

# Australasian Health Facility Guidelines

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Part B - Health Facility Briefing and Planning

255 - COMMUNITY HEALTH

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***Australasian Health Facility Guidelines***

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## INTRODUCTION

### Preamble

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**255.001.010** This Health Planning Unit (HPU) has been developed for use by the design team, project managers and end users to facilitate the process of planning and design.  
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The Community Health HPU was originally developed for NSW Health and issued for Australasian use in 2010. This revision has been informed by a review and consultation process conducted during 2013.

### Introduction

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**255.002.010** The Community Health HPU outlines requirements and considerations to assist in the planning and design of community health centres.  
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Primary health care is generally the first level of care or first point of contact for patients in the health system. Primary health care is delivered by a wide range of public and private providers in community settings.

The Commonwealth Government recognises the number and range of available services makes it difficult for both patients and providers to navigate the health system. Under the National Primary Health Care Strategy, the Commonwealth Government intends to work in partnership with states and territories to strengthen the primary health care system. A key theme of these reforms involves developing networks and partnerships to provide an integrated service across service providers (and funders), in order to meet the needs of individual patients.

Community health centres should be planned and designed to deliver integrated primary and community services. This service integration may, in some cases, extend to partnerships with other health and social care agencies or include services that have traditionally been provided in acute care settings.

This document seeks to provide guidance on the range of services and facilities that may be provided in community health centres. The services profile for most centres will be unique and may contain services ranging from primary health care services (e.g. oral health services) through to complex treatment services (e.g. renal dialysis). Increasingly, community health centres provide a 'hub' from which many home-based and outreach services are delivered.

**255.002.020** This document should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:  
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- Part A - Introduction and Instructions for Use;
- Part B - Section 80 General Requirements and Section 90 Standard Components, Room Data Sheets and Room Layout Sheets;
- Part C - Design for Access, Mobility, OHS and Security;
- Part D - Infection Prevention and Control; and
- Part E - Building Services and Environmental Design.

**255.002.030** This HPU outlines requirements for planning and designing community health centres. Centres may also contain facilities that are more comprehensively outlined in other HPUs which address service specific needs including:  
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- AHIA, 2010, [AusHFG Part B: HPU 250 Ambulatory \(Community/Outpatient\) Mental Health Unit](#);

- AHIA, 2010, [AusHFG Part B: HPU 140 Rehabilitation/ Allied Health](#);
- AHIA, 2010, [AusHFG Part B: HPU 620 Renal Dialysis Unit](#);
- AHIA, 2010, [AusHFG Part B: HPU 155 Ambulatory Care Unit](#); and
- AHIA, 2014, [AusHFG Part B: HPU 280 Oral Health Unit](#).

## Policy Framework

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### 255.003.010 NSW HEALTH POLICY

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The policies and guidelines referenced below provide a wide range of information and guidance used in the development of this HPU, most specifically with regards to community health services and integrated primary care service planning and delivery.

Additional information relating to state and territory policies and guidelines are listed in the Appendices in *Further Reading* and in the *References* sections.

Project staff are encouraged to familiarise themselves with policies applicable to their own jurisdiction in particular, to ensure that plans and design reflect the local requirements.

The policies and guidelines relevant to this HPU document are:

- Department of Health and Ageing, 2011, [Improving Primary Health Care for All Australians](#);
- Department of Health and Ageing, 2009, [Building a 21st Century Primary Health Care System](#); and
- Department of Health and Ageing, 2009, [Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy](#).

## Description of the Unit

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### 255.004.010 DESCRIPTION OF HEALTH PLANNING UNIT

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Community health centres (hereafter referred to as a 'Centre') range from small single service sites through to complex multiservice units. Community health services typically deliver public health and ambulatory care services to non-admitted patients in community settings.

A Centre should provide suitable accommodation to facilitate the delivery of health and related services to patients, while also providing a safe and supportive environment for staff. A broad range of activities will be provided from Centres including assessment, diagnostic services, treatment, counselling, health education and group programs.

Requirements will be determined by a clinical services plan that details the range of services to be provided and the associated models of care.

Services may be delivered in stand-alone buildings in the community, located on a hospital site or collocated with other health and human service providers (private, public and non-government organisations/NGOs). Centres may also provide a physical base for services that provide outreach such as home-based care.

When planning a new Centre, project teams should consider future service delivery options (e.g. telehealth initiatives) population trends and the associated health needs.

### 255.004.020 POPULATION PROFILE

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A Centre will support:

- patients, carers and next-of-kin;
- community groups;

- staff; and
- visiting clinicians.

The patient population may range from babies to the elderly. These individuals will present with a range of health needs and many will come from a variety of cultural backgrounds. Services should therefore be arranged to facilitate easy access and support provision of culturally appropriate care. The range of patients that will use services must be identified during the briefing stages so that the services and facilities are planned to support their needs.

A consumer consultation process will assist in ensuring the services to be provided meet realistic consumer expectations. The process will also highlight community groups' requirements for access to services, which is usually (but not limited to) outside normal working hours.

**255.004.030**

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**SERVICES PROVIDED:**

The range of services that may be accommodated in a Centre include:

- Aboriginal health services;
- Aboriginal maternal and infant health services;
- allied health services including physiotherapy, occupational therapy, social work, dietetics, speech pathology, podiatry, and audiology services;
- medical clinics and post-acute care services such as intravenous therapy services;
- child, youth and family services, including antenatal / postnatal clinics/ outreach, child assessment, early childhood services, immunisation, child protection services (including developmental services), early intervention services, child protection counselling and youth health services;
- aged care and rehabilitation services, including aged care assessment teams (ACAT), dementia services, falls prevention;
- chronic disease management services;
- continence services;
- counselling services;
- communicable disease services;
- oral health services;
- health promotion and education;
- health-related transport;
- HIV/AIDS services;
- home nursing/midwifery services;
- men's health services;
- mental health and drug and alcohol services (non-inpatient services), including, adolescent mental health, child mental health (including early intervention services), early intervention programs, adult acute and recovery programs, older persons mental health programs, eating disorder programs, crisis teams, and alcohol and drug treatment programs (including drug diversion programs), and social health services;
- multicultural health services;
- palliative care;
- chemotherapy;
- primary medical services (GPs);
- renal dialysis;
- sexual assault counselling services;

- sexual health services including needle and syringe programs;
- stomal therapy services;
- women's health services, including family planning and screening services such as BreastScreen; and
- community development (capacity building, community participation).

These services may be delivered by:

- staff who are predominantly based in the Centre and provide a service at the Centre;
- outreach staff who undertake work in the community but return to the Centre for supplies and to carry out administrative tasks, attend meetings etc.;
- in-reach staff who are based in other facilities predominantly, but visit the Centre to deliver a service; and
- technology such as telehealth.

## PLANNING

### Operational Models

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#### **255.005.010 INTEGRATION AND FLEXIBILITY**

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Where possible, services delivered from Centres should be integrated rather than arranged by service type. Exceptions include services where specialised facilities are required (e.g. dental chairs, podiatry chairs and haemodialysis treatment spaces).

Where possible a range of bookable spaces will be provided to undertake:

- patient based activities (e.g. consult rooms, interview rooms, treatment rooms and group meeting rooms), and
- staff activities (e.g. meeting rooms).

The location of selected services (e.g. needle and syringe services) will need to balance competing needs.

Centres may also accommodate mobile visiting services such as BreastScreen. These services will require a parking bay and power.

#### **255.005.020 FLEXIBILITY**

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The mix of services, service models, and demand for services will change over time. Approaches that cluster client treatment space in a single area can promote flexibility.

Sharing of facilities between different services within a Centre should be maximised (e.g. reception and waiting areas, interview, treatment and meeting rooms and staff amenities). This will reduce the underutilisation of space and will also promote collaboration and interaction between services. Even so, services with high patient volumes may benefit from a decentralised reception and sub-waiting area.

### Operational Policies

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#### **255.006.010 GENERAL**

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The development of operational policies will help to define how a Centre will operate. The following issues should be considered in identifying the models of care to be implemented and developing the operational model for the Centre, as they will all impact the configuration of the Centre and overall space requirements.

Operational policies should be developed as part of the project planning process. For further information refer to AHIA, 2010, [AusHFG Part B: Section 80 General Requirements](#).

#### **255.006.020 HOURS OF OPERATION**

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Most patient services will be delivered Monday to Friday from 8.00am to 5.00pm. Selected services will provide care in the evenings and weekends. Some services (e.g. crisis counselling and intake services) may require staff to be in attendance 24 hours a day.

Out of hours access may be required on a planned basis for community groups, voluntary organisations and/or other specific activities.

#### **255.006.030 ROOM BOOKINGS – CLINICAL AND SUPPORT**

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When planning room requirements, an occupancy rate of 80 percent is often applied as it is assumed that all rooms will not be fully utilised all day, every day.

A room booking system will be needed for both patient and shared staff space (e.g.

meeting rooms) to maximise room utilisation. Even so, room numbers may be influenced by service delivery models (e.g. a drop-in service).

A range of rooms will be required to support one-on-one consultations and family groups. Larger rooms will be required for group activities. All rooms, where possible, should be generic to promote flexible use.

Storage for equipment and materials should be provided preferably within, or in close proximity, to these rooms. For discipline or specialty specific equipment and resources, storage should be lockable.

**255.006.040 PATIENT RECORDS**

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The collocation of health services in a Centre provides the opportunity to develop patient-focused systems such as a single health care record. A shared health care record will be stored centrally and accessed by staff as required.

**255.006.050 OFFICE ACCOMMODATION**

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Ideally staff office space will be provided in a 'staff only' zone so that the area can be secured when not in use. Separation from treatment areas will also ensure confidential conversations between staff members are not overheard by the public.

Jurisdictional office policies should apply when determining office accommodation. However, local policies based on the overarching policy should reflect the pattern of work in the proposed Centre. In some jurisdictions, staff providing an intake service (such as primary health and community mental health) will require access to an office when undertaking this role.

In most cases, office planning will be underpinned by the following principles:

- staff will undertake patient consultations and treatment in booked client interview, consultation and treatment spaces. Staff offices will not be used for this purpose;
- shared workstations should be provided for part-time or job share staff (where possible); and
- some shared office space should be provided for visiting staff and students.

**255.006.060 FLEET VEHICLES**

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Many staff working in Centres will require access to fleet vehicles to undertake home visits. The collocation of multiple services in a Centre provides an opportunity for these vehicles to be shared and booked as required.

**255.006.070 VISITOR AMENITIES**

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Visitor amenities will include toilets, parent rooms and child play areas. Depending on the scale or location of the facility, visitors may have access to additional amenities such as a café and bicycle parking.

**255.006.080 STAFF AMENITIES**

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Where possible, staff amenities should be provided for the Centre rather than dedicated to individual services. These amenities will include staff toilets, lockers, showers, a staff room and bicycle parking.

## Planning Models

### 255.007.010 GENERAL PRINCIPLES

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The operational model chosen for the Centre will greatly influence the planning model adopted.

### 255.007.020 LOCATION

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The location of Centres will vary, depending on the outcome of service planning at a local level. Options for locating Centres include:

- free-standing in a community location;
- on the grounds of a hospital facility;
- collocated with another community or primary care service; or
- as part of a commercial development e.g. shopping centres.

When identifying a Centre location, users need to consider the service model and patient profile as these factors may influence the location of the facility. There will be trade-offs to consider, as:

- a community location may offer plentiful parking for staff and patients, but provide limited public transport options; or
- a town centre location may provide good public transport access but limit parking options.

### 255.007.030 DETERMINING CLINICAL ACCOMMODATION

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In order to estimate the type and number of rooms required to support patient care, a suggested approach includes determining:

- the number and range of services delivered from the Centre;
- which of these services will deliver services from the Centre (noting that outreach services will generally have no requirement for patient treatment space within the Centre); and
- the types of rooms each service will need to access for patient care (e.g. consult, interview and treatment rooms etc.) and which of these spaces is generic (e.g. interview room) or service specific (e.g. dental surgery).

Projected service activity will then be used to determine the number of rooms required by type.

### 255.007.040

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Where possible, building design must be flexible and adaptable to enable a Centre to cater for varying patient and service needs and future service delivery changes. That is, the local community and population context. The design philosophy for a Centre, which is part of the local community, will convey a friendly and inviting environment that will encourage community members to utilise the available facilities for a variety of purposes.

The design should facilitate a multidisciplinary and collaborative service model, promoting the delivery of an integrated service.

### 255.007.050 DETERMINING OFFICE ACCOMMODATION

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The following information provides general advice relating to office accommodation. Ultimately, the space allocated should reflect jurisdictional policies, the function of work being undertaken and the time spent in the workspace. Considerations include:

- an individual office for the Centre Manager, if provided;
- staff with significant supervisory responsibilities (e.g. service managers), may be

- allocated a dedicated office;
- staff providing an intake service (such as community mental health intake) may require access to an office when undertaking this service;
- all other staff may be assigned a workstation or access to 'hot desks' as part of an open plan office arrangement;
- workstations will generally be 5.5m<sup>2</sup> for administrative and other office based staff, and (as a guide) 4.4m<sup>2</sup> for all other staff who share their time between client and office based activities. However, individual services may have different requirements and this should be determined at the planning stage. Staff working in open plan office environments will need access to breakout areas for peer support and case management discussions.

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## Functional Areas

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### 255.008.010 FUNCTIONAL ZONES

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The Centre will comprise of the following functional zones and the scope will be dependent on the service level of size. They include:

- main entry/ reception area;
- patient areas;
- staff areas; and
- service entry/exit.

### 255.008.020 MAIN ENTRY/ RECEPTION AREA

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This zone will include the main visitor entrance to the facility, reception, office and support space for administration staff, waiting areas and visitor amenities. The reception should oversee the main entrance and waiting areas. Larger, busy centres may choose to separate face-to-face and main "switch" services. These staff will need ready access to the active file store to retrieve medical records.

Reception staff will be able to control patient access to consultation and other treatment areas. In larger Centres, waiting areas will be configured to allow some separation between groups and in particular allow separate waiting areas to accommodate children.

### 255.008.030 PATIENT AREAS

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Patient areas will contain a range of generic rooms defined by service requirements including interview, consult and treatment rooms. In addition, this zone may contain specialised spaces including dental surgeries, renal dialysis spaces and gyms.

The scale of the facility and the number of rooms will dictate the arrangement of this space. In addition to patient rooms and spaces, staff will require access to clinical support space including utilities and lockable storage, including cupboards. Again, planning of this space is dependent on the scale of the facility.

Patient consult and interview rooms will need to be arranged so that staff can exit rooms easily when they feel unsafe. This may be through the provision of a second door or the arrangement of furniture within the room. A risk assessment will inform the number and types of rooms requiring a second egress point. In most jurisdictions, rooms used for mental health consultations are required to have a second egress point.

**255.008.040 STAFF AREAS**

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Staff areas include office space and related support space such as storage, meeting rooms and equipment such as document centres. Staff amenities will also be collocated in this area.

**255.008.050 SERVICE ENTRY/ EXIT**

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Depending on the location and scale of the Centre, a dedicated service entry may be needed to deliver supplies and remove waste.

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**Functional Relationships**

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**255.009.010 EXTERNAL**

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The Centre should be located in an area that is accessible to the community by both public and private transport. Ideally this location will adjoin other public amenities routinely used by the community (e.g. shopping precinct, transport hub, library and/or other health care providers).

Where a Centre is located on a hospital site, it should provide easy access to:

- hospital main entrance;
- diagnostic facilities such as medical imaging and pathology;
- emergency department;
- rehabilitation services;
- pharmacy; and
- car parking.

**255.009.020** Drop-off and pick-up zones in close proximity to the main entrance will be provided for carers and community/patient transport services.

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**255.009.030 INTERNAL**

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The Centre will allow visitors to easily move to and from main entry/reception area and patient areas.

Optimum internal relationships include:

- reception and administration areas should have line of sight to the main entry and waiting areas and be visible from adjacent staff areas. There should be easy access to stationery and health care records. Reception areas may provide a barrier, controlling access between waiting and treatment areas, dependent upon the range and nature of services;
- consultation, examination and interview rooms should be readily accessible from the main entry/ reception area as well as the staff area;
- meeting and group/activity rooms should be adjacent to the main entry/ reception area so they can be accessed after-hours, with the rest of the Centre safely secure; and
- staff areas designed to enable staff to easily move between the main entry and patient area. Staff offices and amenities should be separate from client and public areas to provide privacy and a quiet work environment.

## DESIGN

### Access

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#### 255.010.010 EXTERNAL

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There should be a single public entry point to the Centre that is easily identifiable. Selected services may require an alternate entry point (e.g. opioid treatment services). The main entry should have weather protection and allow for drop-off.

A dedicated staff entry is desirable, especially in larger Centres. This entry may be in use out-of-normal business hours so the location in relation to car parking requires consideration.

Depending on the size and services profile of the Centre, a dedicated access for deliveries and collection of waste will be required.

#### 255.010.020 INTERNAL

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Access should be controlled to restrict access of visitors to staff areas.

### Parking

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#### 255.011.010 The planning and design of Centres will consider:

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- parking for visitors - the location and service mix of the Centre will influence the amount and availability;
- parking for staff providing extended hours services. Parking space will generally be required adjacent to the facility so personal safety is not compromised;
- specific services and patient needs (short-term parking spaces located near the entrance);
- the provision of drop off areas adjacent to the main entry;
- readily accessible fleet parking for staff providing a community outreach service to enable them to provide their care and service efficiently and effectively; and
- safe and secure parking for fleet vehicles.

Security issues need to be addressed when planning for after-hours parking in particular.

For information relating to staff parking refer to AHIA, 2010, [AusHFG Part C: Section 790, Safety and Security Precautions](#).

### Disaster Management

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#### 255.012.010 The potential role of Centres in disaster management situations should be assessed.

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Services will need to develop a disaster management plan or business continuity plan.

Attributes which make these facilities potentially useful in a disaster situation include:

- large open spaces for disaster management or emergency accommodation;
- consult / interview rooms for assessment of victims; and
- a telephone intake service that provides a point of contact to address the community and to check up on vulnerable individuals.

For additional issues to be considered refer to AHIA, 2010, [AusHFG Part B: Section 80 General Requirements](#).

## Infection Control

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**255.013.010** Consideration of infection control is important in the design and operation of community health centres.  
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Hand hygiene facilities, including basins and alcohol based hand rubs, must be readily available to staff and patients.

Additional considerations may be required for services such as oral health, podiatry, and procedures. This may include sterilization equipment.

Refer to specific HPUs for service specific infection control considerations and to:

- AHIA, 2010, [AusHFG Part D: Infection Prevention and Control](#);
- AHIA, 2010, [AusHFG Part B: HPU 620 Renal Dialysis Unit](#); and
- AHIA, 2014, [AusHFG Part B: HPU 280 Oral Health Unit](#).

## Environmental Considerations

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### **255.014.010 ACOUSTICS**

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Acoustic privacy is required within Centres to facilitate:

- discussions / interviews with patients;
- the exclusion of disturbing or distracting noises during patient consultations / activities (e.g. relaxation therapy, speech pathology, audiology assessments);
- isolation of noisy areas such as waiting areas and dental surgeries;
- staff discussions; and
- general building service disturbances such as air-conditioning plant, and toilet facilities.

As a general rule planners should ensure that conversations within patient treatment areas cannot be overheard by others.

Solutions to be considered include:

- selection of sound absorbing materials and finishes;
- use of sound isolating construction (mindful of ceiling voids);
- additional soundproofing for some specific rooms dependent upon their function;
- planning separation of quiet areas from noisy areas;
- carefully planned location of services, such as toilets located next to stairwells or external walls, and not adjacent to consult or interview rooms in particular; and
- careful consideration of reception soundproofing materials to ensure that patients can hear staff when required.

### **255.014.020 NATURAL LIGHT**

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Natural lighting contributes to a sense of wellbeing, assists orientation of those in the building and improves service outcomes. The use of natural light should be maximised throughout the Centre.

### **255.014.030 PRIVACY**

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The facility should be designed to:

- ensure confidentiality of client discussions and health care records;
- provide discrete sub-waiting areas for clients wishing or needing to be separated;
- enable the reason for attendance to be kept confidential (made easier through use of

- generic interview/consult rooms); and
- locate windows and doors to ensure privacy of clients, while maintaining the safety of staff.

**255.014.040 INTERIOR DESIGN**

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Some colours and patterns can be disturbing to some clients. Bold primaries and green should be avoided in areas where clinical observation may occur such as consultation rooms and treatment areas. An art strategy may be used across the Centre to enhance the delivery of health services.

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**Space Standards and Components**

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**255.015.010 HUMAN ENGINEERING**

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Human engineering covers those aspects of design that permit effective, safe and dignified use of facilities by all people including those with disabilities.

Refer to AHIA, 2010, [AusHFG Part C: Section 790, Safety and Security Precautions](#).

**255.015.020 ERGONOMICS**

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Refer to the *Ergonomics* section of AHIA, 2010, [AusHFG Part C: Section 730, Human Engineering](#).

**255.015.030 ACCESS AND MOBILITY**

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Wheelchair and pram access from car parks and drop-off / pick-up zones is required.

Refer to AHIA, 2010, [AusHFG Part C: Section 730, Human Engineering](#).

**255.015.040**

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Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The Centre will include access for people with disabilities as required in:

- ABCB, [The Building Code of Australia](#); and
- Australian Government, 2005, [Disability Discrimination Act 1992](#).

**255.015.050 DOORS**

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Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage to the doorway or the item being moved, and without creating manual handling risks.

Refer to AHIA, 2010, [AusHFG Part C: Section 710, Design for Access, Mobility, OHS and Security](#).

**255.015.060 WINDOWS**

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Careful attention should be given to windows in patient interview and treatment rooms to preserve privacy for occupants.

For further details refer to AHIA, 2010, [AusHFG Part C: Section 710, Design for Access, Mobility, OHS and Security](#).

**255.015.070 CORRIDORS**

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Refer to AHIA, 2010, [AusHFG Part C: Section 710, Space Standards and Dimensions](#).

## Safety and Security

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### 255.016.010 SAFETY

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The Centre should provide a safe and secure environment for visitors and staff while promoting a non-threatening and supportive atmosphere conducive to the delivery of services.

Patients will have varying levels of physical and cognitive capabilities. They may be frail, affected by medication or confused.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

Refer to AHIA, 2010, [AusHFG Part C: Section 790, Safety and Security Precautions](#).

### 255.016.020 SECURITY

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The configuration of spaces and zones should offer a high standard of security by grouping like functions, controlling access and egress from the Centre and providing optimum observation for staff.

The level of observation and visibility has security implications.

Planning should allow for after-hours access to public areas and services without compromising security of the entire building or staff within it. CCTV will generally be required at entries, in waiting rooms and car parks.

A risk assessment should be undertaken to determine if additional measures are needed (e.g. a secondary egress in patient interview and treatment spaces). Many jurisdictions may require a secondary point of egress for staff treating individuals with mental health conditions. Where no specialist mental health services are provided, an intake room and selected consult/ interview rooms may be designed with dual egress capability.

Refer to AHIA, 2010, [AusHFG Part C: Section 790, Safety and Security Precautions](#).

### 255.016.030 Security issues to be considered in Centres are detailed in an attachment in the

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*Appendices* at the end of this document.

## Finishes

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### 255.017.010 WALL PROTECTION

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For information and details refer to AHIA, 2010, [AusHFG Part C: Section 710, Space Standards and Dimensions](#).

### 255.017.020 FLOOR FINISHES

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Floor finishes should be appropriate to the function of the space. Consideration must be given to the appearance and quality of environment required e.g. non-institutional, acoustic performance, slip resistance, consequences of patient falls, infection control, the movement of trolleys and maintenance.

Refer to AHIA, 2010, [AusHFG Part C: Section 710, Space Standards and Dimensions](#).

### 255.017.030 CEILING FINISHES

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Ceiling finishes should be selected with regard to appearance, cleaning, infection control, acoustics and access to services in most cases acoustic tiles will be used.

For more details refer to AHIA, 2010, [AusHFG Part C: Section 710, Space Standards and](#)

[Dimensions.](#)

## Fixtures, Fittings and Equipment

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**255.018.010** The Room Data and Room Layout Sheets in the Australasian Health Facility Guidelines define fixtures, fittings and equipment (FFE).  
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Refer to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) and:

- AHIA, 2010, [AusHFG Part C: Section 710, Space Standards and Dimensions](#); and
- AHIA, 2010, [AusHFG Part F: Section 680 Furniture Fittings and Equipment](#).

## Building Service Requirements

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### **255.019.010 INFORMATION TECHNOLOGY / COMMUNICATIONS**

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Facility design should address the following information technology and communications issues:

- electronic health care records;
- telehealth;
- videoconferencing;
- hand-held computers and tablets;
- Picture Archiving Communication System (PACS);
- community health patient management systems;
- paging and personal telephones replacing some aspects of call systems; and
- data entry including scripts and investigation requests.

All clinical rooms, interview rooms and clinician workstations will require data outlets to enable the adoption of electronic health care records. The design of selected clinical and meeting spaces should be suitable for the use of either fixed or mobile telehealth systems.

It is likely that staff providing outreach services (including community nursing and allied health staff) will in future use handheld computers and/or tablets. Readily available wireless internet connections, secure storage and adequate charging stations will be required to support these work practice changes.

The provision of telehealth services from Centres is also a key service delivery trend. This technology may be fixed or mobile and the equipment used to:

- provide specialist input to patients in rural and remote locations;
- link clinical staff such as GPs and specialists from tertiary hospitals; and
- provide training and support to staff.

Refer to AHIA, 2010, [AusHFG Part B: Section 80 General Requirements](#).

### **255.019.020 NURSE CALL**

500973

The need for provision of a call system in clinical rooms and treatment areas that allows clients and staff to alert other health care staff should be considered.

Nurse call systems must be designed and installed to comply with Standards Australia, 1998, [AS 3811 - Hard wired Patient Alarm Systems](#).

### **255.019.030 DURESS ALARM SYSTEM**

960503

Duress alarms should be provided in accordance with local jurisdiction policy. Duress alarms will be required at all reception points and client treatment areas, where a staff

member may be alone with a client.

Refer to AHIA, 2010, [AusHFG Part C: Section 790, Safety and Security Precautions](#).

**255.019.040 AIR-HANDLING**

960504

Air-handling systems within the Centre should be installed on a 'zone' (or smaller) basis rather than facility-wide, to enable flexible operations according to service needs.

For more details refer to Section 860.2.00 in AHIA, 2010, [AusHFG Part D: Infection Prevention and Control](#).

**255.019.050 ELECTRICAL REQUIREMENTS**

960505

The following range of electrical systems should be considered:

- UPS;
- emergency lighting and signage;
- lighting, including site and security requirements; and
- body protection systems in all patient areas.

Visiting mobile services such as BreastScreen may require access to a Phase 3 power outlet to operate the service.

For more details refer to AHIA, [AusHFG Part E: Section 3, Electrical](#).

## COMPONENTS OF THE UNIT

### Standard Components

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**255.020.010** Standard Components (SC) refer to rooms / spaces for which Room Data Sheets, Room  
501562 Layout Sheets (drawings) and textual descriptions have been developed and are available  
on the AusHFG website. Their availability is indicated by “Yes” in the SC column of the  
Schedule of Accommodation.

Standard components are provided to assist with the development of a project. Their use  
is not mandatory and if used they can be edited to be project specific.

Refer to separately itemised RDS and RLS and to AHIA, 2010, [AusHFG Part B: Section 90,  
Standard Components](#).

### Non-Standard Components

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**255.021.010** Non-standard components are unit-specific and provided in accordance with specific  
501564 operational policies and service demand. These non-standard components for Centres are  
detailed below.

**255.021.020** **ENTRY CANOPY**

500989

*Description and Function*

An entry canopy is required to provide undercover access to the building from vehicles.  
The canopy should be large enough to allow vehicles such as taxis, small buses, cars, and  
ambulances to manoeuvre beneath it.

*Location and Relationships*

This is to be provided at the Main Entry to the building.

**255.021.030** **EXTERNAL AREAS**

960506

*Description and Function*

Outdoor areas, such as drought resistant gardens, courtyards and terraces should (where  
feasible) be provided to give a pleasant setting for the building. Consideration should be  
given to the cultural needs of the local community.

Planners are recommended to refer to Queensland Health, 2008, [Guidelines for the  
Planning, Design and Building of Primary Health Care Facilities in Indigenous Communities](#).

**255.021.040** **MAIN ENTRY**

500990

*Description and Function*

The Main Entry to the facility should display clear signage and information for visitors and  
clients. The Main Entry should have weather protection and may incorporate an airlock  
space. Doors that open automatically should be provided for easy access.

*Location and Relationships*

This should be located adjacent to a vehicle set down point and readily accessible from the  
street and parking areas. The main reception and waiting areas (where provided) should  
be adjacent.

**255.021.050** **OBSERVATION AREA**

960507

*Description and Function*

A room that is connected to another, or a pair of rooms, used by staff and students to observe interactions between clients and staff.

The room requires a significant viewing panel that will be treated in order for staff to observe from the observation room but clients cannot see observation room occupants.

Audio connection is also required for those in the observation room to listen-in to the client-staff interaction.

*Location and Relationships*

The room is to be linked to a patient interview space or meeting room.

**255.021.060 TELEHEALTH CONSULTING ROOMS**

960508

*Description and Function*

A room (or rooms) suitable for the provision of telehealth consulting is recommended. These rooms will be large enough to accommodate a client, carer and member of staff with sufficient space and light for all parties to be clearly viewed by the remote clinician/client.

Appropriate technology connection will be required to facilitate the telehealth communication.

*Location and Relationships*

Telehealth consulting rooms should have adequate acoustic privacy to maintain confidentiality and privacy.

Design of these rooms should consider the following:

- be adequately sized to facilitate conferencing with at least three people in the room(patient, carer and member of staff/clinician); and
- the configuration of the room and its lighting should enable clear visual and aural communication between all parties.

**255.021.070 SERVICE ENTRY / LOADING BAY**

960509

*Description and Function*

The loading bay requirements will be dependent on the size and scale of the development along with the service mix. For example, a collocated renal dialysis service will have huge consumable requirements with pallets delivered to site. In smaller Centres deliveries might be received through the front entrance.

*Location and Relationships*

Separate from the Main Entrance.

**255.021.080 WASTE HOLDING AREAS**

960510

*Description and Function*

As an alternative to a disposal room, waste may be held in a secure bay on the periphery of the facility. This area would be caged to prevent unauthorised access.

*Location and Relationships*

In a secure location close by the Service Entry/ Loading Bay with easy access by waste removal staff.

## APPENDICES

### Schedule of Accommodation

**255.022.005** The content and size of a community health centre varies depending on the location, services provided and patient throughput.  
960513

A schedule of accommodation follows that lists generic spaces that can be combined to form a community health centre. Sizes and quantity of each space will need to be determined on a case by case basis.

When a Centre requires specialist services requiring specialist rooms, this information will be found in other HPUs such as:

- AHIA, 2010, [AusHFG Part B: HPU 250 Ambulatory Mental Health Unit](#);
- AHIA, 2010, [AusHFG Part B: HPU 140 Rehabilitation/ Allied Health](#);
- AHIA, 2010, [AusHFG Part B: HPU 620 Renal Dialysis Unit](#);
- AHIA, 2010, [AusHFG Part B: HPU 155 Ambulatory Care Unit](#); and
- AHIA, 2014, [AusHFG Part B: HPU 280 Oral Health Unit](#).

**255.022.020 MAIN ENTRANCE AND WAITING AREAS**

960512

Space allocations assumes a single main entry and shared visitor amenities.

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Entry Canopy		1 x 30	Allows for ambulances
Airlock - Entry	Yes	1 x 10	
Main Entry		1 x 12	Directly adjacent to reception and waiting area.
Reception / Clerical	Yes	1 x 20	Up to 4 staff - may include administration function, or combined administration/clerical staff.
Store - File	Yes	20	Active medical records, secure, ready access from reception and clinical areas. Storage and layout needs to be compliant with standards. Size assumes that some services utilising electronic medical record systems.
Store - File	Yes	15	Archived medical records, secure, may be remote from main work areas. Size assumes that some services utilising electronic medical record systems.
Office - 4 Person Shared	Yes	20	Administration: size varies according to size of facility, may be combined with reception function.
Office - Single Person, 9m <sup>2</sup>	Yes	9	Centre Manager; if provided, adjacent to Reception and administration areas.
Waiting	Yes	30	20+ clients, prams, etc. information display, view from reception, adjacent to child play area.
Waiting - Sub		30	Allows for up to 20 clients waiting. Size and distribution depends on client numbers and mix.
Play Area	Yes	10	Should relate to sub-waiting areas, especially for Child and Family Services.

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Parenting Room	Yes	1 x 6	
Toilet - Public	Yes	3	Near Waiting Area. Number dependent on size and service mix.
Toilet - Accessible	Yes	1 x 5	
Bay - Wheelchair Park	Yes	1 x 4	Wheelchairs, prams etc.

**255.022.030 PATIENT AREAS**

960514

ADL assessment space has not been included (e.g. kitchen and bathroom) as these activities are best undertaken in patients' homes.

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Consult Room	Yes	12	14m <sup>2</sup> for child-related services
Interview Room	Yes	12	Suitable for childhood related services, family therapy, mental health, and drug and alcohol counselling.
Treatment Room	Yes	14	Multi-functional, used on programmed basis; ready access from waiting areas.
Meeting Room	Yes	20	Up to 15 people and pay include requirements for telehealth.
Meeting Room	Yes	Up to 40	1 x external access for after-hours use. Consider telehealth requirements.
Observation Room		9	One way window to (medium) meeting room. Optional - CCTV solutions may be used.
Pantry	Yes	8	For (large) meeting room/s
Toilet - Patient	Yes	4	

**255.022.040 CLINICAL SUPPORT AREAS**

960515

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Bay - Hand Washing Type B	Yes	1	Distributed as required
Bay - Linen	Yes	2	Depends on operational policies
Bay - Resuscitation Trolley	Yes	1.5	
Cleaner's Room	Yes	5	
Clean Utility	Yes	14	Also for medications
Dirty Utility	Yes	12	Optional provision
Disposal Room	Yes	8	May instead be a secure waste holding area located outside.
Store - Equipment	Yes	20	More than one may be required e.g. physiotherapy equipment, OT mobility aids, medical equipment etc.

**255.022.050 SPECIALIST AREAS - PHARMACOTHERAPY UNIT**

960516

Other specialist areas are described in HPUs including: 140 Rehabilitation/ Allied Health Unit 155 Ambulatory Care Unit, 155 Ambulatory Mental Health Unit, 280 Oral Health Unit and 620 Renal Dialysis Unit.

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Dispensary		14	
Dosing Areas		4	
Office - 3 Person Shared	Yes	15	
Toilet - Public	Yes	3	Specimen collection
Waiting	Yes	15	6 - 10 people

**255.022.060 STAFF AREAS**

960517

Space allocations assume centralised provision of staff amenities and offices.

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Toilet - Staff	Yes	3	Number depends on FTEs
Shower - Staff	Yes	3	
Office - Single Person 9m <sup>2</sup>	Yes	9	Depends on staffing and operational policies.
Office - Workstation		4.4 - 5.5	Number and size depends upon staffing profile and local policies.
Staff Room	Yes	25	May include library / resources; size depends upon size of service.
Property Bay - Staff	Yes	2	Numbers depend on operational policy.
Store - Photocopy /Stationery	Yes	8	

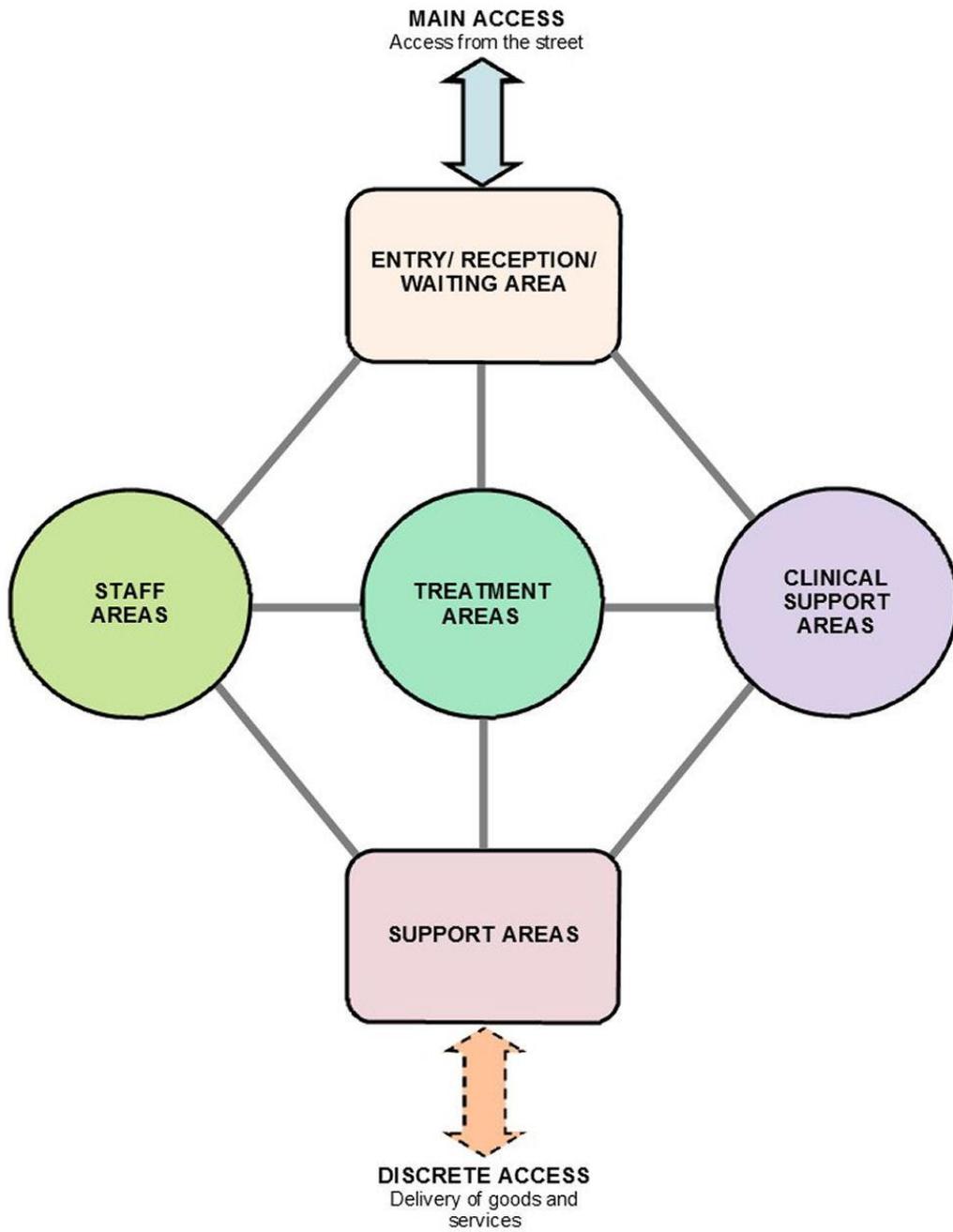
**255.022.070 SERVICE ENTRY / EXIT**

960518

Room/Space	SC	Qty x m <sup>2</sup>	Remarks
Service Entry Loading Bay		varies	Need for this, and its size depends on facility size
Waste Holding Area		varies	Depends on size of facility.

Functional Relationships

255.023.000 The following diagram sets out the functional relationships between zones in a  
501019 Community Health Centre.



## Checklists

**255.024.000** A security checklist for Centre client areas is attached at the end of this document.  
501020

## Further Reading

- 255.025.000**  
501023
- Department of Health and Ageing: P3-5480 Primary Health Care Reform in Australia. Report to Support Australia's First National Primary Health Care Strategy, 2009,  
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<http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-379.pdf>
  - Queensland Health: Establishment of a Sustainable Telehealth Service for PreAdmission Clinic Consultations, Queensland Health, Queensland Government, Australia (Kennedy C, Gray R, McCowan I, Sarquis C, Stenhouse S, Scott A, )  
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## ATTACHMENTS

**SECURITY ISSUES TO BE CONSIDERED IN COMMUNITY HEALTH CENTRES**

<b>GENERIC SAFETY AND/OR SECURITY RISKS</b>	<b>POTENTIAL SOLUTIONS</b>
1. Treatment room	1. Minimise and secure entry and exit doors.

<b>SPECIFIC SAFETY AND/OR SECURITY RISKS</b>	<b>POTENTIAL SOLUTIONS</b>
2. Health records	<ol style="list-style-type: none"> <li>1. Personnel working on these files must return them to secure area after use or return to the Medical Records Store.</li> <li>2. If any electronic files are produced, save in restricted area of hard drive.</li> </ol>
3. Furniture fittings and equipment including computers, office and medical equipment	<ol style="list-style-type: none"> <li>1. Non-removable asset number on all equipment above a predetermined value.</li> <li>2. Keep equipment in a lockable area.</li> </ol>
4. Drugs storage	<ol style="list-style-type: none"> <li>1. Dangerous drug safe within the clean utility area.</li> </ol>
2. Staff safety	<ol style="list-style-type: none"> <li>1. Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant.</li> <li>2. Appropriately designed waiting area including where possible:                             <ul style="list-style-type: none"> <li>- barrier between staff and patients,</li> <li>- bench seating,</li> <li>- ensure no loose fittings which can be utilized as a weapon,</li> <li>- vending machines.</li> </ul> </li> <li>3. Design shape of interview/meeting rooms and sub-waiting areas, and locate desks, etc, in such a way that minimises risk to health personnel.</li> <li>4. Provide storage and store items not in constant use that could be used as weapons.</li> <li>5. Minimise furniture that can be used as a weapon, i.e. picked up and thrown.</li> <li>6. Security procedures for after-hours staff including outreach workers.</li> <li>7. Ensure secure access to staff office area especially after hours.</li> <li>8. Easily accessible and well lit parking for health service and personal vehicles used by after-hours staff.</li> </ol>
9. Staff personal effects	<ol style="list-style-type: none"> <li>1. Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.</li> </ol>

**Security Checklist – Community Health Centre**

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<b>DEPARTMENT: COMMUNITY HEALTH CENTRE</b>	
<b>RISK ISSUE</b>	<b>DESIGN RESPONSE</b>
Is access to patient records restricted to staff entitled to that access?	
Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
Are drug safes installed in accordance with current regulations?	
How is this area secured during and after hours?	
Are there lockable storage areas available for specialised equipment?	
Is lockable furniture provided for storage of staff personal effects?	
Is waiting area appropriately designed to include, where appropriate: <ul style="list-style-type: none"> <li>- barrier between patients and staff</li> <li>- appropriate seating for patients</li> <li>- absence of loose fittings</li> <li>- vending machines</li> </ul>	
Are Interview Rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
	<b>DESIGN SIGN-OFF</b>
	Name: _____ Position: _____ Signature: _____ Date: _____
	Name: _____ Position: _____ Signature: _____ Date: _____
	Name: _____ Position: _____ Signature: _____ Date: _____