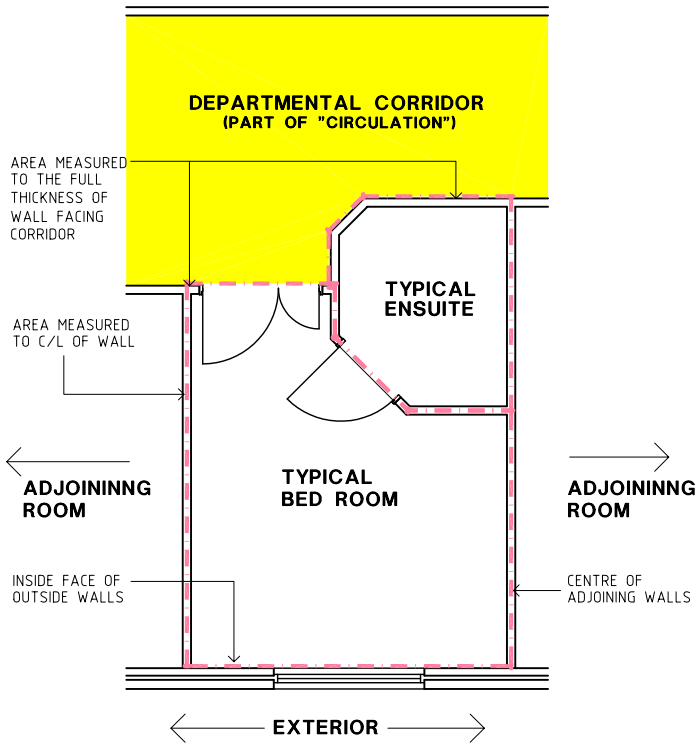
Rev	Revision Description	Date	Rev	Revision Description	Date	Rev	Revision Description	Date			
1	FIRST ISSUE	22.10.04									
HEALTH PROJECTS INTERNATIONAL (c) Ground Floor, Suite 1, 68 Alfred Street, Milsons Point NSW 2061 Ph: (02)9460 4199 www.hpi.net.au ACN: 066 856 595						The Department of Human Services, Victoria Design guidelines for hospitals and day procedure centres			Drawn: CC Checked: DB Date: 22.10.04 Scale: NTS Sheet: 1 of 2 CAD File: Drawing No. A1.1 Area Measurement: A1.1 Issue: 1		

DGHDP STANDARD COMPONENTS

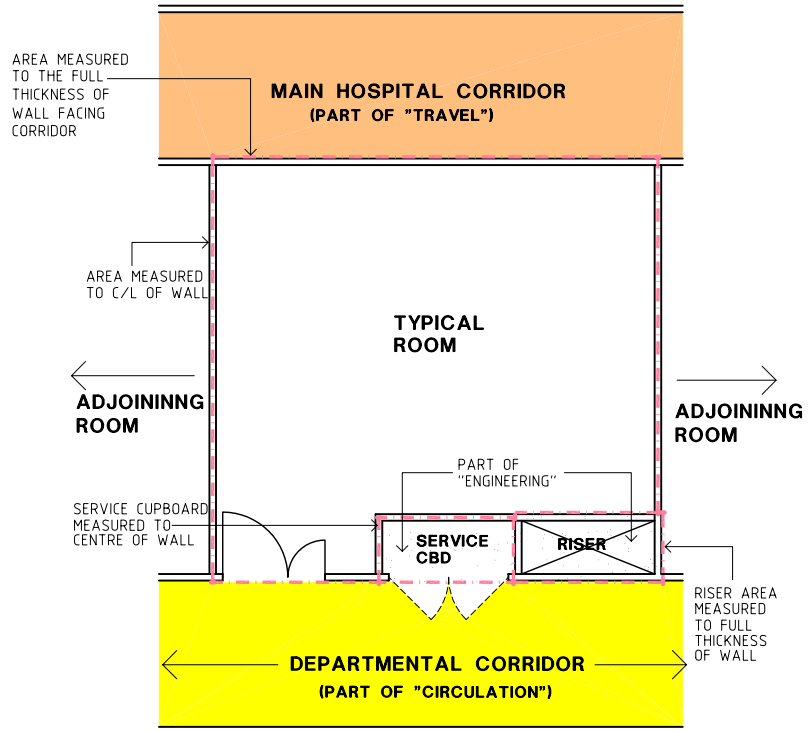
Room Layout Sheet

Room Name | **Area Measurement Diagrams**

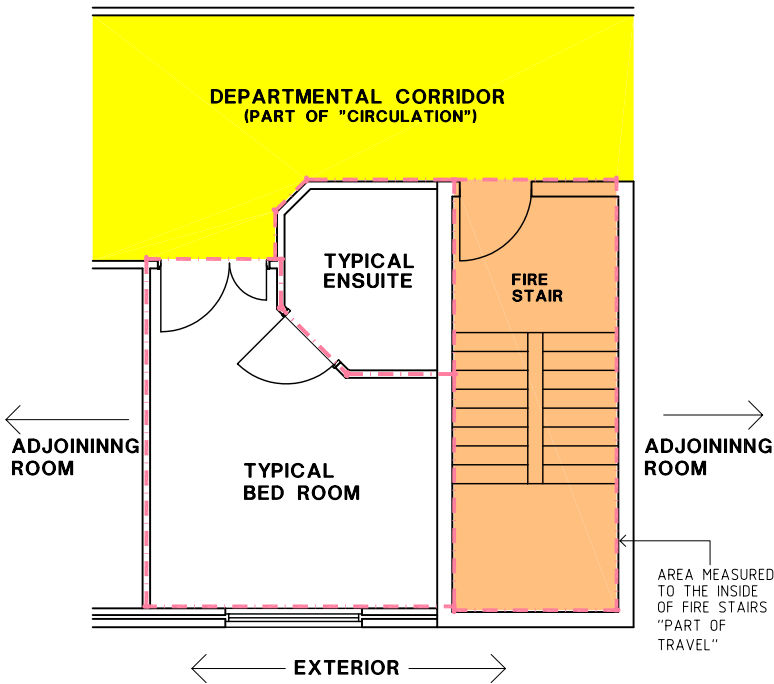
ID No **A1.2**



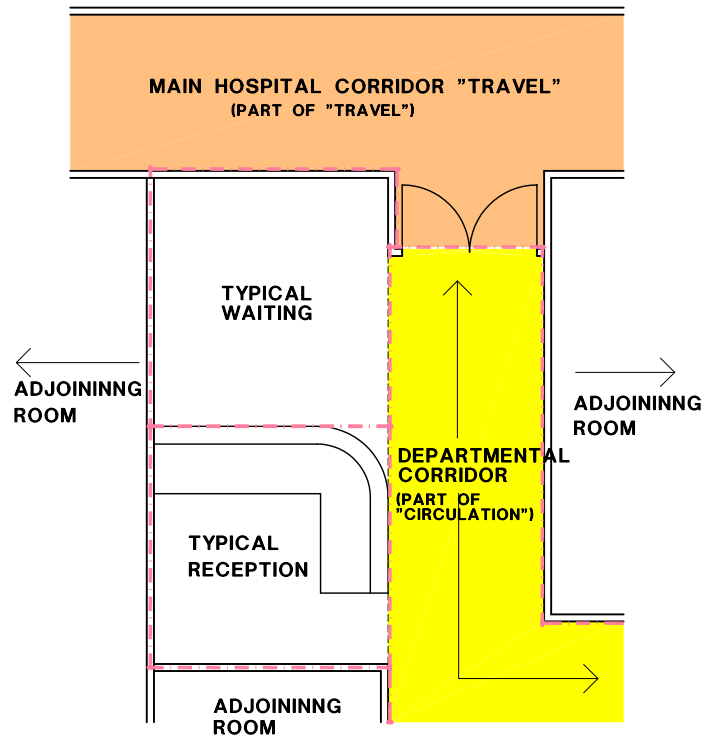
A. PART PLAN



B. PART PLAN



C. PART PLAN















D. PART PLAN

Rev	Revision Description	Date	Rev	Revision Description	Date	Rev	Revision Description	Date
1	FIRST ISSUE	22.10.04						

Drawn	Checked	Date	Scale	Sheet
CC	DB	22.10.04	NTS	2 of 2
CAD File		Drawing No.		Issue
Area Measurement		A1.2		1

LEGEND OF COLOURS FOR FUNCTIONAL RELATIONSHIPS DIAGRAMS

-  Administration
-  Circulation
-  Dedicated Lifts
-  Education
-  General Lifts
-  Inpatient Beds
-  Outpatient Services
-  Plant Rooms
-  Procedural
-  Research
-  Stairs
-  Support Services

Interpretation of these Guidelines

- 40 .1.00 These guidelines define the minimum requirements for hospitals and day procedure centres. Variation from these requirements requires approval from the Department of Human Services.

Private Health Care Facilities

- 40 .2.00 The Department and its officers will administer these requirements on the basis that they are guidelines. This will be taken into account in determining applications related to the registration and construction of Private Hospitals and Day Procedure Units.

If at any time subsequent to the registration and construction of Private Health Care Facilities, an inspection is required or organised by the Department, continued compliance with these guidelines will be expected.

- 40 .3.00 It is emphasised that compliance with these Guidelines is only one element of the Private Hospital registration process. Conformity with other service planning criteria and relevant regulations is essential. It is assumed that other facets of the overall service planning process have already been finalised or are proceeding concurrently. In particular, the need for any proposed facility will have already been established and agreed, as will the size and range of services to be provided.

Inspections

- 40 .4.00 No patients shall occupy uninspected unapproved facilities
- 40 .5.00 The proprietor shall give notice in writing to the Department a minimum of ten working days before the anticipated completion date so that the premises can be inspected prior to occupancy.
- 40 .6.00 The building shall be deemed acceptable for final building and nursing inspections when it has been completed according to approved plans and specifications, is connected to all services, and has been issued a Certificate of Occupancy by the Local Government Authority. The site shall be cleared of all rubbish and building equipment. Fittings and furnishings shall be in place and operational at this time, for registration under the Health Service Act, 1988.

Public Health Care Facilities

- 40 .7.00 These Guidelines are the minimum requirement for the briefing, planning and construction of Public Hospitals.

The Department of Human Services will administer compliance with these guidelines through the brief development, conditions of employment for design consultants and contractors, as well as internal management policies.

Approval In Principle Process

- 40 .8.00 Private Hospitals and Day Procedure Centres must comply with these guidelines and go through an approval process. The steps involved in the approval process, related to compliance with these Guidelines are summarised below and shown in the attached Enclosure. Applicants should contact the DHS for queries and further requirements of the approval process.

Part A - Introduction and Instructions for Use

STEP 1

Proprietors and designers will have ready access to these Design Guidelines on the Web. Furthermore, a simple compliance checklist can be obtained from the DHS. Blank versions of the checklist are included in the Design Guidelines.

STEP 2

The design documents including plans are submitted to the DHS, together with a Schedule of Accommodation and a completed and signed compliance checklist.

DHS assess the application in accordance with the new Design Guidelines and issue an Approval In Principle (AIP) with or without conditions. The design documents submitted for this step must be equal to that required for a Building Permit by a registered building surveyor. The engineering documentation will require a compliance checklist signed and certified by qualified engineers.

The design documents are submitted to a Building Surveyor together with self-certification by the design engineers. The Surveyor will provide a Building Permit after ensuring that the design is in compliance with the AIP. Any changes, deviating from the AIP and/or the prescriptive portions of these Design Guidelines must be referred back to the DHS for a variation of the AIP.

STEP 3

Upon the completion of construction, the Surveyor inspects the building and provides an occupation certificate. This certificate is submitted to the DHS together with engineers' certificates. DHS organises an inspection of the building to ensure compliance with the AIP.

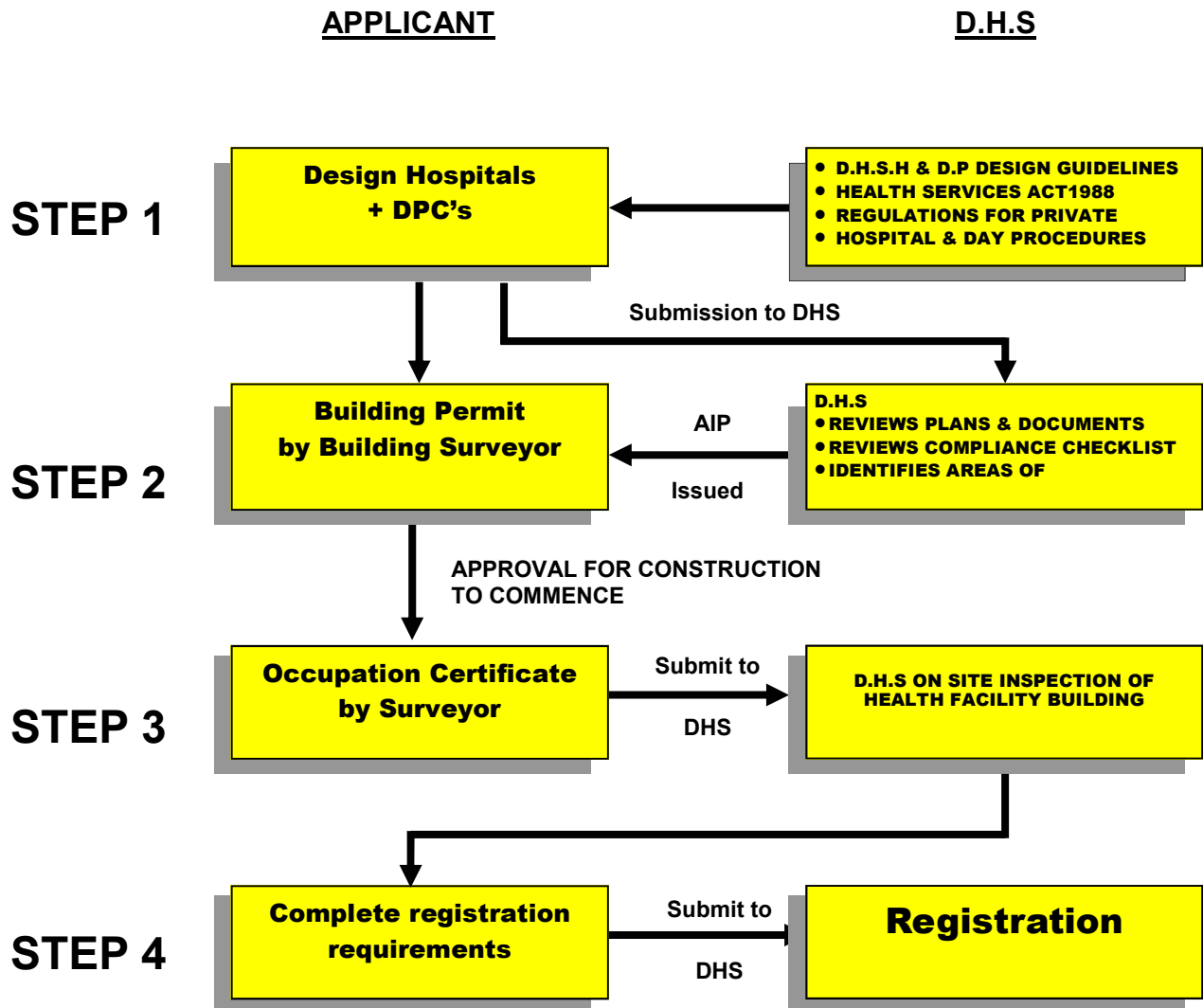
STEP 4

Subject to compliance with all DHS administrative requirements as well as the original AIP, the facility is registered or an existing registration is modified.

Engineering Services Approval

- 40.9.00 In the case of Private Hospitals and Day Procedure Units, the Consulting Engineer shall certify that the facility complies with the following:
- Part E of these guidelines
 - Documentation submitted for approval and/or registration
 - Approval in Principle
 - Any conditions imposed on the approval
 - Other statutory codes and guidelines including the BCA

APPROVAL IN PRINCIPLE & REGISTRATION PROCESS



45 ROLE DELINEATION AND LEVELS OF SERVICE

Definition

45 .1.00 Role Delineation refers to a level of service that describes the complexity of the clinical activities undertaken by that service. Each level of service has associated minimum standards, support services and staffing profiles considered appropriate.

45 .2.00 The Levels of Service referred to in Schedules of Accommodation in these Guidelines are based on the NSW Health model 'Guide to the Role Delineation of Health Services' which is widely used around Australia.

The NSW Health model 'Guide to the Role Delineation of Health Services' has not been reproduced in these Guidelines, but can be obtained separately.

45 .3.00 Levels of Service range from 0 to 6 for each major clinical activity or support service associated with health facilities with Level 0 referring to the lowest complexity service and Level 6 describing the most complex.

Not all services which are provided by health care facilities are described in the Role Delineation Guide - only the core services for hospitals and community health facilities. Those services not identified will generally follow the Role Delineation of the particular hospital or facility they are applicable to.

A hospital or health care facility is considered as a particular level when the majority of clinical and support services provided are of that particular level.

It is possible to determine the role delineation level of a particular hospital component or the entire hospital between two defined levels, eg between levels 4 & 5. This usually applies to existing facilities which may have minor deficiencies in certain areas compared with the full definition of a role delineation level.

Application

45 .4.00 The Role Delineation and Levels of Service are applicable to all hospitals and health services. They may be used in a consistent manner to describe the size, service profile and roles of the institutions in the region and to develop functional and strategic plans.

45 .5.00 Based on the Role Delineation Levels, each service identified may be planned and developed at the level necessary to meet the needs of the catchment population for that service.

As a logical consequence of the definition of the level of service, accommodation requirements of one level may vary from another level. The generic schedules of accommodation included in these Guidelines make this distinction clear.

As part of the AIP process, applicants for Private Hospitals and Day Procedure Centres will be required to declare the level of service the facility is designed for.

General

- 50 .1.00 Throughout these Guidelines and in Health Facility Design in general, certain definitions and abbreviations are commonly used. In order to standardise the definitions and guide new designers, some of these abbreviations are listed here. This is not a comprehensive list.
- 50 .2.00
- ADL - Activities of Daily Living
 - ADMIN - Administration
 - AFFL - Above Finished Floor Level
 - AIP - Approval in Principle
 - ANAES - Anaesthetic Induction Room
 - BCA - Building Code of Australia
 - CCTV - Closed circuit television
 - CCU - Cardiac / Coronary Care Unit
 - CLEAN - Cleaner's Room
 - CLN - Clean-Up Room (as in Operating Unit)
 - CSSU - Central Sterile Supply Unit
 - CT - Computerised Tomography
 - CU - Clean Utility
 - DDA - Disability Discrimination Act
 - DHS - Department of Human Services
 - DIN - Dining
 - DU - Dirty Utility
 - ECG - Electrocardiograph
 - ECT - Electro-convulsive Therapy/ Treatment
 - ED - Emergency Department
 - END - Endoscopy
 - ENG - Engineering and Maintenance
 - ENS - Ensuite
 - ENT - Ear, Nose & Throat
 - EPA - Environmental Protection Authority
 - EQUIP - Equipment Room or Bay
 - ESD - Environmentally Sustainable Design
 - GEN - General as in GEN X-RAY
 - GP - General Practitioner
 - GPO - Socket Outlet formerly known as General Power Outlet
 - H - Height
 - HDU - High Dependency Unit
 - HEPA - High Efficiency Particulate Air
 - HOLD - Holding Room or Bed Bay
 - HPU - Hospital Planning Unit
 - HVAC - Heating, Ventilation and Air-Conditioning
 - ICU - Intensive care Unit
 - IV - Intravenous
 - KG - Kilogram
 - KIT - Kitchen or Catering
 - LDR - Labour Delivery, Recovery - Birthing Room
 - LIN - Linen Room or Bay
 - M - Metres
 - M2 - Square Metres
 - MAMO - Mammography
 - MEPA - Medium Efficiency Particulate Air
 - MED - Medical
 - mm - Millimetres
 - MRI - Magnetic Resonance Imaging
 - NICU - Neonatal ICU
 - OH&S - Occupational Health & Safety

Part A - Introduction and Instructions for Use

OPT - Optional
OR - Operating Room
OT - Occupational Therapy
PABX - Private Automatic Box Exchange - (Switchboard)
PATH - Pathology
PHA - Pharmacy
Physio - Physiotherapy
QA - Quality Assurance
QTY - Quantity
RAD - Radiology
RCD - Residual Current Device
RPZ - Residual Pressure Limiting Valve
REC - Records
SCRUB - Scrub-up Room (in Operating Unit)
SES - State Emergency Service
SH - Shower
SURG - Surgical
TSSU - Theatre Sterile Supply Unit
ULT - Ultrasound
VDU - Video Display Unit
XRAY - X-ray Room

Part A - Introduction and Instructions for Use

COMPLIANCE CHECKLIST

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

Checked and certified by:

Name: _____

Date: _____

Company: _____

Position _____

Signature: _____