Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0155 - Ambulatory Care Unit

Revision 6.0
01 March 2016

COPYRIGHT AND DISCLAIMER

Copyright

Australasian Health Facility Guidelines

Address: PO Box 1060, North Sydney NSW 2059
Website: http://www.healthfacilityguidelines.com.au
Email: webmaster@healthfacilityguidelines.com.au

The AusHFGs are an initiative of the Australasian Health Infrastructure Alliance (AHIA). AHIA membership is comprised of representatives from government health infrastructure planning and delivery entities in all jurisdictions in Australia and New Zealand.

Disclaimer

Index

01 INTRODUCTION

01.01 Preamble

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA) following extensive consultation during 2014. This HPU is intended to assist in the planning and design process for the design team, project managers and end users.

01.02 Introduction

This HPU outlines the specific requirements for planning and designing an Ambulatory Care Unit.

This document should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

- Part A: Introduction and Instructions for Use;
- Part B, Section 80: General Requirements;
- Part B, 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.

Additional HPUs which address many service specific specialty needs may be mentioned in this HPU but detailed information is available in other documents including:

- 170 Cardiac Investigations Unit;
- 255 Community Health Unit;
- 270 Day Surgery/ Procedure Unit;
- 280 Oral Health Unit;
- 440 Medical Imaging Unit;
- 500 Nuclear Medicine Unit;
- 510 Maternity Unit;
- 540 Paediatric/ Adolescent Unit;
- 550 Pathology Unit;
- 560 Pharmacy Unit;
- 600 Radiation Oncology Unit; and
- 620 Renal Dialysis Unit.

The requirements of HPU 250 Ambulatory Mental Health Unit have been incorporated in this HPU. Mental health specific requirements will also be detailed in future versions of HPU 255 Community Health Unit. HPU 250 Ambulatory Mental Health Unit will be discontinued.

01.03 Policy Framework

Before undertaking a project, planners and project personnel should familiarise themselves with individual jurisdictional plans, regulations, policies, service specific guidelines and reports.
Jurisdictional policy information, where available, is contained in the Further Reading section of this HPU.

01.04 Description

This clause is currently under review / not applicable, but has been included for consistent HPU clause numbering.

02 PLANNING

02.01 Operational Models

DESCRIPTION AND MODELS OF CARE
There is no clear and universally accepted definition of ambulatory care. This is understandable given that ambulatory care can be considered an 'approach' to patient care that reduces reliance on overnight hospital stays and promotes new approaches to care.

Models and service configurations for ambulatory care services will vary and reflect local requirements. While many ambulatory care services will be located as part of an acute healthcare campus, services may also be provided in a community setting (e.g. community health or integrated care centres).

For the purpose of this document, ambulatory care is defined as the provision of health services on a same day basis on the healthcare campus, integrated with acute-care services or as a stand-alone facility in the community.

The configuration of an Ambulatory Care Unit will depend on factors including:

- service mix;
- catchment population; and
- scope and scale of the services to be accommodated.

Room requirements will be based on patient throughput/occasions of service. These need to be well detailed in the service plan prior to the commencement of a capital planning process.

Services accommodated in an Ambulatory Care Unit may include, but are not limited to:

- multidisciplinary and specialist consultation and treatment clinics for medical and surgical sub-specialties (otherwise known as outpatient clinics);

- same day surgery/procedural services;
- same day medical services such as minor procedures and/or infusion services;
- specialty same day medical services such as renal dialysis, oncology and haematology;
- maternity and paediatric clinics;
- community mental health services;
- outpatient pharmacy;
- oral health services;
- ophthalmology clinics;
- medical imaging services, including general radiology, ultrasound, mammography and CT;
- pathology collection;
- GP services; and
- allied health assessment and treatment services.

Ambulatory care services can be integrated in an acute health care facility by:

- collocating outpatient clinics in a single location, supported by a range of clinical support services such as pharmacy, pathology collection and medical diagnostic and treatment services (this model may be adopted by large, complex health services). The aim of this model is to create a “one-stop shop”;
- collocating outpatient clinics and related diagnostic services with other specialty services. This is sometimes referred to as an “institute” model and brings together all services related to a medical specialty or group of specialties (e.g. cancer services); or
- a mix of the two models.

Ambulatory Care Units may range from services of a few rooms to complex service configurations accommodating up to 100 rooms providing facilities for a range of specialty services. In large Units, it is likely that a number of rooms will be grouped together in “pods” with decentralised support space such as waiting space and utilities.

For the purpose of this HPU, the information will focus on the provision of:

- outpatient clinics, both specialist and multidisciplinary; and
- medical day treatment service, which provides space to administer IV medications, undertake minor procedures etc.

The physical environment in an Ambulatory Care Unit should be therapeutic and welcoming for all its users.

Service mix and demand for services will change over time. A flexible facility model will improve overall access to rooms and reduce territoriality by clinical staff.

Operational policies and facility design should provide for optimal use with the sharing of rooms and equipment.

02.02 Operational Policies

GENERAL
The operational policy issues detailed in this section should be considered when identifying the models of care to be implemented, as they will all impact the configuration of the Unit and overall space requirements. Operational policies should be developed as part of the project planning process. Refer to Part B Section 80 for further information.

HOURS OF OPERATION
Most patient services will be delivered Monday to Friday from 8.00am to 5.00pm although hours are (increasingly) becoming more flexible to meet specific patient care requirements and extending to evenings and weekends.

ROOM BOOKINGS - CLINICAL SUPPORT
When planning room requirements, an occupancy rate is usually applied as it is assumed that all rooms will not be fully utilised all day, every day. It is assumed that no patient consultations will take place in a clinician's office.
A room booking system should be installed for both patient consulting/ treatment and shared staff space (e.g. meeting rooms) to maximise room utilisation.
Rooms will be bookable and generally not "owned" by a service to increase flexibility and utilisation. Exceptions may include specialised rooms such as a dental surgery.
A range of rooms will be required to support one-on-one consultations and family consultations. Larger rooms will be required for group activities. Wherever possible, rooms should be generic to promote flexible use.
Lockable storage for discipline or specialty specific equipment and resources should be provided within close proximity to these rooms.

PATIENT RECORDS
Ideally, electronic health care records will be in use and staff will need access to a PC in each treatment space to access the records. Where hard copy records are still in use, these will be transported to and from the Health Information Unit on a daily basis. Depending on the scale of the Unit, records may be delivered to a central point and distributed to clinics as required. Space requirements will be influenced by local health information arrangements.

MANAGEMENT OF DEPENDENT PATIENTS
Patients with high care needs, such as those from residential aged care facilities, will use ambulatory care facilities. A holding bay should be provided, in close proximity to a staff station, to ensure these patients are supervised while waiting to be seen.

MANAGEMENT OF PATIENTS WITH MENTAL HEALTH CONDITIONS
Mental health services may be provided in ambulatory or community settings. Ideally, these services will be integrated with other services so people can access a range of health and related care (e.g. oral health services).
An interview room should be located near the reception to an Ambulatory Care Unit so people who present without an appointment can be assessed in a timely way . Rooms used to interview or treat people with

mental health conditions will require two egress doors. A discrete duress or emergency call system should be included that provides easy access for clinicians.
Depending on the model of care, bookable meeting rooms may also be needed for group activities.

MEDICAL DAY TREATMENT SERVICES
Treatment bays may be provided within an Ambulatory Care Unit to manage a range of treatments (e.g. allergy testing, infusions etc.) and minor procedures. These bays are often collocated with a treatment or procedure room and collocated so patients can be easily supervised and staff resources maximised.

PATIENT FLOW
Visitor traffic in Ambulatory Care Units can be significant. Active communication using staff or electronic systems (e.g. messaging, electronic notice boards, and queuing systems) can help. Reducing large waiting areas into smaller areas can also improve patient flow and reduce stress.

TEACHING CLINICS
Outpatient clinics provide a clinical environment for junior medical staff being supervised by senior medical staff. Ideally, rooms are arranged so senior medical staff can supervise a group of rooms. This may be achieved by a staff-only corridor system. Telehealth technology should be available for teaching and clinical assessments.

02.03 Planning Models

This clause is currently under review / not applicable, but has been included for consistent HPU clause numbering.

02.04 Functional Areas

The Ambulatory Care Unit comprises the following functional areas:

- entry/reception/waiting;
- patient areas;
- clinical support; and
- staff areas.

The scope of these functional areas will be dependent on the service level and size.

ENTRY/RECEPTION/WAITING
This functional area is the main visitor entry to the Unit and includes the reception, main waiting and visitor amenities. The main reception should oversee the main entrance and waiting areas and be identifiable from the entry point to the Unit. Support areas for administrative staff (e.g. health care records) will be collocated. Reception staff should be able to control access to patient treatment areas. Larger services may decentralise some waiting space closer to clinic pods.
Self-registration and wayfinding systems may be located in this zone.

PATIENT AREAS
Patient areas include a range of generic rooms defined by service requirements and include interview, consult and treatment rooms. These rooms should be readily accessible from waiting areas.
A medical day treatment centre may provide patient bed spaces to undertake treatments, selected procedures and recovery activities. This area should contain a staff base which oversights bed bays and patient amenities. A patient holding bay may be collocated.
The scale of the service and the number of rooms will influence the arrangement of space.

CLINICAL SUPPORT AREAS
Clinical support areas include a range of support spaces such as utilities and storage. The number and distribution of rooms will be dependent on the scale of the service.

STAFF AREAS
This area includes staff office space and amenities. These areas will not be accessed by patients and should be secured.

02.05 Functional Relationships

EXTERNAL
When located on a healthcare campus, a location close to a main entrance is ideal with a vehicle drop-off point. Other external relationships may depend on the size and scale of the service. In some cases, inpatients may access selected services (e.g. diagnostics) or patients may need to travel to services such as medical imaging. In addition, patients transferred from residential aged care may be held in the Ambulatory Care Unit while awaiting care, but may also be held in a transit lounge awaiting an ambulance transfer.

INTERNAL
Within the Unit:

- the entry/reception/waiting area must be designed to promote patient flow and allow patients to move easily to and from the treatment areas;
- the patient areas must be organised so staffing efficiencies can be achieved (e.g. adjacent to clinical support areas); and
- the staff areas must allow staff to easily move to and from the patient area, and the entry/reception/waiting zone.

03 DESIGN

03.01 Accessibility

EXTERNAL
The entrance to the Ambulatory Care Unit will require all-weather protection and allow for vehicle drop-off.

Depending on the services located within the Ambulatory Care Unit (e.g. clinical diagnostic services), facilities may also be accessed by inpatients or bed bound residents from residential aged care facilities. Access for these patients needs to be considered in the design to separate ambulatory and bed movements.

03.02 Parking

This clause is currently not applicable, but has been included for consistent HPU clause numbering.

03.03 Disaster Planning

For information on disaster management refer to Part B: Section 80 General Requirements.

03.04 Infection Control

Consideration of infection control is important in the design and operation of an Ambulatory Care Unit. Infection control considerations specific to an Ambulatory Care Unit include:

- hand hygiene facilities, including basins and alcohol-based hand rub, readily available in all clinical areas;
- clean and dirty flows within clinical rooms such as consult, treatment and procedure rooms; and
- shared use of treatment spaces. For example, in smaller services, renal dialysis and infusion services may operate in the same environment. To avoid issues associated with these arrangements, patients may be scheduled at different times.

For additional information refer to jurisdictional policies as well as:

- Part D: Infection Prevention and Control (2015); and
- NHMRC, 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010).

03.05 Environmental Considerations

ACOUSTICS
Many functions undertaken within an Ambulatory Care Unit require consideration of acoustic privacy including:

- discussions / interviews with patients;
- exclusion of disturbing or distracting noises during patient consultations / treatment;
- isolation of noisy areas such as public waiting; and
- staff discussions regarding patient information.

Solutions to be considered include:

- selection of sound absorbing materials and finishes;
- use of sound isolating construction;

- planning separation of quiet areas from noisy areas; and
- changes to operational management.

NATURAL LIGHT
Natural lighting should be maximised throughout the Unit as it:

- contributes to a sense of wellbeing;
- assists users in orientation; and
- improves service outcomes.

INTERIOR DECOR
Some colours and patterns can be disturbing to some patients. Colour schemes should not negatively impact on clinical observation in consultation and treatment areas.

03.06 Space Standards and Components

ERGONOMICS
Refer to Part C: Section 730, Human Engineering.

HUMAN ENGINEERING
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 Part C: Section 730, Human Engineering.

ACCESS AND MOBILITY
Many patients visiting an Ambulatory Care Unit may use various aids to assist with mobility. These mobility aids should be allowed for in spatial allocations and room and corridor dimensions. It is important to consider where mobility aids will be stored while treatment is in progress.
A mobile or ceiling mounted hoist should be available in a selected consult or treatment room to assist in the movement of immobile or bariatric patients.
The management of bariatric patients will need to be considered to ensure a safe and dignified environment is provided.
Refer to Part C: Section 710, Design for Access, Mobility, OHS and Security.

DOORS
Doorways must be positioned, oriented and dimensioned 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. While a clear opening of 910 mm will be sufficient in most cases, a clear opening of 1,400 mm will be required to provide access and room to manoeuvre large wheelchairs, trolleys and beds etc.
Refer to Part C: Section 710, Design for Access, Mobility, OHS and Security.

03.07 Safety and Security

SAFETY
Ambulatory Care Units 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.
The facility, furniture, fittings and equipment must be designed and constructed in such a way that users of the facility are not exposed to avoidable risks of injury.
While ambulatory care spaces may be accessed by patients with mental health conditions, the facility will not routinely be designed with mental health finishes. It is expected most spaces will not be dedicated and will be shared where possible. A second egress from interview, consult and treatment rooms must be included where there is a risk that patients may become violent.
Services that operate outside of normal business hours should be located within the Ambulatory Care Unit to maximise the safety of staff and patients.

SECURITY
The configuration of zones should offer a high standard of security by grouping like functions and controlling access to clinical and staff areas within the Ambulatory Care Unit using access control systems. Reception desks and staff stations should oversight entry points and waiting areas.

Larger services may benefit from providing smaller distributed waiting spaces that can reduce noise and stress.
Duress alarm system points should be located at each reception, staff station and within each patient space such as a consult or interview room. The furniture within the room should be arranged so staff can exit quickly and easily.
Security issues to be considered in Ambulatory Care Units are detailed in the Security Checklist in the Appendices.
Also refer to Part C: Section 790, Safety and Security Precautions.

03.08 Finishes

WALL PROTECTION
For further information relating to wall protection, refer to Part C: Section 710, Space Standards and Dimensions.

FLOOR FINISHES
Floor finishes should suit the function of the space. For further information relating to floor finishes, refer to Part C: Section 710, Space Standards and Dimensions.

CEILING FINISHES
Ceiling finishes should be selected with regard to appearance, cleaning, acoustics and access to building services. In most cases, acoustic ceiling tiles will be used. For further information relating to ceiling finishes, refer to Part C: Section 710, Space Standards and Dimensions.

03.09 Fixtures, Fittings & Equipment

Room Data and Room Layout Sheets in the AusHFG specify fixtures, fittings and equipment (FFE).

The FFE specified for each clinical space should consider:

- generic approaches where possible to increase utilisation and flexibility; and
- specialist requirements that will influence fixed equipment and minimum dimensions of particular rooms (e.g. ophthalmology consult room).

Refer to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) as well as:

- Part C: Section 710, Space Standards and Dimensions; and
- Part F: Section 680 Furniture Fittings and Equipment.

03.10 Building Service Requirements

INFORMATION AND COMMUNICATIONS TECHNOLOGY
This Unit will manage a diverse range of patients. When located on a healthcare campus it may have functional links to many other departments. Reliable and effective information and communications technology systems are essential for the efficient and effective functioning of the Unit.
Unit design should address information technology and communications issues including:

- electronic health care records;
- hand-held computers or tablets;
- electronic booking systems;
- self-registration and/or wayfinding systems;
- telehealth, either fixed or mobile solutions;
- Picture Archiving Communication System (PACS);
- Patient Administration System (PAS);
- paging, messaging and personal telephones replacing some aspects of call systems;
- point of care clinical systems including medication scripts and diagnostic requests;
- logistics systems such as pneumatic tube systems;
- communication and wayfinding systems; and

- bar coding for supplies.

All clinical rooms will need to be equipped or made ready for the equipment necessary to support electronic health records, prescribing and booking systems. Local jurisdictions may choose to centralise printing equipment rather than providing these in each clinical room. Selected clinical and meeting spaces should be suitable for the use of fixed or mobile telehealth systems.
Also refer to Part B: Section 80 General Requirements.

CALL SYSTEMS AND MESSAGING
All clinical spaces should have access to a call system that:

- includes emergency call so staff can summon urgent assistance; and
- allows patients and staff to alert nurses and other health care staff.

Call systems must be designed and installed to comply with Standards Australia, 1998, AS 3811 - Hard wired Patient Alarm Systems.

ELECTRICAL INTERFERENCE
The electrical power distribution system in the Ambulatory Care Unit has the potential to cause interference to electro-diagnostic equipment such as electrocardiographs (ECG), electroencephalographs (EEG), electromyographs (EMG) and other diagnostic equipment.
Every effort should be made to ensure diagnostic rooms are located distant from high current plant and equipment (e.g. as lifts, medical imaging equipment, air conditioning machinery), electrical distribution boards, local switchboards, low voltage or high voltage feeder cables and any other source of mains frequency radiation.

04 COMPONENTS OF THE UNIT

04.01 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

04.02 Non-Standard Components

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. These non-standard components for Ambulatory Care Units are detailed below.

PATIENT BAY - HOLDING
Description and Function
A patient bay for holding of patients on trolleys pre or post treatment and/or consultation.
This space is optional and depends on operational policy. It may be used for patients from other facilities such as residential aged care facilities.

Location and Relationships
The Patient Bay - Holding should have direct access to the reception area and toilets and be directly accessed from the airlock (where provided). Visibility from the reception area is required for both security and patient assistance. Patient dignity and privacy must be considered and an agreed level of both visual and acoustic privacy should be achieved.

TREATMENT ROOM - MENTAL HEALTH
Description and Function
A treatment room which is used to store medications and for treatment of mental health patients (e.g. injections). A secondary egress door is required. Lockable storage is required for medications including an imprest store and drug safe for accountable drugs. Other requirements include an examination couch and some storage for consumables. Medical gases will not routinely be provided.

Location and Relationships
This room should be located near other clinical rooms used by mental health services. It can be used by other services when not required for mental health treatments.

AX APPENDICES

AX.01 Schedule of Accommodation

The services profile and size of an Ambulatory Care Unit varies depending on the service location and role delineation/service level.

A generic Schedule of Accommodation is shown below and lists generic spaces that can be combined to form an Ambulatory Care Unit. Sizes and quantities of each space will be determined in accordance with service need and operational policy.

The 'Room/ Space' column 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 Code	Room / Space	SC / SC-D	Qty x m2	Qty x m2	Qty x m2	Remarks
			6 Rooms	12 Rooms	16 Rooms	
AIRLE-10	Airlock - Entry, 10m2	Yes	1 x 10	1 x 10	1 x 10	Only provided when located on a stand-alone site or where a dedicated external entry is provided.
RECL-10	Reception / Clerical, 10m2	Yes	1 x 9	1 x 9	1 x 12	
STFS-10	Store - Files, 10m2	Yes	1 x 6	1 x 8	1 x 10	Not required if paperless systems are being used.
WAIT-20	Waiting, 20m2	Yes	1 x 15	1 x 28	1 x 40	Waiting will be arranged to achieve separation between groups and ages.
PLAP-10	Play Area - Paediatrics, 10m2	Yes	1 x 10	1 x 10	1 x 10	
BWD-1	Bay – Water Dispenser	Yes	Shared	1 x 1	1 x 1	
WCAC	Toilet - Accessible, 6m2	Yes	1 x 6	1 x 6	1 x 6	
WCPU-3	Toilet - Public, 3m2	Yes	1 x 3	1 x 3	2 x 3	
PAR	Parenting Room	Yes	Shared	Shared	1 x 6	Optional inclusion if not located nearby.
	Discounted Circulation %		32%	32%	32%	

PATIENT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Qty x m2	Qty x m2	Remarks
	Outpatient Clinics		6 Rooms	12 Rooms	16 Rooms	See Note 1 above.
CONS	Consult Room	Yes	5 x 12	10 x 12	12 x 12	
INTF	Interview Room	Yes	1 x 12	1 x 12	1 x 12	See Note 2 above.
TRMT	Treatment Room	Yes	-	1 x 14	2 x 14	
	Treatment Room - Mental Health		1 x 14	1 x 14	1 x 14	Inclusion only needed where community mental health services are part of the scope.
MEET-L-20	Meeting Room, 20m2	Yes	-	1 x 20(o)	1 x 20(o)	Use for group activities and/or education.
WCPT	Toilet - Patient, 4m2	Yes	1 x 4	1 x 4	1 x 4	Additional visitor amenities are provided at the entry.
	Medical Day Treatment		4 Spaces	6 Spaces	12 Spaces	See Note 2 above.
TRMT-CHE	Treatment Bay	Yes	4 x 9	5 x 9	11 x 9	Acute treatment spaces; may include dialysis chair.
1BR-H-12	1 Bed Room, 12m2	Yes	-	1 x 12	1 x 12	Allocation is indicative only and inclusion will be dependent on local requirements.
ENS-ST	Ensuite - Standard, 5m2	Yes		1 x 5	1 x 5	
PBTR-H-6	Patient Bay - Holding, 6m2		1 x 6	1 x 6	1 x 6	Pre/post treatment; inclusion depends on operational policy.
WCPT	Toilet - Patient, 4m2	Yes	1 x 4	1 x 4	2 x 4	Additional visitor amenities are provided at the entry.
	Discounted Circulation %		32%	32%	32%	

Notes:

- Note 1: The clinical rooms indicated below are indicative only.
- Note 2: Add 2m2 if rooms are used for mental health services. Additional space allocated for second egress.
- Note 3: In smaller health services, medical day treatment spaces and rooms may be used for a variety of functions including IV therapy services, chemotherapy and renal dialysis.

CLINICAL SUPPORT

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Qty x m2	Qty x m2	Remarks
			6 Rooms	12 Rooms	16 Rooms	
BBEV-OP	Bay - Beverage, Open Plan, 4m2	Yes	1 x 4(o)	1 x 4(o)	1 x 4(o)	May be shared between entry and treatment areas.
BLIN	Bay - Linen	Yes	1 x 2	1 x 2	1 x 2	Includes storage for pillows.
BPATH	Bay - Pathology	Yes	-	-	1 x 3(o)	Optional.
BRES	Bay - Resuscitation	Yes	1 x 1.5	1 x 1.5	1 x 1.5	
CLRM-5	Cleaner's Room, 5m2	Yes	Shared	Shared	1 x 8	Shared with an adjacent service.
CLUR-12	Clean Utility / Medication Room, 12m2	Yes	1 x 10	1 x 12	1 x 14	Incl. medications, may also be used for pre-packaged cytotoxic drug storage.
DTUR-S	Dirty Utility - Sub, 8m2	Yes	1 x 8	1 x 8	1 x 10	May include Disposal Room function when dedicated room not provided.
DISP-8	Disposal Room, 8m2	Yes	Shared	Shared	1 x 8	Shared with an adjacent service.
OFF-CLW	Office - Clinical Workroom	Yes	-	-	1 x 12	Staff work, handovers, etc.
SSTN-10	Staff Station, 10m2	Yes	1 x 8	1 x 10	1 x 12	
STEQ-14	Store - Equipment, 14m2	Yes	1 x 8	1 x 9	1 x 12	Combined.
STGN-9	Store - General, 9m2	Yes	-	-	1 x 9	
	Discounted Circulation %		32%	32%	32%	

Notes:

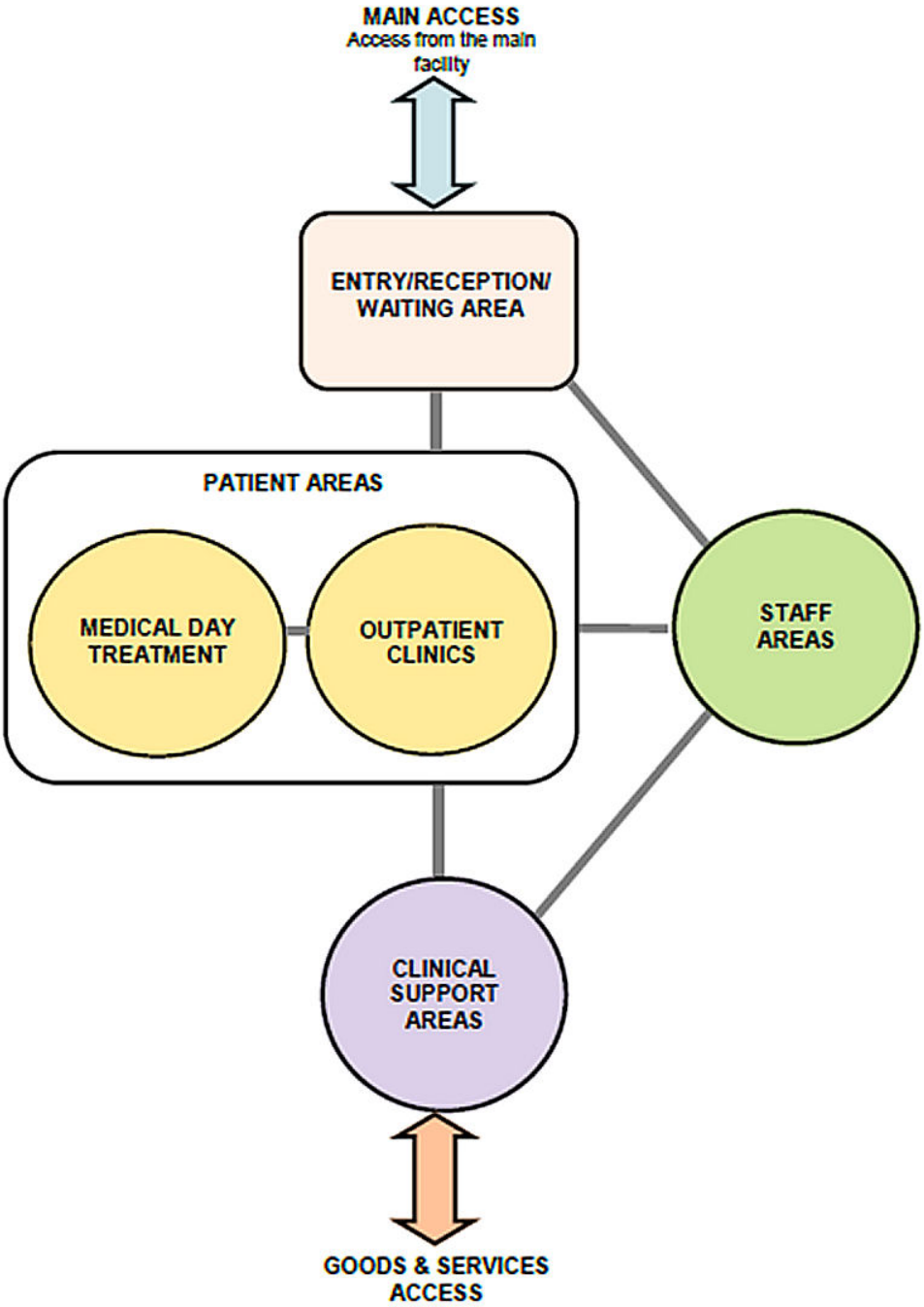
- Note 4: For specific requirements to support renal dialysis service or chemotherapy production, refer to HPU 620 Renal Dialysis Unit and HPU 560 Pharmacy Unit. This information has not been included in this Schedule of Accommodation.
- Note 5: Services with large teaching roles may require a staff only corridor or similar arrangement to facilitate supervision and easy access. This space has not been included in the clinical support space.

STAFF AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Qty x m2	Qty x m2	Remarks
			6 Rooms	12 Rooms	16 Rooms	
MEET-L-20	Meeting Room, 20m2	Yes	-	-	1 x 18	
OFF-S9	Office - Single Person, 9m2	Yes	-	-	1 x 9	Optional. Nursing Manager, dependent on local management arrangements.
	Office – Workstation, 5.5m2		-	1 x 5.5	1 x 5.5	
	Office – Workstation, 4.4m2		1 x 4.4	1 x 4.4	1 x 4.4	
PROP-2	Property Bay - Staff	Yes	1 x 2	1 x 2	1 x 2	Indicative only and space allocation will be dependent on staff numbers and local policies.
WCST	Toilet - Staff, 3m2	Yes	Shared	1 x 3	1 x 3	Number in accordance with staff profile.
	Discounted Circulation %		32%	32%	32%	

AX.02 Functional Relationships / Diagrams

The following diagram illustrates the relationships between functional areas in an Ambulatory Care Unit.



AX.03 Checklists

A security checklist for an Ambulatory Care Unit is attached to this document. Refer also to AHIA, 2010, AusHFG Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/%5bC-0710%5d%20Space%20Standards%20and%20Dimensions.pdf

AX.04 References

- AHIA, 2010, AusHFG Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW AHIA, 2010, AusHFG Part B: Section 80 General Requirements, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW
- AHIA, 2010, AusHFG Part D: Infection Prevention and Control, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW
- AHIA, 2010, AusHFG Part C: Section 730, Human Engineering, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 2010, AusHFG Part C: Section 710, Design for Access, Mobility, OHS and Security, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 2010, AusHFG Part C: Section 710, Space Standards and Dimensions, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW AHIA, 2010, AusHFG Part C: Section 790, Safety and Security Precautions, AHIA, AHIA, Sydney, NSW AHIA, 2010, AusHFG Part F: Section 680 Furniture Fittings and Equipment, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 0001, AusHFG: Standard Components - Room Data Sheets (RDS) and Room Layout Sheets (RLS), Australasian Health Facility Guidelines, AHIA, North Sydney, NSW NHMRC, 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010), Australian Government, Canberra, Australia
- Standards Australia, 1998, AS 3811 - Hard wired Patient Alarm Systems, Standards Australia, Sydney, Australia

ATTACHMENTS

Attachments

SECURITY CHECKLIST FOR AMBULATORY CARE UNIT

FACILITY	DEPARTMENT: Ambulatory Care
RISK ISSUE	**DESIGN RESPONSE**
1. Is access to patient records restricted to staff entitled to that access?	
2. Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
3. Are drug safes, where required, installed in accordance with current regulations?	
4. How is this area secured during and after hours?	
5. Are there lockable storage areas available for specialised equipment?	
6. Is lockable space in pedestal or lockers provided for storage of staff personal effects?	
7. Is waiting area appropriately designed to include, where appropriate: – barrier between patients and staff; – appropriate seating for patients; – absence of loose fittings; – vending machines; – TV	
8. Are consult/ treatment and interview rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
9. Is there an adequate duress alarm system that meets required standards?	
10. Are offices for Post-Acute Care staff (if provided) who work after hours, easily accessible to secure entry point, toilets and beverage area?	
11. Is a secure entry point provided for after-hours staff, including movement between car parking areas and the facility?	

DESIGN COMMENTARY / NOTES	DESIGN SIGN-OFF
	Name: ..... Position: ..... Signature: ..... Date: .....
	Name: ..... Position: ..... Signature: ..... Date: .....
	Name: ..... Position: ..... Signature: ..... Date: .....