

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 0140 – Allied Health / Therapy Unit

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Australasian Health Facility Guidelines

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01 INTRODUCTION

1.1 PREAMBLE

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA). This revision has been informed by an extensive consultation process that was completed in 2020.

The document is intended to be used by design teams, project managers and end users to facilitate the process of planning and design.

1.2 INTRODUCTION

This HPU is a resource to assist project teams plan and design an Allied Health / Therapy Unit. The range of allied health services to be provided needs to be defined on a project-by-project basis within the context of an endorsed clinical services plan, service levels / role delineation and models of care.

This HPU should be read in conjunction with the AusHFG generic requirements and Standard Components, as described in:

- Part A: Introduction and Instructions for Use;
- Part B: Section 80: General Requirements;
- Part B: Section 90: Standard Components, Room Data and Room Layout Sheets;
- Part C: Design for Access, Mobility, Safety and Security; and
- Part D: Infection Prevention and Control.

As models for Allied Health / Therapy Units can vary, this HPU, or selected components, may be used to plan allied health facilities within other HPUs including the:

- Rehabilitation Inpatient Unit (HPU 610): particularly relevant where integration of inpatient unit and therapy areas is proposed; and
- Ambulatory Care and Community Health (HPU 155): outpatient allied health services are often incorporated within an integrated ambulatory care unit and allied health / therapy services are a key element of community health services.

Satellite allied health areas, separate to the main allied health unit, are often required within relevant clinical units for ease of client / patient access and efficient service provision. This HPU addresses key considerations relating to satellite allied health areas. Further information is provided in:

- HPU 340 Adult Acute Inpatient Unit

Paediatric therapy areas are outside the scope of this HPU and are addressed within HPU 540 Paediatric / Adolescent Unit.

1.3 POLICY FRAMEWORK

Before undertaking a project, planners and project personnel should familiarise themselves with jurisdictional plans, policies, service specific guidelines and reports. For jurisdictional specific information, refer to the References and Further Reading sections in the Appendices.

Relevant national standards relating to inpatient rehabilitation services, including associated allied health services, are included in the document Australasian Faculty of Rehabilitation Medicine, 'Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals', February 2019.

1.4 DESCRIPTION

1.4.1 Definition of HPU

An Allied Health / Therapy Unit is a discrete unit of a health service providing a range of inpatient and / or outpatient allied health services. The range of disciplines comprising 'allied health' services will vary between jurisdictions and will depend on the particular service profile. Project teams are encouraged to confirm the full scope of allied health disciplines to be accommodated.

This HPU addresses the disciplines of:

- audiology;
- dietetics;
- diversional therapy;
- exercise physiology;
- leisure therapy;
- neuropsychology;
- occupational therapy;
- orthotics and prosthetics;
- physiotherapy;
- podiatry;
- clinical and health psychology;
- social work; and
- speech pathology.

The range of services provided includes rehabilitation, acute treatment, assessment / screening, counselling, therapy, day hospital services and health promotion.

1.4.2 Care Settings

Allied health services are delivered from a variety of care settings including:

- dedicated, purpose designed Allied Health / Therapy Units that may support rehabilitation inpatient units, acute inpatient units, day hospital services, outpatient services or a combination of these;
- satellite therapy areas supporting specialist inpatient units (IPUs);
- at the bedside and within other areas of the IPU and emergency department e.g. interview, consult, treatment and plaster rooms;
- ambulatory care e.g. as part of multidisciplinary outpatient service provision;
- community health e.g. paediatric therapy services;
- within a patient's home for home based / outreach services; and
- enabled telehealth settings.

1.4.3 Client / Patient Characteristics

Allied Health / Therapy Units are visited by clients / patients of all ages ranging from babies and small children to the elderly. Almost all clients / patients attending for physiotherapy are physically incapacitated to some extent, and many will use wheelchairs or walking aids and (increasingly) motorised scooters. Some clients / patients may have psychological impairment or be disfigured (e.g. burns, throat surgery) and require a non-threatening, private environment. A high number of clients / patients will have communication, hearing and / or learning difficulties and consideration needs to be given to those from a non-English speaking background.

02 PLANNING

2.1 OPERATIONAL MODELS

2.1.1 Scope of Allied Health Services

The scope of allied health services to be provided and the associated facility requirements will depend on confirmation of the following clinical service planning considerations.

- **Level of service** provided by the associated hospital / health care facility, for example, state-wide specialist services such as spinal cord injury service, acquired brain injury (ABI) unit; tertiary referral hospitals; rural and regional hospitals, sub-acute services and community health services.
- **Service mix** to be supported by allied health. A number of service specialties will have higher requirements for allied health services and facilities including, but not limited to, rehabilitation medicine, aged care, spinal cord injury services, orthopaedic services, neurosciences, amputees, hand surgery / plastic services, respiratory, neonatal and paediatric services, continence, prehabilitation, surgery, palliative care, renal, ICU, musculoskeletal outpatient services and community health services.
- **Client / patient caseload** including considerations relating to projected activity, client age, clients with special issues (for example bariatric patients, patients in custody, patients with mental illness, and those with a history of trauma) and the requirement for individual vs group therapy services.
- **Location of clinical services** will inform requirements relating to the distribution of allied health services across the health facility including consideration of the need for satellite allied health / therapy areas and the increased provision of telehealth services.

2.1.2 Models of Care

Client / patient care pathways for allied health services will generally include:

- a standard process for assessment;
- client / patient centred goal setting;
- multidisciplinary service provision including frequent multidisciplinary team meetings;
- care coordination and facilitation of patient discharge;
- families / carers involved as active participants in therapy / treatment;
- intensity of therapy appropriate for the client / patient (e.g. one-on-one or group therapy and frequency of therapy); and
- specific group programs with protocol-based care plans, (e.g. cardiac and respiratory rehabilitation).

Traditionally, allied health services have provided one-to-one, therapist to client / patient care. Increasingly, an educative model is being used that assumes a staff to client / patient ratio of one to four or more and incorporates:

- group sessions for peer support;
- group exercise classes;
- group ADL / functional based sessions;
- psycho-education and group therapy programs;

- involvement of carers so that they can learn how much activity the clients / patients can safely tolerate at home and how best to support them;
- education programs; and
- group based telehealth services.

Targeted exercise-based rehabilitation for disease specific conditions is increasing, for example, for cardiac, respiratory, surgery, oncology and mental health services. These groups need access to general therapy / exercise areas and meeting rooms for education sessions. Patients may also require access to these rooms outside of therapy times to continue their exercise programs. Where possible, these group-based exercise and education areas should be shared between programs.

Key elements of the model of care for allied health services provided across a range of care settings are noted below.

Rehabilitation Inpatient Services

It is expected that the majority of rehabilitation inpatients will attend the Allied Health / Therapy Unit daily for a range of allied health services as noted under Section 1.4.1. Services are provided on both an individual and group basis.

Allied Health facilities should be collocated with the Rehabilitation Inpatient Units given the high volume of patient flows, for ease of patient access and to minimise staff travel time. The design of the facilities may provide areas common to both the rehabilitation inpatient unit and allied health unit (e.g. support areas and staff amenities).

Acute Inpatient Services

Allied health staff will provide services to acute inpatient units with the range of disciplines and volume of services dependent on the service mix and patient caseload. Allied health services are a key element of optimising clinical outcomes, care coordination, facilitating patient discharge and minimising patient length of stay. Therefore, access to appropriate facilities, that support the provision of allied health services including discharge assessments e.g. areas to assess safety with mobilisation including stairs and activities of daily living, is required.

Allied health services within inpatient units are most commonly provided on an individual basis, however there is an increasing requirement for group-based therapy programs. Services may be delivered in one or more of the following areas:

- within the Inpatient Unit (IPU) at the bedside and in other areas of the IPU (e.g. treatment or interview rooms);
- in a satellite therapy unit, usually shared between two or more IPUs. A dedicated multifunctional allied health area should be accessible from each IPU for ease of access for patients, to support patients requiring a quieter environment or who need to be closely accessible to the unit due to their acute care needs; and for staffing efficiencies associated with patient transport to and from therapy areas. Further details relating to IPU satellite therapy areas are covered in HPU 340 Adult Acute Inpatient Unit; and
- in a centralised, purpose-built Allied Health / Therapy Unit, where the Unit is easily accessible from the acute inpatient units.

The centralised Allied Health / Therapy Unit may also provide a base (including staff work areas and staff amenities) for allied health staff providing services for acute inpatients.

Community Health and Ambulatory Care Services

Allied health services are commonly provided as part of a Community Health or Ambulatory Care Unit. Although some dedicated therapy areas may be required, a range of allied health services can be delivered from flexible use interview and consult rooms.

Reception, waiting, support areas and staff amenities may be shared between all community health / ambulatory care services located in the facility.

The Unit may also provide a base for the delivery of home-based services and outreach services.

Emergency Departments

Allied health staff are key members of the emergency department (ED) team, particularly the disciplines of social work, physiotherapy and occupational therapy. Access to appropriate facilities are required to undertake the following services:

- Musculoskeletal physiotherapy services including access to a plaster room, appropriate areas for trialling mobility aids and stair assessments prior to discharge and storage of consumables and equipment.
- Social work services including interviewing clients / patients and family members, family meetings and screening services. These require access to quiet, confidential and safe interview and family meeting rooms in line with the projected ED activity. Access to staff work areas that support social workers to undertake confidential phone conversations regarding highly sensitive information is also essential.
- Occupational therapy services including aged care assessments require access to low stimulus areas suitable for clients / patients with dementia, delirium or mild traumatic brain injury; as well as access to Activities of Daily Living (ADL) facilities and storage for equipment and consumables.

Day Hospital

The day hospital concept involves clients visiting the centre for half a day, during which time they attend a range of multidisciplinary services including medical, nursing and allied health.

Key components of a rehabilitation or aged care day hospital model of care that will require consideration include:

- length of time clients attend the service (commonly half a day);
- the range of multidisciplinary rehabilitation services provided, including nursing, medical and allied health services;
- frequency of day hospital program;
- access to hydrotherapy (where available);
- provision of refreshments (may include morning / afternoon tea and/or lunch); and
- provision of transport services (through health service or external provider) and requirements for under cover client access / drop-off and parking for transport vehicles.

2.1.3 Organisational Structure

The alignment of allied health within the health service's organisational structure will require confirmation during the planning process to inform the location of allied health work areas and amenities. Although some health services support a team structure where allied health staff are based within the specific clinical stream that they work in, the more common arrangement is the provision of a centralised allied health department. Under this model, staff may attend the allied health department at the commencement and completion of their shift and for staff training, meetings etc, however they are likely to spend the majority of their time within the clinical unit. The benefits associated with the provision of a centralised allied health department include:

- enables centralised resource planning to ensure appropriate allocation of staff to manage the client / patient workload and cover leave;

- ensures the provision of professional support for staff including opportunities for education, training, research, supervision and career progression;
- provides support for junior staff within their particular profession;
- avoids the challenges associated with allied health staff who work across multiple clinical areas;
- ensures appropriate control of service quality and scope; and
- provides a base for staff to undertake administrative duties and store discipline specific equipment that may be shared between services.

This HPU defines functional spaces by allied health discipline. The operational model of a facility may require the design team to view the various functions and activities within the Unit from the perspective of a team philosophy for a particular service stream. This may include consideration of the trend towards inter-professional practice, i.e. nursing, medical and allied health working together to provide care.

2.1.4 Workforce Profile

The scope of allied health disciplines will be dependent on the level of service, service mix and client / patient caseload as described above.

The workforce profile to be accommodated within the Allied Health / Therapy Unit will directly influence the number and type of staff work areas and staff amenities. Allocation of staff and student work areas will be based on the policy applicable to the specific jurisdiction.

Access to electronic clinical information systems will be required in all areas where allied health services are provided. This will require consideration of the method and distribution of ICT infrastructure to access client / patient information, such as electronic journey boards.

2.1.5 Academic, Teaching and Research Activities

Most Units will be involved with student training. The impact of student training activities on therapy areas and access to workstations and staff amenities must be considered.

Storage requirements for education, training and research equipment will require consideration and access to flexible use simulation facilities may be required for some services.

2.2 OPERATIONAL POLICIES

2.2.1 General

Operational policies have a major impact upon the planning, design, capital and recurrent costs of health facilities. Project teams should review their design proposals with these in mind and be able to demonstrate that the capital and recurrent cost implications of the proposed operational policies have been fully considered. Operational policies may have hospital-wide applications or be unit-specific. A list of general operational policies that may apply can be found in Part B: Section 80 - General Requirements of this HPU.

2.2.2 Hours of Operation

The Unit will generally operate during business hours Monday to Friday, with some allied health disciplines extending to weekend and evening services. After-hours on-call physiotherapy services may be available for inpatients and intensive care patients, as required.

If facilities are used for health education classes (e.g. antenatal classes), after-hours access will be required.

If a hydrotherapy pool is part of the health service, this too may be made available to the community during after - hours and on the weekends. Careful consideration will therefore need to be given to location, controlled access and security.

2.2.3 Client / Patient Arrival / Access

Inpatients are usually escorted to the Unit by allied health, nursing staff, or porters. A significant proportion of inpatients will be wheelchair users. Depending on the operational policy in place, inpatients will usually be escorted directly to the place of treatment (e.g. gymnasium, treatment room, consult room) rather than to a waiting area.

Outpatients will access the Unit directly, often accompanied by a carer, and will require easy access from a covered, drop-off zone or client / patient car park. The design must take into consideration the high risk of falls in this patient cohort. Access to the Unit must be wheelchair / scooter accessible and provide places for ambulant patients with restricted mobility to rest.

The travel distance and access to parking / drop-off areas need to be considered, particularly given a high proportion of client / patients will be discharged home with equipment. Rest areas may be required depending on the total travel distance involved.

2.2.4 Health Care Records and Medical Imaging

Ideally, electronic health care records will be in use and staff will need access to electronic patient information in each treatment area. This may be via desktop PCs, workstations on wheels or other mobile devices.

Generally, a PACS system is used to view medical x-rays and other images.

2.2.5 Client / Patient Transfers

To support client / patient transfers from wheelchair to plinth, ceiling mounted hoists or mobile lifters may be needed. If mobile hoists are used, these will generally be stored in a mobile equipment bay with power for recharging.

2.2.6 Bariatric Clients / Patients

The Unit should provide a physical environment that supports the optimal care of bariatric clients / patients, with appropriate consideration of staff safety. The specific equipment load bearing requirements needed by the health service will require confirmation. Planning will need to consider space requirements for bariatric sized equipment and mobility aids, as well as access and circulation space.

Bariatric facilities and equipment are routinely provided when a client / patient's weight exceeds 150kgs. Standard bariatric facilities and equipment usually relate to the management of clients / patients up to 250kgs. 'Super' bariatric facilities and equipment required to manage clients / patients above this weight may be considered depending on local requirements.

Manual handling issues and associated equipment associated with transfer and lifting of these clients / patients should be addressed. Specific operational policies should indicate how bariatric patients may be managed in the Unit.

2.2.7 Management of Respiratory Clients / Patients

Some clients / patients with respiratory conditions will require access to a dedicated room for infection control reasons.

Access to oxygen will be required for clients / patients on continuous oxygen therapy. This is usually provided via portable cylinders on carriers. Wall mounted medical gases may be provided for specialist units where there is a high volume of patients requiring this, e.g. a spinal cord injury unit. Care needs to be taken to ensure that oxygen tubing does not trail across the floor and create work health and safety (WHS) hazards. Outpatients, such as those attending pulmonary rehabilitation classes, will usually be encouraged to bring their own portable oxygen devices.

2.2.8 Emergency Equipment

The emergency equipment provided in the Unit will reflect the local operational policies relating to medical emergencies / other emergency incidents. The provision of emergency call systems and access for rapid response teams requires consideration.

Equipment requirements may include a resuscitation trolley and medical gas service panels in selected locations depending on local operational policies.

2.2.9 Assistive Technology

An equipment loan pool is often provided within a health service for the hire of mobility aids, equipment and assistive devices for client / patient use at home. Equipment is usually provided for a short-term period to enable clients / patients to safely return home or remain at home.

Key elements of an equipment loan pool include:

- storage of items of equipment and aids;
- administration and distribution of equipment and aids (including large items such as wheelchairs and commodes);
- receipt of equipment and aids returned to the Unit; and
- cleaning and repair of returned items.

The design of the area must ensure clear separation of clean and dirty flows.

For ease of equipment pick-up and return, ready access to a loading bay / car parking area is essential. Travel distances from the equipment loan pool to the cashier service should also be considered where relevant.

Refer to Section 4.2.8 for further information.

2.3 PLANNING MODELS

2.3.1 Location

The location of the Allied Health / Therapy Unit will be dependent on the service model. For example, an Allied Health / Therapy Unit used predominately by outpatients may be best located on the ground floor to provide immediate and easy access. Alternatively, a service that provides allied health care to both inpatients and outpatients may be collocated so that travel distances are minimised for both groups. It is acknowledged that large therapy areas e.g. gymnasiums are rarely shared at the same time by inpatients and outpatients given the different client / patient cohorts, infection control considerations and treatment requirements.

Satellite allied health / therapy areas associated with inpatient units are often located to provide shared access from a number of inpatient units.

It is important to consider the travel distance for clients / patients attending the unit, particularly given a high proportion of them will be disabled or have a limited exercise tolerance.

2.4 FUNCTIONAL AREAS

2.4.1 Functional Zones

The centralised Allied Health / Therapy Unit will comprise the following zones:

- entry / reception / waiting;
- assessment and treatment;
- support areas (stores, clean-up room, linen bay, disposal room); and
- staff work areas and amenities.

2.4.2 Entry, Waiting and Public Amenities

Not all allied health units will include a dedicated client / patient reception area. These are more commonly provided within outpatient allied health services. Where reception areas are provided they should have clear oversight of the entry and waiting areas and act as a control point to assessment / treatment areas.

Consideration needs to be given to signage and communication, i.e. if there is no reception, a system will need to be implemented for clients to notify staff that they have arrived. Increasingly, queue management systems are available to better manage patient flow and can also be used to limit numbers in the waiting room.

A high proportion of clients in the waiting area will have a mobility aid, e.g. walking frame, wheelchair or scooter. Consideration may be given to the provision of sub-wait areas to separate client groups where appropriate and to accommodate clients that will benefit from waiting in areas with less distraction and noise. Appropriate areas for children may also need to be considered, as well as provision for bariatric seating.

The security of the waiting area will require consideration, particularly where the facility is located remotely from other units. Access to a duress alarm within the reception area is required. For further information refer to:

- AusHFG Part C: Design for Access, Mobility, Safety and Security
- NSW Health, Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in Health Facilities' 2013

Unless provided nearby, a range of client / patient amenities will be provided including toilets, accessible toilets, parenting room and water fountains. An accessible toilet should be provided in close proximity to the gymnasium space to minimise the time required to transfer patients to the toilets.

2.4.3 Assessment / Treatment Areas

The scope of allied health services to be accommodated within the Unit will inform the range and quantum of assessment and treatment areas to be provided.

Both generic and specialist allied health assessment / treatment areas will be required. Generic areas will include multifunctional, flexible use consult, interview, treatment and meeting rooms.

There is an increasing requirement for inter-professional collaborative spaces within allied health units and although a number of the areas described below are targeted at specific disciplines it needs to be acknowledged that most areas should be designed for use by a range of allied health services.

Consideration should be given to the growing use of telehealth services including the use of 360-degree cameras.

Physiotherapy

The majority of physiotherapy activities provided in the Unit will be undertaken in one of the following large therapy areas:

- **exercise gymnasium for group classes** (e.g. cardiac and pulmonary rehabilitation). A range of equipment may be provided such as treadmills, exercise bikes and arm ergometers, as well as open space for other exercises. Ready access to external / outside walking areas is highly desirable to avoid clients / patients traversing through other areas of the Allied Health / Therapy Unit. These gyms are generally available to support acute and selected chronic rehabilitation programs rather than community exercise programs, which are usually delivered from community-based facilities; and

- **therapy treatment area for 1:1 assessment and treatment.** The gym space may include curtained bays with plinths (may include Bobath / double sized plinths) and an open area accommodating a range of equipment such as stairs, parallel bars and exercise bikes. Sufficient wall space will be required capable of supporting the attachment of heavy equipment such as pulleys and wall bars, as well as wall mesh screens for attaching accessories e.g. theraband. Lifting equipment (overhead or mobile) may be required.

For some smaller facilities gymnasium areas may be shared for inpatient and outpatient services, however for the majority of allied health units separate inpatient and outpatient therapy areas should be provided given the different cohort of clients / patients and associated treatment requirements.

The range of specialised exercise equipment, open exercise areas and number of clients / patients to be accommodated within a gymnasium will vary from unit to unit and will require confirmation to inform overall space requirements.

Consideration may be given to an overhead track system that runs the length of the gymnasium to enable clients / patients to walk in a harness system without fear of falling (requires a reinforced ceiling). These are more commonly provided to support inpatient services, with the exception of some specialist outpatient services e.g. amputee and spinal cord injury services.

Direct access from the gymnasium to storage areas is required for exercise equipment and physiotherapy modalities such as therapeutic ultrasound, electrotherapy; tilt-tables and walking aids. Alternatively, it may be appropriate to accommodate a number of these items within the gymnasium area in dedicated mobile equipment bays.

Access to an appropriate outdoor therapy area is desirable, particularly to support inpatient services, to provide mobility training on a range of uneven surfaces.

Additional physiotherapy facilities may include:

- enclosed treatment room for managing clients / patients with infection or to provide a greater level of visual and / or acoustic privacy for services such as women's health, lymphedema, respiratory, burns and paediatrics; and
- facilities for splint making / hand therapy / plaster room (may be shared with occupational therapy).

Occupational Therapy

A comprehensive occupational therapy service will commonly require the following facilities, acknowledging that the mix of spaces provided will be dependent on the service profile:

- open, flexible space for a range of static and dynamic activities, including upper limb or functional mobility activities. This may be provided through individual therapy or group classes;
- facilities for splint making and hand therapy (may be shared with physiotherapy);
- consult rooms for cognitive assessments, driving assessments, fitting of pressure garments and other therapy services where visual and/or acoustic privacy is required;
- ADL rooms – these are usually provided to support inpatient services, however outpatients may also access these facilities;
- areas for robotics and virtual gaming;
- clinical treatment and storage areas for specialised and customised assistive technology such as wheelchair adjustment and modification, commode chairs, customised seating etc; and

- facilities for the manufacturing / modification of items including pressure garments.

Direct access to a store room for occupational therapy equipment, materials and resources, is required. This may include a range of lymphoedema garments and consumables.

In highly specialised rehabilitation services, additional space may be considered including:

- wheelchair and seating services for complex and customised seating assessment and prescription including appropriate specialised equipment storage;
- a heavy duty workshop for retraining patients' physical skills (e.g. woodwork) and for the manufacture, adjustment and repair of specialised equipment by Occupational Therapists (OTs) and technicians. The location of this area requires consideration given the room often generates considerable noise; and
- a garden therapy area.

ADL assessment and training will be undertaken in IPU's, in the Allied Health / Therapy Unit or in the community. Where possible, facilities should be shared and not duplicated between services, however consideration of the consumer's needs is paramount e.g. consumers' ability to cope with distractions.

Facilities for ADL assessment and training may include kitchen, laundry, bathroom and computer activities spaces. These rooms may be provided within the Allied Health / Therapy Unit, however ADL bedrooms are usually located within a Rehabilitation IPU as part of a transitional care / independent assessment suite.

Speech Pathology

Speech pathology services are generally delivered in interview and consult rooms. Interview rooms are commonly used for communication training, however a consult room including examination couch, hand wash facilities and storage for equipment and consumables, is required for voice prostheses and swallowing services.

Acoustic treatment is required in the consult rooms if noise is not controllable. Consideration needs to be given to collocated areas within the Allied Health / Therapy Unit. For example, the speech pathology consult rooms should not be closely located to noisy areas such as gymnasiums, podiatry or plaster rooms.

Speech pathology consult rooms should have the technology capability to enable video recording of therapy sessions for viewing by other staff, students and parents / families.

Support areas for speech pathology include:

- access to an appropriate area for washing toys for paediatric services; and
- small central store for specialist equipment and resources is required for both adult and paediatric services.

Audiology

An audiology testing room, including internal sound proof booth, will be required to support a comprehensive audiology service. This is usually provided as an outpatient service. A collocated control room will be required to support paediatric services and for clinical supervision, however for services managing adult clients / patients only, the control room is not required.

A range of audiology services may also be provided within consult rooms and access to a clean-up area will be required.

The location of these areas should consider that audiology clinics are often run in conjunction with Ear, Nose and Throat (ENT) services, speech pathology and / or neurology clinics (balance clinics).

Podiatry

An enclosed podiatry room with specialised podiatry chair is generally provided where only one room is required to meet the service demand. However, for larger services, a number of open podiatry bays with one enclosed room is suitable.

Podiatry services will require access to storage (including refrigerated medication storage); a workshop for use of glue and heating facilities, grinders and a plaster room (or plaster trap) for casting and wound management. Access to a clean-up room is also essential.

An enclosed podiatry procedure room is required for low frequency ultrasound wound debridement given the risks associated with aerosolised contaminants generated during this procedure. A suction attachment is recommended when undertaking these procedures to control the aerosols at the point of generation. A Personal Protective Equipment (PPE) station should be provided either within the clinic room or directly outside to prevent contamination. The volume of sterile stock stored within the room should be minimised, however some enclosed cupboards for consumables will be required for ease of access.

Orthotics and Prosthetics

Orthotics and prosthetics services provide a range of custom made and ready to fit orthoses and prostheses for patients in all settings. The range of services provided will depend on the client / patient profile, the care setting and the operational model in place.

Where provided, orthotics / prosthetics services will require areas for clinical assessment (including plaster casting), fitting, modifications and fabrication of devices. The location of these areas should consider that orthotics and prosthetic clinics are often run in conjunction with orthopaedic, rehabilitation, neurology, burns, trauma, spinal and high risk foot service clinics.

The client / patient profile and care setting will also inform collocation requirements with other allied health disciplines including podiatry, OT and physiotherapy, as well as opportunities to share treatment areas, workshops and other support areas.

An orthotics / prosthetics service requires:

- access to a treatment room for assessment, casting, fitting and adjusting of orthoses / prostheses;
- access to a gymnasium or open multidisciplinary treatment area for client / patient assessment and analysis of gait with access to an indoor ramp and height adjustable parallel bars where not provided as part of a specialised treatment room (the parallel bars need to be able to be curtained off for privacy)
- workshop for fabrication and modification of orthoses / prostheses (refer to section 4.2);
- access to a plaster modification room / plaster trap;
- storage including for consumables used in both a clinical setting and for fabrication; casting equipment; robotics; scanners; and bulky 'off the shelf' items e.g. spinal orthoses and Controlled Action Motion (CAM) boots. These need to be directly accessible from the treatment rooms; and
- access to a clean-up area with clear delineation of dirty to clean flows.

Psychology

Psychology services are generally delivered in interview and consult rooms.

All interview and consult rooms should 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. All patient assessment / treatment areas will be fitted with duress alarms.

Acoustic treatment is required in the consult rooms if noise is not controllable and consideration should be given to locating these rooms away from noisy areas.

Psychology consult rooms should have access to video recording of therapy sessions for viewing by other staff, students and parents / families.

Support areas for psychology include:

- access to staff work areas that enable confidential phone conversations regarding highly sensitive information; and
- access to secure storage for specialist assessment and therapy tools.

2.4.4 Support Areas

A range of support areas should be readily accessible from the assessment / treatment areas as noted in the Schedule of Accommodation at Appendix 5.1.

2.4.5 Staff Areas – Work Areas and Amenities

Some staff work areas should be located to directly oversight the client / patient care areas, particularly within the gymnasium and consult / treatment areas, for ease of access to other staff when assistance is required for staff safety or in the event of an emergency / medical incident and to provide appropriate supervision.

However, a separate and secure staff zone is recommended for the majority of allied health staff with ready access to the assessment / treatment areas (this may be a horizontal or vertical connection).

The number and type of staff work areas will need to be determined on a project by project basis and will be allocated in accordance with the local jurisdiction's office allocation policy. Given most allied health staff spend a significant proportion of their day in the clinical setting, write-up space is usually shared between staff members.

Access to meeting rooms for multidisciplinary team meetings, education and training will be required. This may be undertaken in the Allied Health / Therapy Unit or utilising flexible use meeting rooms in other departments.

2.4.6 Other Allied Health Facilities

Hydrotherapy

Functional relationship requirements for hydrotherapy include:

- ready access from an external client / patient drop off area and parking (including consideration of after- hours access); and
- ready access from IPUs utilising the hydrotherapy pool.

Ease of access between the Allied Health / Therapy Unit and hydrotherapy pool for physiotherapists and therapy assistants is preferred. These services do not need to be collocated.

Key design requirements for client / patient and staff safety include:

- adequate change facilities for clients / patients and staff including accessible showers and toilets for people with disabilities;
- an open shower on the pool concourse and appropriate access to linen (towels, patient gowns and blankets);
- pool hoist with consideration of bariatric requirements. For bariatric hoists, a ceiling mounted solution is recommended;
- emergency call points - ceiling-suspended and / or wall mounted emergency call points may be provided depending on the staffing model and local operational policies; and

- appropriate storage for aids and equipment; plant; and chemicals (requires separate, secure storage).

2.4.7 Day Hospital

Day hospital clients will require access to:

- an appropriate client drop off zone and car-parking to a waiting area. This may be shared with the Allied Health / Therapy Unit or other collocated department;
- allied health assessment / treatment areas described above, including flexible use consult rooms for nursing and medical reviews/interventions; and
- a dining area for morning and afternoon tea and /or lunch. This may be a shared space, used also for recreational activities / diversional therapy.

2.4.8 Gait Analysis Laboratory

Facilities for gait analysis comprising a force plate, computer equipment and camera may be incorporated into a gymnasium. It is preferable that the computer equipment and camera are locked away when not in use.

There must be sufficient space lengthways (minimum of five metres) and widthways (full arm span) to film the sagittal and coronal views of a walking client / patient and have access to a treadmill.

A gait laboratory may be used by medical clinicians, physiotherapists, podiatrists and orthotists / prosthetists in support of various medical / surgical clinical services, particularly neurosciences and orthopaedics.

2.4.9 Diversional Therapy

Diversional therapy services require work space for a therapist, storage space and areas for group activities. The latter may also serve as a dining / refreshment area for day hospital clients.

2.4.10 Satellite Allied Health Services

To support the model of care for acute inpatients, allied health services will be provided in the following areas.

- the patient bedroom or bay;
- interview rooms;
- a 10m corridor length for walking tests;
- satellite multifunctional allied health area, usually shared between two or more IPUs. Although this area is often provided outside the envelope of the IPU, connection to emergency response systems is essential. Specialised units, where demand for allied health services is high, e.g. neurosciences and orthopaedics, will require consideration of a larger allied health area in alignment with projected utilisation;
- an appropriate and safe area to assess and educate patients on stairs and / or steps; and
- access to ADL areas (these are usually provided in one location across the healthcare facility depending on travel distances);

Provision will need to be made for:

- the storage of consumables, equipment and mobility aids;
- storage of resource material; and
- access to write-up areas.

2.4.11 Rural Allied Health Services

Rural services often require multi-purpose facilities to cater for a range of activities including outpatient services, slow stream rehabilitation, chronic disease management, as well as outreach and telehealth services.

Staff turnover can be high due to recruitment and retention issues, and there may be limited allied health input during redevelopment planning processes. Where allied health services are included in the project scope, the following facilities would be anticipated as minimum requirement:

- access to multipurpose consultations rooms;
- gymnasium including curtained treatment cubicle/s, minimum length of 12 metres to allow appropriate assessment of a patient's gait / walking capacity, and equipment including parallel bars, exercise bike, equipment trolley with weights, stair unit and workstation on wheels;
- store room; and
- staff work areas.

2.5 FUNCTIONAL RELATIONSHIPS

2.5.1 External

The external functional relationship requirements will depend on the service profile for the Allied Health Unit. If it is focussed on outpatient services, it is essential that the location of the unit supports ease of access for clients / patients from a drop off / pick up zone and parking area.

Collocation with other specialty and multidisciplinary clinics should also be considered, e.g. audiology and speech pathology with ENT clinics; physiotherapy/OT with orthopaedic clinics and podiatry with vascular, orthopaedics, orthotics and diabetes clinics. Multidisciplinary clinics are becoming more common where clients / patients will see a range of Allied Health professionals as well as medical specialists, either as joint or staged assessments, e.g. diabetes high risk foot clinics. Collocation of services minimises travel distances.

If the unit is focussed on supporting inpatient services, the travel distance for clients / patients and staff between these units will require consideration. Direct access to a Rehabilitation IPU is recommended given the high volume of patient flows.

2.5.2 Internal

Ideally, internal relationships include:

- separation of quieter interview / consult areas from the areas that generate significant noise such as gymnasiums, podiatry services, and plaster rooms;
- support areas (clean up area and storage) need to be readily accessible from the assessment / treatment area;
- a secure staff zone should be readily accessible from the reception and assessment / treatment areas; and
- meeting rooms, should be located on the periphery of the Unit to facilitate shared use across services.

03 DESIGN

3.1 ACCESSIBILITY

3.1.1 External

An undercover set-down bay should be provided at the entrance to the health service for outpatients who arrive by bus or car, and for return of loan equipment.

3.1.2 Internal

The Unit should be accessible from the main entrance of the health facility with suitable signage and way-finding.

Wheelchair access is required to all client / patient areas of the Unit.

The Unit should not be used as a thoroughfare to access other areas of the health service.

Ideally, discrete travel routes will be provided to the Unit for patient / visitor access, staff, and the movement of goods and waste.

Access for large items of equipment will be required.

3.2 PARKING

Access to an area that can be used by client / patients and staff to practice transferring into and out of a car may be required. Ideally, this should have overhead weather protection.

Ready access to parking for staff to accompany clients / patients on home visits may also be required, with appropriate space to access the car for clients / patients with disabilities and to load equipment.

For further information regarding staff parking, refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.3 DISASTER PLANNING

Each unit will have operational plans and policies detailing the response to a range of internal and external emergency situations.

For further information refer to local jurisdiction disaster management plans and:

- AusHFG Part C: Design for Access, Mobility, Safety and Security; and
- AusHFG Part B: Section 80 General Requirements.

3.4 INFECTION CONTROL

Hand hygiene facilities must be provided in each treatment and consult room and within open-plan gymnasiums. Depending on the function of the space, alcohol-based hand rub (ABHR) may be used. For most hand hygiene activities, ABHR should be used, whereas visibly soiled hands must be washed with liquid soap and running water.

Staff and visitors will have access to ABHR in waiting areas and at the entry to assessment/treatment areas.

Access to appropriate PPE will be required.

Regimes for cleaning equipment will need to be in place to prevent cross infection. Should an equipment loan pool be provided, the design will need to facilitate the return of dirty equipment, cleaning and storage of clean equipment ready for issue.

Podiatry instruments will be transferred to the Sterile Supply Unit for sterilisation.

Some clients / patients with respiratory conditions may require access to a dedicated room for infection control reasons. To minimise cross-infection risks, appointments should ideally be scheduled for the end of the day.

Special consideration will be required for podiatry procedure rooms and other therapies, e.g. lymphoedema, where there is exposure to body fluids and will require significant cleaning between clients / patients.

Refer to AusHFG Part D: Infection Prevention and Control and the relevant AusHFG Allied Health Standard Components

3.5 ENVIRONMENTAL CONSIDERATIONS

3.5.1 Acoustics

Therapy areas within the Unit will mostly be open-plan spaces with hard, impervious flooring that may generate noise.

Other areas within the Unit require acoustic privacy in order to be effective and ensure confidentiality. Solutions to the various acoustic requirements include:

- the use of acoustic ceiling tiles, curtains and other soft fabrics;
- the use of solid core doors;
- collocation of potentially noisy areas; and
- strategic positioning of storage areas to create a sound buffer.

Audiology testing rooms and workshop areas will require specific acoustic treatment requirements.

Specific acoustic strategies for speech pathology and psychology consult rooms will only be required if surrounding noise is not controllable.

3.5.2 Lighting

Natural lighting is essential in large treatment areas such as gymnasiums.

Consideration should be given to lighting levels in all areas.

3.5.3 Interior Decor

Key interior decor considerations for Allied Health / Therapy Units include:

- avoiding changes in floor colour except where necessary to indicate areas that clients / patients are not encouraged to walk / mobilise into e.g. staff areas / support areas;
- a matt flooring finish and appropriate use of lighting to minimise glare; and
- the use of contrasting colours to differentiate zones and equipment / furniture so they are clearly visible to clients / patients.

3.6 SPACE STANDARDS AND COMPONENTS

3.6.1 Ergonomics

The design of the unit will ensure clients / patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

A mobile or ceiling mounted hoist should be available in gymnasium areas to assist in the movement of immobile or bariatric patients that require assistance with transfers.

For information refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.6.2 Access and Mobility

Clients / patients visiting an Allied Health Unit may use various aids to assist with mobility. These mobility aids should be allowed for in spatial allocations and room and corridor dimensions.

The AusHFG Standard Component 'Consult Room – Universal Access' provides sufficient spatial allowance to accommodate clients / patients who are using a wheelchair including a bariatric sized wheelchair or require a hoist to transfer.

Refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.6.3 Doors, Windows and Corridors

The main departmental doors should be automatic.

All doors in open-plan treatment areas, and selected consult and interview rooms will be sized to accommodate bariatric sized mobility aids and plinths.

Refer AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.7 SAFETY AND SECURITY

3.7.1 Safety

Clients visiting an Allied Health / Therapy Unit require special consideration in terms of safety as they may be disabled and yet are being encouraged to be mobile and self-sufficient.

Every aspect of Unit design with regard to finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both clients / patients and staff.

3.7.2 Security

Security issues that should be considered during design include:

- after-hours access control for use by the general public for classes or hydrotherapy;
- locations for duress alarms;
- arranging services so staff are working together where possible to prevent isolation; and
- separation and security of staff only areas.

Refer to:

- AusHFG Part C: Design for Access, Mobility, Safety and Security
- NSW Health, Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in Health Facilities' 2013

3.8 FINISHES

3.8.1 Wall Protection

For further information relating to wall protection, refer to the AusHFG Standard Components and AusHFG Part C: Design for Access, Mobility, Safety and Security.

Washable walls will be required within podiatry treatment areas,

3.8.2 Floor Finishes

Floor finishes should be slip resistant to facilitate client / patient safety, whilst not creating "drag" for those using walking aids and wheelchairs.

Refer to local jurisdictional policies and to:

- AusHFG Part C: Design for Access, Mobility, Safety and Security

- Department of Health, NSW, 2009, Technical Series TS7 - Floor Coverings in Healthcare Buildings.

3.8.3 Ceiling Finishes

Gymnasium ceiling heights to be a minimum of three metres.

In most cases, acoustic ceiling tiles will be used.

Flush set, washable, plasterboard ceilings will be required within podiatry treatment areas.

For further information relating to ceiling finishes, refer to AusHFG Part C: Design for Access, Mobility, Safety and Security and AusHFG Standard Components.

3.9 FIXTURES, FITTINGS & EQUIPMENT

Refer to AusHFG Part C of these Guidelines and to Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

3.10 BUILDING SERVICE REQUIREMENTS

3.10.1 Information, Technology and Communications

There must be sufficient data points and power for computers for direct entry of electronic records and the viewing of digital images (PACS).

All interview and consult rooms will require access to telehealth facilities as a minimum requirement.

Planning should also consider the requirement to transmit live video recordings of therapy sessions for viewing by other staff, students and parents / families. There is growing use of 360 degree cameras where the operator controls multiple cameras and potentially equipment remotely.

3.10.2 Duress Alarm Systems

Located at reception (where provided) and in assessment / treatment areas.

3.10.3 Nurse and Emergency Call Systems

Staff assist and emergency call points will be located at regular intervals within open-planned treatment areas.

Adequate emergency call points are also required in the hydrotherapy area, with consideration of ceiling-suspended call points for therapists in the water. Annunciators (non-scrolling) may be required in reception, corridors and treatment areas.

3.10.4 Electrical Services

All client / patient areas must be wired at least as body-protected electrical areas in accordance with Standards Australia, 2018, AS/NZS 3003:2018.

It is essential that services such as emergency lighting, telephones, duress alarm systems and electronic locks are connected to the emergency power supply.

3.10.5 Air Handling Systems

Good temperature control and ventilation is required in all treatment areas.

Appropriate exhaust systems will be required in podiatry and orthotics workshops.

It is important to remember that certain clients / patients, such as those with spinal cord injuries, are unable to regulate their body temperature. It is therefore imperative that the gymnasium is air-conditioned.

Regardless of orientation, there must be means of sun control.

3.10.6 Medical Gases

Access to oxygen and suction will be required in assessment / treatment areas (in particular the gymnasium and open therapy area). This is usually provided via portable systems. Refer to Section 2.2.7.

04 COMPONENTS OF THE UNIT

4.1 STANDARD COMPONENTS

Rooms / spaces are defined as:

- standard components (SC) which refer to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed;
- standard components – derived rooms are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room ‘brief’ and room size and contents will be scaled to meet the service requirement;
- non-standard components which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: www.healthfacilityguidelines.com.au/standard-components

4.2 NON-STANDARD COMPONENTS

Non-Standard Components for an Allied Health / Therapy Unit are described below.

4.2.1 Store - Physiotherapy

Description and Function

The physiotherapy store is a secured room for storage of general equipment and mobility aids including crutches and consumables used for physiotherapy treatment. The room will be sized according to the amount of equipment to be accommodated. Ice making facilities may be stored within this space.

The store may be better arranged in cupboards where equipment might hang on hooks (crutches) or be wheeled in and out (trolleys).

Mobile equipment, including electrotherapy and therapeutic ultrasound units, is often stored within dedicated bays within the gymnasium / other treatment areas.

Location and Relationships

The physiotherapy store will be located within close access to the gymnasium and other physiotherapy treatment areas.

Considerations

Fittings needed may include:

- heavy duty shelving;
- hooks for hanging of equipment such as walking frames;
- GPOs for recharging equipment including workstations on wheels; and
- data points for telehealth including 360 degree cameras.

4.2.2 Occupational Therapy Area

Description and Function

This room is a large open, flexible space that will facilitate a range of static and dynamic activities. The area may include space for table based activities, such as upper limb activities or functional mobility activities such as woodwork or splinting. Wheelchair seating and pressure mapping is also frequently undertaken in these areas.

The area will be sized according to the number of clients / patients to be accommodated and the range of occupational therapy services to be provided.

Location and Relationships

The occupational therapy area may be located adjacent to other therapy areas, with ready access to client / patient waiting and amenities areas.

Considerations

Fittings and equipment required in this area may include:

- height adjustable benches with inset sink (wheelchair accessible);
- shelving for storage of equipment or tools;
- tables (adjustable height);
- chairs (adjustable height);
- plinth;
- pin board and whiteboard for displays;
- staff workstation
- sufficient General Power Outlets (GPOs) for equipment and / or tools being used; and
- data points for telehealth, 3D printers and staff workstations.

Occupational therapy areas used for paediatric services will have different fit out requirements. Refer to HPU 540 Paediatric / Adolescent Unit.

4.2.3 Store – Occupational Therapy

Description and Function

A secure room for storage of splinting equipment, mobility aids, adaptive equipment, demonstration equipment, appliances, consumables and other therapy items. The room will be sized according to the amount of equipment and consumables to be accommodated.

For services supporting IPUs, the preferred location for storing pressure cushions should be confirmed.

Access to an appropriate area to clean equipment is essential. This may be included as part of the room with designation of 'clean' and 'dirty' zones or access to a 'clean up' room may be provided.

Location and Relationships

The occupational therapy store should be located adjacent to the occupational therapy room.

Considerations

Fittings and services should include:

- heavy duty shelving; and
- GPOs for recharging of equipment.

4.2.4 ADL Computer Room

Description and Function

The ADL computer room provides a quiet space for assessment and training of computer skills. The room usually accommodates one staff member and up to two patients (or one patient and one carer / observer).

Location and Relationships

The ADL computer room may be located with other ADL facilities, in the occupational therapy patient treatment zone, with ready access to waiting and amenities areas. Preferably this room will be located in a quieter area of the Allied Health / Therapy Unit.

Considerations

The ADL computer room will require:

- two workstations;
- storage for equipment, e.g. virtual reality devices;
- access for wheelchairs and other mobility aids; and
- GPOs for patients to trial various items for computer access.

4.2.5 Occupational Therapy Workshop

Description and Function

The occupational therapy workshop is an artisan / industrial area with defined areas of function and activities that may include:

- manufacture and repair of independent living aids;
- occupational therapy and retraining in physical skills for patients (e.g. woodwork, metal work, plastic moulding); and
- materials and equipment storage.

The requirements of this space will depend upon its particular function and range of activities.

These workshops are associated with rehabilitation services. They are not required at every facility and will depend on the patient cohort.

Location and Relationships

Being an industrial type environment, this area will:

- generate excessive noise;
- require extreme ventilation provisions;
- require specific safety provisions; and
- receive direct delivery of materials.

In order to allow for these considerations, it may be necessary for the location of the workshop (including support areas) to be provided in a perimeter location or constructed separately from the main unit.

Considerations

This room will not be routinely provided as it is a specialised service. Special exhaust or dust extraction may be required.

An adequate level of general lighting including natural lighting is required. Storage is required for a range of tools, materials and safety equipment.

Major equipment requiring servicing will depend upon the activities planned and may include:

- pedestal drilling machinery;
- woodworking lathe;
- grinder;
- band or drop saw; and
- Industrial sewing machine.

4.2.6 Orthotics / Prosthetics Workshop

Description and Function

The orthotics and prosthetic workshop will need to be designed to support optimal workflows for the particular practice. The requirements of this space will depend on the scope of services provided and patient cohort.

An orthotics workshop providing the full range of fabrication and manufacturing is usually provided in selected sites only as a central service supporting a range of networked facilities. Satellite workshops may be provided for local fittings and adjustments of 'off the shelf' orthoses and prostheses.

Location and Relationships

Being an industrial type environment, this area will:

- generate noise;
- require ventilation provisions;
- require dust extraction provisions;
- may require higher power voltage provisions;
- require specific safety provisions; and
- receive direct delivery of materials.

The location of the workshop must be carefully considered to ensure minimal impact on other services. Satellite orthotics / prosthetics workshops are generally less noisy and can be located closer to clinical areas.

Considerations

Provisions are required for adequate sound proofing, fume and dust extraction. Sound proofing of doors with operational machinery is adequate and should not affect the location of the workshop.

Storage is required for a range of tools, materials and safety equipment.

Equipment commonly provided in a satellite orthotics / prosthetics workshop includes:

- long shaft grinder requiring dust extraction;
- stainless steel gluing workbench with fume extraction and chemical storage for glues and solvents;
- compressed air line;
- free workbench space that will support large orthoses / prostheses e.g. for spinal or amputee clients / patients;
- lamination area with adequate fume extraction
- drying cabinet;
- height adjustable vice;
- cutting wheel;
- specialised oven;
- industrial sewing machine;
- vacuum press for fabrication of foot orthoses;
- plaster trap;
- sink;
- storage for hand tools e.g. hand drills, heat gun;

- storage for materials; and
- adaptable space for other future technologies including robotic carver and 3D printer.

4.2.7 Observation / Viewing Room

Description and Function

This is an optional room that is often used for speech pathology and psychology services. For some services, remote observation is provided through ICT solutions.

This is a discrete room with one-way glass for unobserved viewing of clients / patients undergoing therapy in an adjoining room.

It may be appropriate to collocate an observation room with a multidisciplinary therapy area so that not all therapists / students need to be in the same room as the client to avoid overwhelming them.

Location and Relationships

The viewing room will be attached to a specific treatment space used for multidisciplinary therapy services.

Considerations

The efficiency of one-way glass is compromised if the viewing side is illuminated. Accordingly, the viewing side should:

- be separately light controlled;
- have a light proof curtain around the doorway to allow entry / exit without filling the room with borrowed light;
- have a light proof curtain which can be drawn over the viewing window if required; and
- be sound-proof so as to allow conversation / discussion among the viewers without intruding into the viewed activity.

An electronic sound system is required to transmit sound into the viewing room from the room being viewed. The camera (s) and microphone(s) should be removable when not in use to ensure peace of mind to other users of the room.

4.2.8 Equipment Loan Pool Store

Description and Function

A secure room for the storage of equipment and aids loaned to clients / patients. Depending upon the operational policies of the Unit, the administrative control of the loan equipment may be performed from the store.

Functions and activities occurring in the equipment loan pool store may include:

- storage of items of equipment and aids;
- distribution of equipment and aids;
- receipt of equipment and aids returned to the Unit;
- cleaning of returned items; and
- maintenance / repair of equipment and aids.

Detailed consideration should be given to storage capacity. This will depend upon many factors including the size of the catchment area and the range of equipment loaned.

The store should be either be divided into “clean” and “dirty” zones. This may be a partitioned section of the main store.

Location and Relationships

Access to a loading dock and car parking for collection and return of loan items is highly desirable. If this cannot be achieved within the main Unit, consideration should be given to an alternate location that fulfils these criteria.

Travel distances from the equipment loan pool to the cashier service should also be considered where relevant.

Considerations

Key considerations include:

- storage with heavy duty shelving and hooks for hanging equipment such as walking frames, and GPOs for recharging equipment;
- infection control requirements relating to appropriate cleaning and drying of returned items;
- access to water, drainage and storage of chemicals for cleaning in an appropriate wet area;
- appropriate area to conduct minor repairs of equipment and store high volume spare parts;
- equipment tracking capability (equipment management system/s) including repairs, maintenance, cleaning and loans;
- staff workstation including data point for access to equipment data base;
- client / patient and prescriber access to print material such as user manuals, guides and how to return equipment; and
- clear signage including opening times and contact details.

05 APPENDICES

5.1 SCHEDULE OF ACCOMMODATION

Generic Schedules of Accommodation (SOA) are outlined below for an inpatient and outpatient Allied Health / Therapy Unit. The SOA has been separated into inpatient and outpatient services given:

- allied health areas that accommodate multiple clients / patients, e.g. gymnasiums and occupational therapy rooms should be separated for inpatient and outpatient services to appropriately meet the needs of the different patient cohorts unless low utilisation is anticipated, and a combined area provides a more spatially and operationally efficient approach;
- the range of allied health services varies between inpatient and outpatient services, for example ADL areas are more commonly aligned with inpatient services; and
- an inpatient service does not require a reception and waiting area as patients attend / are transferred direct from the inpatient unit to the relevant allied health area.

It is however acknowledged, that a number of these areas should be shared between inpatient and outpatient services, particularly for specialised services e.g. podiatry or where utilisation is low.

The inpatient allied health service assumes support for IPU's requiring a comprehensive allied health service, for example sub-acute inpatient units and specialised acute units such as neurosciences. The recommended spatial requirements for allied health services supporting general medical and surgical inpatient units is included in HPU 340 Adult Acute Inpatient Unit.

The assumed scope of allied health disciplines provided and the size of the service is indicative. The actual scope of service and projected activity will need to be determined on a project by project basis to inform the range and size of areas to be provided. The opportunity to share facilities between disciplines should be explored where appropriate.

The 'Room/ Space' column in the tables below describes each room or space within the Unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components –Derived' (SC-D). The 'SD/SD-C' column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room / Spaces are described as 'Optional' or 'o'. Inclusion of this Room / Space will be dependent on a range of factors such as operational policies or clinical services planning.

ENTRY / RECEPTION / WAITING

| AusHFG Room | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|-------------|--------------------------|-----------|-------------------|----|--------------------|--------|---|
| | | | Qty | m2 | Qty | m2 | |
| RECL-12 | Reception / Clerical | Yes | | | 1 | 12 (o) | Optional, depending on size of service / resourcing. This area allocation assumes 2 staff, adjust to meet staffing profile. |
| WAIT-30 | Waiting | Yes | | | 1 | 30 | Area will depend on the number of people to be accommodated. 1.2m2 recommended per seat, 1.5m2 per wheelchair space / parent with pram. 30m2 will accommodate 20-25 people. Area may be further divided into sub-wait areas for appropriate separation of client cohorts (eg a separated waiting area for families with children). Consider infrastructure requirements for patient self-registration and access to education / health promotion resources. |
| PLAP-10 | Play Area - Paediatric | Yes | | | 1 | 10 (o) | Optional, depending on patient cohort. |
| BWD-1 | Bay - Water Dispenser | Yes | | | 1 | 1 | |
| BWC | Bay - Wheelchair Park | Yes | | | 1 | 4 (o) | Optional, consider opportunities for sharing with adjacent services. |
| WCPU-3 | Toilet - Public | Yes | 2 | 4 | 2 | 4 | May be shared with collocated services |
| WCAC | Toilet - Accessible | Yes | 1 | 6 | 1 | 6 | May be shared with collocated services. Ensure close proximity from gymnasium areas to an accessible toilet. |
| | Discounted Circulation % | | 30% | | 30% | | |

ASSESSMENT / TREATMENT AREAS

Generic and specialist allied health assessment / treatment areas will be required as outlined below. Although a number of areas described are focussed on specific disciplines, most areas should be designed for multidisciplinary use.

ASSESSMENT / TREATMENT AREAS – PHYSIOTHERAPY

| AusHFG Room Code | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|------------------|---------------------------------|-----------|-------------------|---------|--------------------|---------|--|
| | | | Qty | m2 | Qty | m2 | |
| GYAH-ID | Gymnasium, Individual Treatment | Yes | 1 | 76 | 1 | 76 | Individual treatment. Area noted assumes provision of 3 plinths, a 10m walking track, parallel bars, trial steps, 2 exercise equipment items and storage. Refer to standard component for details. This represents a gym within a small hospital. Area requirements for additional equipment and treatment cubicles are noted in Section 5.3 and the standard components. For early planning purposes assume approximately 9m2 per equipment station / plinth. |
| GYAH-GP | Gymnasium, Group Therapy | Yes | 1 | 105 (o) | 1 | 105 (o) | Optional. Group Classes Optional, depending on service profile and justification that a dedicated group room will be fully utilised. Area noted assumes a group class of 12-15 patients including open area for 12 patients, exercise equipment, storage and 1 plinth. Refer to standard component for details. Area requirements for additional equipment are noted in Section 5.3 and the standard components. For early planning purposes assume approximately 7m2 per patient for group classes. |
| | Store - Physiotherapy | Yes | 1 | 14 | 1 | 14 | Gym / exercise equipment. Spatial requirement will be project specific. |
| BHWS-B | Bay - Handwashing, Type B | Yes | 1 | 1 | 1 | 1 | Included within overall gymnasium area. |
| BMEQ-4 | Bay - Mobile Equipment | Yes | | 4 | | 4 | Parking for various items of mobile equipment, eg electrotherapy, ultrasound. Area will depend on number of equipment items to be accommodated and requirement for mobile hoist. |
| BLIN | Bay - Linen | Yes | 1 | 2 | 1 | 2 | |
| BRES | Bay - Resuscitation Trolley | Yes | 1 | 1.5 (o) | 1 | 1.5 (o) | Optional, depending on local operational policies. |
| BWD-1 | Bay - Water Dispenser | Yes | 1 | 1 | | | Disabled access. Water dispenser for outpatient service noted under entry / waiting area above. Locate for close access from gymnasium/s. |
| | Staff Write-up | | | 2.5 | | 2.5 | Number will depend on staff profile plus access for students. |
| | Outdoor Gait Assessment | | | | | | For inpatient services, inclusion dependent on service profile. |
| | Discounted Circulation % | | | 32% | | 32% | |

ASSESSMENT / TREATMENT AREAS – OCCUPATIONAL THERAPY

| AusHFG Room Code | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|------------------|---|-----------|-------------------|--------|--------------------|--------|--|
| | | | Qty | m2 | Qty | m2 | |
| | Occupational Therapy Room | | 1 | 28 | 1 | 28 | Area requirement to be determined based on number of patients and staff to be accommodated. Assume approximately 7m ² per patient. Recommended minimum area of 28m ² (4 patients). Assume 10m ² per patient for paediatric services within minimum area of 40m ² . |
| TRMT-HTS | Treatment Room - Hand Therapy / Splinting | | 1 | 28 (o) | 1 | 28 (o) | Optional. Commonly accessed by Occupational Therapy and Physiotherapy staff. Area assumes the provision of two hand therapy tables and associated support areas. Refer to Standard Component for further details. Access to a PC for EMR at the point of care is recommended (this may be wall or desk mounted). |
| | Store - Occupational Therapy | Yes | 1 | 14 | 1 | 14 | Capacity dependent on equipment to be accommodated. May include assessment wheelchairs. |
| ADLB | ADL Bathroom | Yes | 1 | 12 (o) | | | Optional. Provision of ADL areas will depend on service profile. |
| | ADL Computer Room | | 1 | 12 (o) | | | Optional. Assumes 2 patients. Provision of ADL areas will depend on service profile. |
| ADLK | ADL Kitchen | Yes | 1 | 12 (o) | 1 | 12 (o) | Optional. Provision of ADL areas will depend on service profile. |
| ADLD | ADL Dining / Lounge | | 1 | 12 (o) | | | Optional. Provision of ADL areas will depend on service profile. |
| ADLL | ADL Laundry | Yes | 1 | 8 (o) | | | Optional. Provision of ADL areas will depend on service profile. |
| | Occupational Therapy Room - Workshop | | 1 | 50 (o) | | | Optional. Depending on service profile. Assumes 5 patients. |
| | Store - Occupational Therapy Workshop | | 1 | 20 (o) | | | Optional. Optional depending on service profile. If workshop provided subject to equipment being accommodated. |
| | Discounted Circulation % | | | 32% | | 32% | |

The provision of other specialist allied health areas will depend on the service profile for the allied health unit and will require confirmation on a project by project basis. Access to multipurpose consult rooms will be required in all allied health services, however the other rooms noted below are optional depending on the confirmed scope of service.

The number of shared allied health clinical rooms e.g. consult rooms, interview rooms, meeting rooms etc, will depend on an analysis of projected utilisation across all disciplines.

ASSESSMENT / TREATMENT AREAS – OTHER ALLIED HEALTH

| AusHFG Room Code | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|------------------|----------------------------------|-----------|-------------------|--------|--------------------|--------|--|
| | | | Qty | m2 | Qty | m2 | |
| CONS | Consult Room | Yes | | 12 | | 12 | Highly utilised by speech pathology, OT and psychology. Some services will require integral storage for equipment and consumables eg for voice prostheses and lymphoedema services. Number required will depend on frequency of utilisation, assuming efficiencies between disciplines. 15m2 for child related services. |
| INTV | Interview Room | Yes | | 12 | | 12 | Flexible use. Number required will depend on frequency of utilisation, assuming efficiencies between disciplines. |
| TRMT | Treatment Room | Yes | | 14 (o) | | 14 (o) | Optional. Multidisciplinary treatment room with circulation around the bed. Also used for respiratory and other conditions requiring privacy. |
| MEET-L-20 | Meeting Room | Yes | 1 | 20 | 1 | 20 | Counselling, education sessions etc. Number of meeting rooms and spatial allocation will depend on the number of people to be accommodated. Arrangement of room and types of furniture will depend on functional requirements and should maximise flexibility of use. |
| PLST | Plaster Room | Yes | | | 1 | 18 (o) | Optional. More commonly provided in ED and Ambulatory Care clinics. |
| TRMT-POD | Podiatry Treatment Room | Yes | | | 1 | 14 (o) | Optional. May be multipurpose. Inpatients may be transferred to service. For services requiring multiple podiatry treatment spaces, a series of open bays with one enclosed bays may be appropriate. Note specific design requirements for services providing low frequency ultrasound wound debridement. |
| | Orthotics / Prosthetics Workshop | | | | 1 | 15 (o) | Optional, for specialised services only. This assumes the provision of a satellite workshop only for local fittings and adjustments of 'off the shelf' orthoses and prostheses. |
| AUD-TR | Audiology Testing Room | Yes | | | 1 | 14 (o) | Optional. Required to support a comprehensive audiology service. Usually provided as an outpatient service. |
| AUD-CR | Audiology Control Room | Yes | | | 1 | 8 (o) | Optional. Required for paediatric services. |
| | Observation / Viewing Room | | 1 | 9 (o) | 1 | 9 (o) | Optional. Highly utilised by speech pathology and psychology. |
| | Discounted Circulation | | | 32% | | 32% | |

SUPPORT AREAS

| AusHFG Room Code | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|------------------|--------------------------|-----------|-------------------|-------|--------------------|-------|--|
| | | | Qty | m2 | Qty | m2 | |
| BHW | Bay - Height / Weight | Yes | 1 | 2 | 1 | 2 | |
| STGN-9 | Store - General | Yes | 1 | 9 | 1 | 9 | Consumables. Separate secure stores may be required by individual disciplines e.g. neuropsychology. Size will depend on project requirements. |
| CLUP-7 | Clean Up Room | Yes | | 7 | | 7 | Multidisciplinary, high access by speech pathology, OT, podiatry, orthotics, physiotherapy and audiology. Number will be depend on scope and distribution of services. |
| DISP-8 | Disposal Room | Yes | 1 | 8 | 1 | 8 | May be shared with adjacent department for smaller services. |
| CLRM-5 | Cleaner's Room | Yes | 1 | 5 | 1 | 5 | May be shared with adjacent department for smaller services. |
| | Equipment Loan Pool | | 1 | tbc | 1 | tbc | Optional, depending on proposed location of service. Size will depend on extent of service. |
| CLUP-7 | Equipment Clean Up Room | Yes | 1 | 7 (o) | 1 | 7 (o) | Optional, depending on proposed location of service. For returned loan equipment. |
| | Discounted Circulation % | | | 32% | | 32% | |

STAFF WORK AREAS AND AMENITIES

| AusHFG Room Code | Room / Space | SC / SC-D | Inpatient Service | | Outpatient Service | | Remarks |
|------------------|--------------------------------|-----------|-------------------|-----|--------------------|-----|--|
| | | | Qty | m2 | Qty | m2 | |
| OFF-S9 | Office - Single Person | Yes | | 9 | | 9 | Number and area allocation will depend on staff profile and local jurisdictional policies. |
| | Office - Workstation | | | 4.4 | | 4.4 | Number and area allocation will depend on staff profile and local jurisdictional policies. |
| STPS-8 | Store - Photocopy / Stationery | Yes | | 8 | | 8 | |
| MEET-L-20 | Meeting Room | Yes | | 20 | | 20 | Number and size will depend on projected utilisation of meeting rooms. |
| SRM-18 | Staff Room | Yes | 1 | 18 | 1 | 18 | Area requirement will depend on the staff establishment. |
| PROP-2 | Property Bay - Staff | Yes | 1 | 2 | 1 | 2 | Number of lockers will depend on staff profile. |
| SHST | Shower - Staff | Yes | 1 | 3 | 1 | 3 | |
| WCST | Toilet - Staff | Yes | | 3 | | 3 | Access to an accessible toilet will be required. Number will depend on staff profile. |
| | Discounted Circulation | | | 25% | | 25% | |

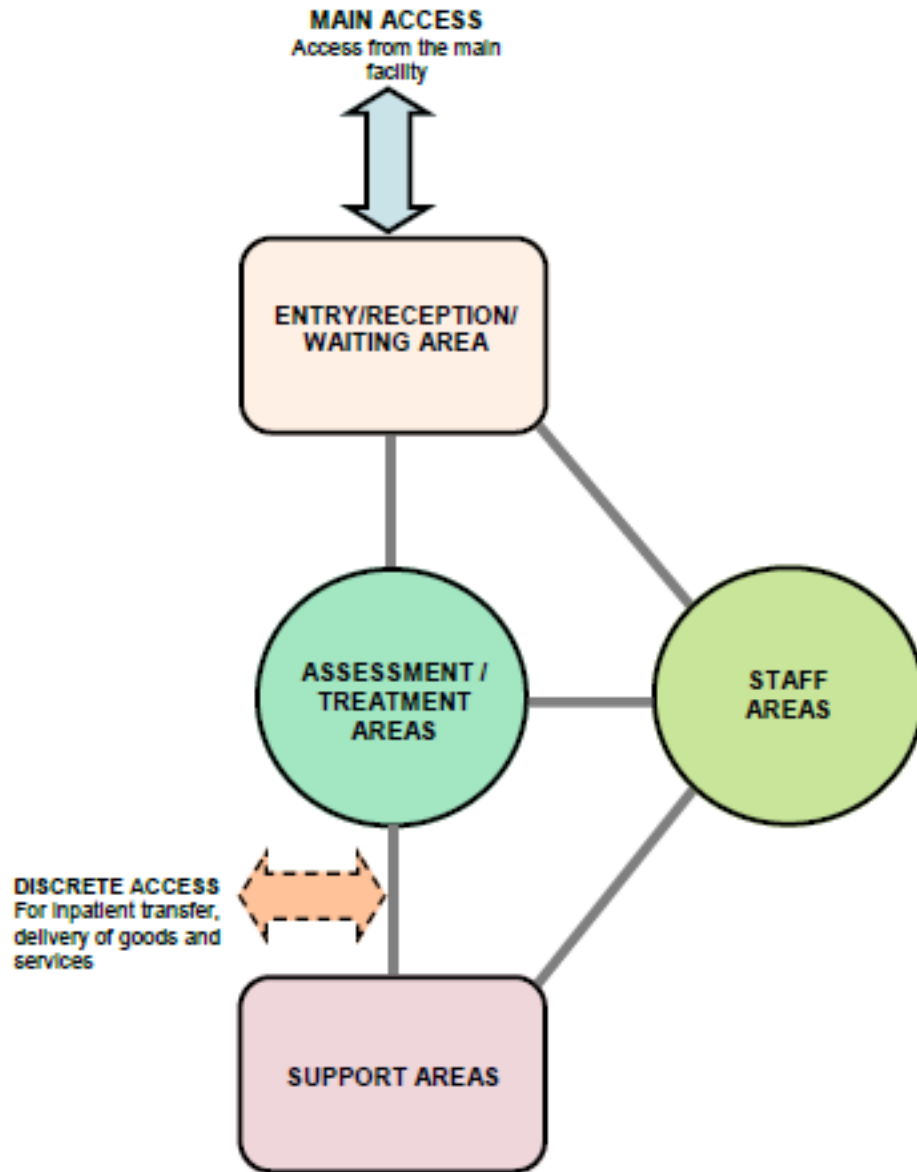
HYDROTHERAPY

The provision of hydrotherapy is optional, depending on the confirmed service scope.

| AusHFG Room Code | Room / Space | SC / SC-D | Qty | m2 | Remarks |
|------------------|---------------------------------------|-----------|-----|-----|---|
| OFF-S9 | Office - Single Person | Yes | 1 | 9 | Workstation only may be provided for smaller areas |
| HYDP | Hydrotherapy Pool | Yes | 1 | 260 | 90m2 pool plus surrounds. Assumes 12 patients (4m2 per additional patient). Includes open shower area and linen trolley/skips. A smaller pool (total 90m2 including pool surrounds) may be provided for smaller services. |
| STGN-9 | Store - General | Yes | 1 | 16 | Hydrotherapy aids and equipment (that may be wet or damp). Adjusted to suit storage requirements. |
| | Store - Chemicals | | 1 | 2 | Secure store. |
| SHAC | Shower - Accessible | Yes | 1 | 4 | |
| WCAC | Toilet - Accessible | Yes | 1 | 6 | |
| CHPT-12 | Change Room - Patient (Male / Female) | Yes | 2 | 24 | Includes toilet, shower, change. |
| CHST-10 | Change Room - Staff (Male / Female) | Yes | 1 | 6 | Includes staff lockers |
| | Plant Room | | 1 | 20 | |
| | Discounted Circulation % | | | 20% | |

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS

The following diagram sets out the relationships between zones in an Allied Health / Therapy Unit.



5.3 SPACE REQUIREMENTS FOR GYM EQUIPMENT IN ALLIED HEALTH UNITS

For further information, refer to the set-out guidance for individual gymnasium equipment items within the AHFG Standard Components.

| Equipment Item | Dimensions | Area (m ²) | Circulation around (m ²) | Total (m ²) |
|--------------------------------------|------------------------------|---|---|-------------------------|
| Arm Ergometer | 0.7 x 1.5 | 1.05 | 1.0 | 2.05 |
| Bike | 1.0 x 1.7 | 1.7 | 2.0 | 3.7 |
| Parallel Bars (standard or electric) | 5 x 0.85 | 4.25 | 16.95 0.9m at each side of rails for therapist and additional 1.5m at each end for access. | 21.2 |
| Double Plinth | Refer to standard components | | 10 | |
| Single Plinth | Refer to standard components | | 7.5 | |
| Recumbent Bike | 1 x 2 | 2 | 2 | 4 |
| Single Rowing Machine | 1 x 2.5 | 2.5 | 2 | 4.5 |
| Step with Rail - Straight | 3.65 x 0.85 | 3.1 Includes sufficient clearance to access and exit stairs. | 3.6 | 6.7 |
| Step with Rail – 90 Degree | 3.5 x 0.85 | 3.0 Includes sufficient clearance to access and exit stairs. | 3.5 | 6.5 |
| Stepping Machine | 1.5 x 2.5 | 3.75 | 2 | 5.75 |
| Tilt Table | 0.7 x 2.4 | 1.4 | 3 | 4.4 |
| Treadmill | 1.5 x 2.5 | 3.75 | 2 | 5.75 |
| Weights / Pully Machine | 1 x 2 | 2 | 2 | 4 |
| Weights Rack | 1 x 0.5 | 0.5 | 1 | 1.5 |

5.4 REFERENCES

- AHIA, 2016, AusHFG Part B: Section 90, Standard Components, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 2016, AusHFG Part B: Section 80 General Requirements, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW
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5.5 FURTHER READING

- Fleming, R. and Bennett, K. 2013, *The Environmental Audit Tool*. Dementia Training Study Centre, University of Wollongong.
- NSW Health 2013, *Protecting People & Property: NSW Health Policy and Standards for Security Risk Management in Health Agencies*, NSW Health.