Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0255 - Community Health

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

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

01.02 Introduction

The Community Health HPU outlines requirements and considerations to assist in the planning and design of community health centres.
Primary health care is generally the first level of care or first point of contact for patients in the health system. Primary health care is delivered by a wide range of public and private providers in community settings.
The Commonwealth Government recognises the number and range of available services makes it difficult for both patients and providers to navigate the health system. Under the National Primary Health Care Strategy, the Commonwealth Government intends to work in partnership with states and territories to strengthen the primary health care system. A key theme of these reforms involves developing networks and partnerships to provide an integrated service across service providers (and funders), in order to meet the needs of individual patients.
Community health centres should be planned and designed to deliver integrated primary and community services. This service integration may, in some cases, extend to partnerships with other health and social care agencies or include services that have traditionally been provided in acute care settings.
This document seeks to provide guidance on the range of services and facilities that may be provided in community health centres. The services profile for most centres will be unique and may contain services ranging from primary health care services (e.g. oral health services) through to complex treatment services (e.g. renal dialysis). Increasingly, community health centres provide a 'hub' from which many home-based and outreach services are delivered.
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 and Section 90 Standard Components, Room Data Sheets and Room Layout Sheets;
- Part C: Design for Access, Mobility, OHS and Security;
- Part D: Infection Prevention and Control; and
- Part E: Building Services and Environmental Design.

This HPU outlines requirements for planning and designing community health centres. Centres may also contain facilities that are more comprehensively outlined in other HPUs which address service specific needs including:

- HPU 250 Ambulatory (Community/Outpatient) Mental Health Unit;
- HPU 140 Rehabilitation/ Allied Health;
- HPU 620 Renal Dialysis Unit;
- HPU 155 Ambulatory Care Unit; and
- HPU 280 Oral Health Unit.

01.03 Policy Framework

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

Additional information relating to state and territory policies and guidelines are listed in the Appendices in Further Reading and in the References sections.
Project staff are encouraged to familiarise themselves with policies applicable to their own jurisdiction in particular, to ensure that plans and design reflect the local requirements.
The policies and guidelines relevant to this HPU document are:

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

01.04 Description

DESCRIPTION OF HEALTH PLANNING UNIT
Community health centres (hereafter referred to as a 'Centre') range from small single service sites through to complex multiservice units. Community health services typically deliver public health and ambulatory care services to non-admitted patients in community settings.
A Centre should provide suitable accommodation to facilitate the delivery of health and related services to patients, while also providing a safe and supportive environment for staff. A broad range of activities will be provided from Centres including assessment, diagnostic services, treatment, counselling, health education and group programs.
Requirements will be determined by a clinical services plan that details the range of services to be provided and the associated models of care.
Services may be delivered in stand-alone buildings in the community, located on a hospital site or collocated with other health and human service providers (private, public and non-government organisations/ NGOs). Centres may also provide a physical base for services that provide outreach such as home-based care.
When planning a new Centre, project teams should consider future service delivery options (e.g. telehealth initiatives) population trends and the associated health needs.

POPULATION PROFILE
A Centre will support:

- patients, carers and next-of-kin;
- community groups;
- staff; and
- visiting clinicians.

The patient population may range from babies to the elderly. These individuals will present with a range of health needs and many will come from a variety of cultural backgrounds. Services should therefore be arranged to facilitate easy access and support provision of culturally appropriate care. The range of patients that will use services must be identified during the briefing stages so that the services and facilities are planned to support their needs.
A consumer consultation process will assist in ensuring the services to be provided meet realistic consumer expectations. The process will also highlight community groups' requirements for access to services, which is usually (but not limited to) outside normal working hours.

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

- Aboriginal health services;
- Aboriginal maternal and infant health services;
- allied health services including physiotherapy, occupational therapy, social work, dietetics, speech pathology, podiatry, and audiology services;
- medical clinics and post-acute care services such as intravenous therapy services;
- child, youth and family services, including antenatal / postnatal clinics/ outreach, child assessment, early childhood services, immunisation, child protection services (including developmental services), early intervention services, child protection counselling and youth health services;

- aged care and rehabilitation services, including aged care assessment teams (ACAT), dementia services, falls prevention;
- chronic disease management services;
- continence services;
- counselling services;
- communicable disease services;
- oral health services;
- health promotion and education;
- health-related transport;
- HIV/AIDS services;
- home nursing/midwifery services;
- men's health services;
- mental health and drug and alcohol services (non-inpatient services), including, adolescent mental health, child mental health (including early intervention services), early intervention programs, adult acute and recovery programs, older persons mental health programs, eating disorder programs, crisis teams, and alcohol and drug treatment programs (including drug diversion programs), and social health services;
- multicultural health services;
- palliative care;
- chemotherapy;
- primary medical services (GPs);
- renal dialysis;
- sexual assault counselling services;
- sexual health services including needle and syringe programs;
- stomal therapy services;
- women's health services, including family planning and screening services such as BreastScreen; and
- community development (capacity building, community participation).

These services may be delivered by:

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

02 PLANNING

02.01 Operational Models

INTEGRATION AND FLEXIBILITY
Where possible, services delivered from Centres should be integrated rather than arranged by service type. Exceptions include services where specialised facilities are required (e.g. dental chairs, podiatry chairs and haemodialysis treatment spaces).
Where possible a range of bookable spaces will be provided to undertake:

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

The location of selected services (e.g. needle and syringe services) will need to balance competing needs. Centres may also accommodate mobile visiting services such as BreastScreen. These services will require a parking bay and power.

FLEXIBILITY
The mix of services, service models, and demand for services will change over time. Approaches that cluster client treatment space in a single area can promote flexibility.
Sharing of facilities between different services within a Centre should be maximised (e.g. reception and waiting areas, interview, treatment and meeting rooms and staff amenities). This will reduce the underutilisation of space and will also promote collaboration and interaction between services. Even so, services with high patient volumes may benefit from a decentralised reception and sub-waiting area.

02.02 Operational Policies

GENERAL
The development of operational policies will help to define how a Centre will operate. The following issues should be considered in identifying the models of care to be implemented and developing the operational model for the Centre, as they will all impact the configuration of the Centre and overall space requirements. Operational policies should be developed as part of the project planning process. For further information refer to AHIA, 2010, AusHFG Part B: Section 80 General Requirements.

HOURS OF OPERATION
Most patient services will be delivered Monday to Friday from 8.00am to 5.00pm. Selected services will provide care in the evenings and weekends. Some services (e.g. crisis counselling and intake services) may require staff to be in attendance 24 hours a day.
Out of hours access may be required on a planned basis for community groups, voluntary organisations and/or other specific activities.

ROOM BOOKINGS – CLINICAL AND SUPPORT
When planning room requirements, an occupancy rate of 80 percent is often applied as it is assumed that all rooms will not be fully utilised all day, every day.
A room booking system will be needed for both patient and shared staff space (e.g. meeting rooms) to maximise room utilisation. Even so, room numbers may be influenced by service delivery models (e.g. a drop-in service).
A range of rooms will be required to support one-on-one consultations and family groups. Larger rooms will be required for group activities. All rooms, where possible, should be generic to promote flexible use.
Storage for equipment and materials should be provided preferably within, or in close proximity, to these rooms. For discipline or specialty specific equipment and resources, storage should be lockable.

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

OFFICE ACCOMMODATION

Ideally staff office space will be provided in a 'staff only' zone so that the area can be secured when not in use. Separation from treatment areas will also ensure confidential conversations between staff members are not overheard by the public.
Jurisdictional office policies should apply when determining office accommodation. However, local policies based on the overarching policy should reflect the pattern of work in the proposed Centre. In some jurisdictions, staff providing an intake service (such as primary health and community mental health) will require access to an office when undertaking this role.
In most cases, office planning will be underpinned by the following principles:

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

FLEET VEHICLES

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

VISITOR AMENITIES

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

STAFF AMENITIES

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

02.03 Planning Models

GENERAL PRINCIPLES

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

LOCATION

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

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

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

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

DETERMINING CLINICAL ACCOMMODATION

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

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

Projected service activity will then be used to determine the number of rooms required by type.
Where possible, building design must be flexible and adaptable to enable a Centre to cater for varying patient and service needs and future service delivery changes. That is, the local community and population context. The design philosophy for a Centre, which is part of the local community, will convey a friendly and inviting environment that will encourage community members to utilise the available facilities for a variety of purposes.
The design should facilitate a multidisciplinary and collaborative service model, promoting the delivery of an integrated service.

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

- an individual office for the Centre Manager, if provided;
- staff with significant supervisory responsibilities (e.g. service managers), may be allocated a dedicated office;
- staff providing an intake service (such as community mental health intake) may require access to an office when undertaking this service; all other staff may be assigned a workstation or access to 'hot desks' as part of an open plan office arrangement; and
- workstations will generally be 5.5m2 for administrative and other office based staff, and (as a guide) 4.4m2 for all other staff who share their time between client and office based activities.

However, individual services may have different requirements and this should be determined at the planning stage. Staff working in open plan office environments will need access to breakout areas for peer support and case management discussions.

02.04 Functional Areas

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

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

MAIN ENTRY/ RECEPTION AREA
This zone will include the main visitor entrance to the facility, reception, office and support space for administration staff, waiting areas and visitor amenities. The reception should oversee the main entrance and waiting areas. Larger, busy centres may choose to separate face-to-face and main “switch” services. These staff will need ready access to the active file store to retrieve medical records.
Reception staff will be able to control patient access to consultation and other treatment areas. In larger Centres, waiting areas will be configured to allow some separation between groups and in particular allow separate waiting areas to accommodate children.

PATIENT AREAS
Patient areas will contain a range of generic rooms defined by service requirements including interview, consult and treatment rooms. In addition, this zone may contain specialised spaces including dental surgeries, renal dialysis spaces and gyms.
The scale of the facility and the number of rooms will dictate the arrangement of this space. In addition to patient rooms and spaces, staff will require access to clinical support space including utilities and lockable storage, including cupboards. Again, planning of this space is dependent on the scale of the facility.
Patient consult and interview rooms will need to be arranged so that staff can exit rooms easily when they feel unsafe. This may be through the provision of a second door or the arrangement of furniture within the room. A risk assessment will inform the number and types of rooms requiring a second egress point. In most jurisdictions, rooms used for mental health consultations are required to have a second egress point.

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

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

02.05 Functional Relationships

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

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

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

INTERNAL
The Centre will allow visitors to easily move to and from main entry/reception area and patient areas. Optimum internal relationships include:

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

03 DESIGN

03.01 Accessibility

EXTERNAL
There should be a single pubic entry point to the Centre that is easily identifiable. Selected services may require an alternate entry point (e.g. opioid treatment services). The main entry should have weather protection and allow for drop-off.
A dedicated staff entry is desirable, especially in larger Centres. This entry may be in use out-of-normal business hours so the location in relation to car parking requires consideration.
Depending on the size and services profile of the Centre, a dedicated access for deliveries and collection of waste will be required.

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

03.02 Parking

The planning and design of Centres will consider:

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

Security issues need to be addressed when planning for after-hours parking in particular.
For information relating to staff parking refer to Part C: Section 790, Safety and Security Precautions.

03.03 Disaster Planning

The potential role of Centres in disaster management situations should be assessed. Services will need to develop a disaster management plan or business continuity plan.
Attributes which make these facilities potentially useful in a disaster situation include:

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

For additional issues to be considered refer to Part B: Section 80 General Requirements.

03.04 Infection Control

Consideration of infection control is important in the design and operation of community health centres.
Hand hygiene facilities, including basins and alcohol based hand rubs, must be readily available to staff and patients.
Additional considerations may be required for services such as oral health, podiatry, and procedures. This may include sterilization equipment.

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

- Part D: Infection Prevention and Control;
- HPU 620 Renal Dialysis Unit; and
- HPU 280 Oral Health Unit.

03.05 Environmental Considerations

ACOUSTICS
Acoustic privacy is required within Centres to facilitate:

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

As a general rule planners should ensure that conversations within patient treatment areas cannot be overheard by others.
Solutions to be considered include:

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

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

PRIVACY
The facility should be designed to:

- ensure confidentiality of client discussions and health care records;
- provide discrete sub-waiting areas for clients wishing or needing to be separated;
- enable the reason for attendance to be kept confidential (made easier through use of generic interview/consult rooms); and
- locate windows and doors to ensure privacy of clients, while maintaining the safety of staff.

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

03.06 Space Standards and Components

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 790, Safety and Security Precautions.

ERGONOMICS
Refer to the Ergonomics section of AHIA, 2010, AusHFG Part C: Section 730, Human Engineering.

ACCESS AND MOBILITY
Wheelchair and pram access from car parks and drop-off / pick-up zones is required.
Refer to Part C: Section 730, Human Engineering.
Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The Centre will include access for people with disabilities as required in:

- ABCB, The Building Code of Australia; and
- Australian Government, 2005, Disability Discrimination Act 1992.

DOORS
Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage to the doorway or the item being moved, and without creating manual handling risks.
Refer to Part C: Section 710, Design for Access, Mobility, OHS and Security.

WINDOWS
Careful attention should be given to windows in patient interview and treatment rooms to preserve privacy for occupants.
For further details refer to Part C: Section 710, Design for Access, Mobility, OHS and Security.

CORRIDORS
Refer to Part C: Section 710, Space Standards and Dimensions.

03.07 Safety and Security

SAFETY
The Centre should provide a safe and secure environment for visitors and staff while promoting a non-threatening and supportive atmosphere conducive to the delivery of services.
Patients will have varying levels of physical and cognitive capabilities. They may be frail, affected by medication or confused.
The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.
Refer to Part C: Section 790, Safety and Security Precautions.

SECURITY
The configuration of spaces and zones should offer a high standard of security by grouping like functions, controlling access and egress from the Centre and providing optimum observation for staff.
The level of observation and visibility has security implications.
Planning should allow for after-hours access to public areas and services without compromising security of the entire building or staff within it. CCTV will generally be required at entries, in waiting rooms and car parks.
A risk assessment should be undertaken to determine if additional measures are needed (e.g. a secondary egress in patient interview and treatment spaces). Many jurisdictions may require a secondary point of egress for staff treating individuals with mental health conditions. Where no specialist mental health services are provided, an intake room and selected consult/ interview rooms may be designed with dual egress capability.
Refer to Part C: Section 790, Safety and Security Precautions.
Security issues to be considered in Centres are detailed in an attachment in the Appendices at the end of this document.

03.08 Finishes

WALL PROTECTION
For information and details refer to Part C: Section 710, Space Standards and Dimensions.

FLOOR FINISHES
Floor finishes should be appropriate to the function of the space. Consideration must be given to the appearance and quality of environment required e.g. non-institutional, acoustic performance, slip resistance, consequences of patient falls, infection control, the movement of trolleys and maintenance.
Refer to Part C: Section 710, Space Standards and Dimensions.

CEILING FINISHES
Ceiling finishes should be selected with regard to appearance, cleaning, infection control, acoustics and access to services in most cases acoustic tiles will be used.
For more details refer to Part C: Section 710, Space Standards and Dimensions.

03.09 Fixtures, Fittings & Equipment

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

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

03.10 Building Service Requirements

INFORMATION TECHNOLOGY / COMMUNICATIONS
Facility design should address the following information technology and communications issues:

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

All clinical rooms, interview rooms and clinician workstations will require data outlets to enable the adoption of electronic health care records. The design of selected clinical and meeting spaces should be suitable for the use of either fixed or mobile telehealth systems.
It is likely that staff providing outreach services (including community nursing and allied health staff) will in future use handheld computers and/or tablets. Readily available wireless internet connections, secure storage and adequate charging stations will be required to support these work practice changes.
The provision of telehealth services from Centres is also a key service delivery trend. This technology may be fixed or mobile and the equipment used to:

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

Refer to Part B: Section 80 General Requirements.

NURSE CALL
The need for provision of a call system in clinical rooms and treatment areas that allows clients and staff to alert other health care staff should be considered.
Nurse call systems must be designed and installed to comply with Standards Australia, 1998, AS 3811 - Hard wired Patient Alarm Systems.

DURESS ALARM SYSTEM
Duress alarms should be provided in accordance with local jurisdiction policy. Duress alarms will be required at all reception points and client treatment areas, where a staff member may be alone with a client.
Refer to Part C: Section 790, Safety and Security Precautions.

AIR-HANDLING
Air-handling systems within the Centre should be installed on a 'zone' (or smaller) basis rather than facility-wide, to enable flexible operations according to service needs.
For more details refer to Section 860.2.00 in Part D: Infection Prevention and Control.

ELECTRICAL REQUIREMENTS
The following range of electrical systems should be considered:

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

Visiting mobile services such as BreastScreen may require access to a Phase 3 power outlet to operate the service. For more details refer to Part E: Section 3, Electrical.

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 Centres are detailed below.

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

Location and Relationships
This is to be provided at the Main Entry to the building.

EXTERNAL AREAS
Description and Function
Outdoor areas, such as drought resistant gardens, courtyards and terraces should (where feasible) be provided to give a pleasant setting for the building. Consideration should be given to the cultural needs of the local community.
Planners are recommended to refer to Queensland Health, 2008, Guidelines for the Planning, Design and Building of Primary Health Care Facilities in Indigenous Communities.

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

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

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

The room requires a significant viewing panel that will be treated in order for staff to observe from the observation room but clients cannot see observation room occupants.
Audio connection is also required for those in the observation room to listen-in to the client-staff interaction.

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

TELEHEALTH CONSULTING ROOMS
Description and Function
A room (or rooms) suitable for the provision of telehealth consulting is recommended. These rooms will be large enough to accommodate a client, carer and member of staff with sufficient space and light for all parties to be clearly viewed by the remote clinician/client.
Appropriate technology connection will be required to facilitate the telehealth communication.

Location and Relationships
Telehealth consulting rooms should have adequate acoustic privacy to maintain confidentiality and privacy. Design of these rooms should consider the following:

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

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

Location and Relationships
Separate from the Main Entrance.

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

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

AX APPENDICES

AX.01 Schedule of Accommodation

The content and size of a community health centre varies depending on the location, services provided and patient throughput.
A schedule of accommodation follows that lists generic spaces that can be combined to form a community health centre. Sizes and quantity of each space will need to be determined on a case by case basis.
When a Centre requires specialist services requiring specialist rooms, this information will be found in other HPUs such as:

- AusHFG Part B: HPU 250 Ambulatory Mental Health Unit;
- AusHFG Part B: HPU 140 Rehabilitation/ Allied Health;
- AusHFG Part B: HPU 620 Renal Dialysis Unit;
- AusHFG Part B: HPU 155 Ambulatory Care Unit; and
- AusHFG Part B: HPU 280 Oral Health Unit.

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.

MAIN ENTRANCE AND WAITING AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
	Entry Canopy		1 x 30	Allows for ambulances
AIRLE-10	Airlock - Entry, 10m2	Yes	1 x 10	
	Main Entry		1 x 12	Directly adjacent to reception and waiting area.
RECL-15	Reception / Clerical, 15m2	Yes	1 x 20	Up to 4 staff - may include administration function, or combined administration/clerical staff.
STFS-20	Store - Files, 20m2	Yes	20	Active medical records, secure, ready access from reception and clinical areas. Storage and layout needs to be compliant with standards. Size assumes that some services utilising electronic medical record systems.
STFS-10	Store - Files, 10m2	Yes	15	Archived medical records, secure, may be remote from main work areas. Size assumes that some services utilising electronic medical record systems.
OFF-4P	Office - 4 Person Shared, 20m2	Yes	20	Administration: size varies according to size of facility, may be combined with reception function.
OFF-S9	Office - Single Person, 9m2	Yes	9	Centre Manager; if provided, adjacent to Reception and administration areas.
WAIT-30	Waiting, 30m2	Yes	30	20+ clients, prams, etc. information display, view from reception, adjacent to child play area.
WAIT-30	Waiting, 30m2	Yes	30	Allows for up to 20 clients waiting. Size and distribution depends on client numbers and mix.
PLAP-10	Play Area - Paediatric, 10m2	Yes	10	Should relate to sub-waiting areas, especially for Child and Family Services.
PAR	Parenting Room	Yes	1 x 6	
WCPU-3	Toilet - Public, 3m2	Yes	3	Near Waiting Area. Number dependent on size and service mix.
WCAC	Toilet - Accessible, 6m2	Yes	1 x 6	
BWC	Bay - Wheelchair Park	Yes	1 x 4	Wheelchairs, prams etc.
	Discounted Circulation		25-32%	

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

PATIENT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
CONS	Consult Room	Yes	12	14m2 for child-related services
INTF	Interview Room	Yes	12	Suitable for childhood related services, family therapy, mental health, and drug and alcohol counselling.
TRMT	Treatment Room	Yes	14	Multi-functional, used on programmed basis. ready access from waiting areas.
MEET-L-20	Meeting Room, 20m2	Yes	20	Up to 15 people and pay include requirements for telehealth.
MEET-L-30	Meeting Room, 30m2	Yes	Up to 40	1 x external access for after-hours use. Consider telehealth requirements.
	Observation Room		9	One way window to (medium) meeting room. Optional - CCTV solutions may be used.
PTRY	Pantry	Yes	8	For (large) meeting room/s
WCPT	Toilet - Patient, 4m2	Yes	4	
	Discounted Circulation		25-32%	

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

CLINICAL SUPPORT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
BHWS-B	Bay - Handwashing, Type B	Yes	1	Distributed as required
BLIN	Bay - Linen	Yes	2	Depends on operational policies
BRES	Bay - Resuscitation	Yes	1.5	
CLRM-5	Cleaner's Room, 5m2	Yes	5	
CLUR-14	Clean Utility / Medication Room, 14m2	Yes	14	Also for medications
DTUR-12	Dirty Utility, 12m2	Yes	12	Optional provision
DISP-8	Disposal Room, 8m2	Yes	8	May instead be a secure waste holding area located outside.
STEQ-20	Store - Equipment, 20m2	Yes	20	More than one may be required e.g. physiotherapy equipment, OT mobility aids, medical equipment etc.
	Discounted Circulation		25-32%	

SPECIALIST AREAS - PHARMACOTHERAPY UNIT

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
	Dispensary		14	
	Dosing Areas		4	
OFF-3P	Office - 3 Person Shared, 15m2	Yes	15	
WCPU-3	Toilet - Public, 3m2	Yes	3	Specimen collection
WAIT-10	Waiting, 10m2	Yes	15	6 - 10 people
	Discounted Circulation		25-32%	

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

STAFF AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
WCST	Toilet - Staff, 3m2	Yes	3	Number depends on FTEs
SHST	Shower - Staff, 3m2	Yes	3	
OFF-S9	Office - Single Person, 9m2	Yes	9	Depends on staffing and operational policies.
	Office - Workstation		4.4 - 5.5	Number and size depends upon staffing profile and local policies.
SRM-25	Staff Room, 25m2	Yes	25	May include library / resources; size depends upon size of service.
PROP-2	Property Bay - Staff	Yes	2	Numbers depend on operational policy.
STPS-8	Store - Photocopy / Stationery, 8m2	Yes	8	
	Discounted Circulation		25%	

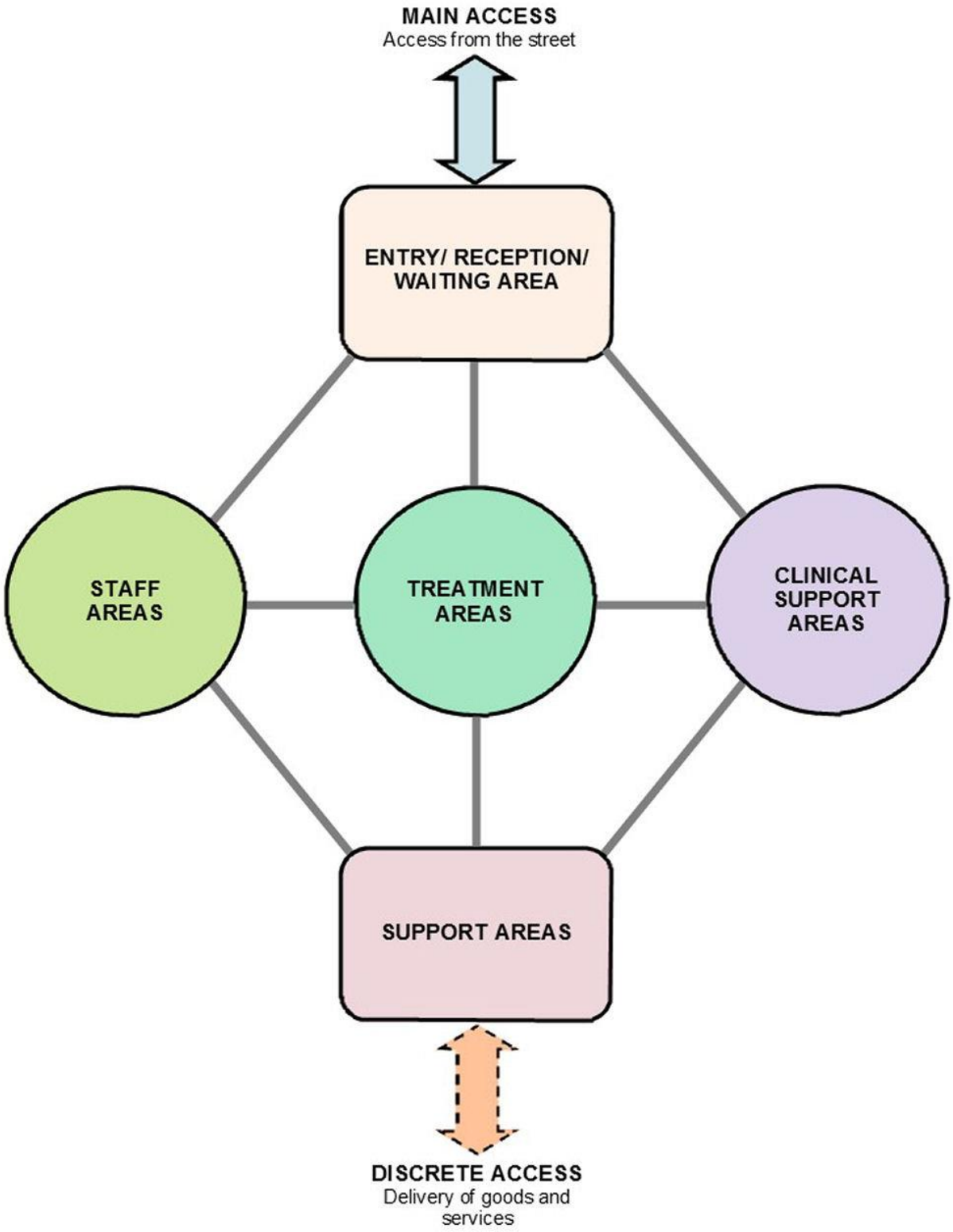
Space allocations assume centralised provision of staff amenities and offices.

SERVICE ENTRY / EXIT

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
	Service Entry Loading Bay			Need for this, and its size depends on facility size
	Waste Holding Area			Depends on size of facility.
	Discounted Circulation		25-32%	

AX.02 Functional Relationships / Diagrams

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



AX.03 Checklists

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

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ATTACHMENTS

Attachments

SECURITY ISSUES TO BE CONSIDERED IN COMMUNITY HEALTH CENTRES

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

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
2. Health records	1. Personnel working on these files must return them to secure area after use or return to the Medical Records Store. 2. If any electronic files are produced, save in restricted area of hard drive.
3. Furniture fittings and equipment including computers, office and medical equipment	1. Non-removable asset number on all equipment above a predetermined value. 2. Keep equipment in a lockable area.
4. Drugs storage	1. Dangerous drug safe within the clean utility area.
2. Staff safety	1. Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. 2. Appropriately designed waiting area including where possible: - barrier between staff and patients, - bench seating, - ensure no loose fittings which can be utilized as a weapon, - vending machines. 3. Design shape of interview/meeting rooms and sub-waiting areas, and locate desks, etc, in such a way that minimises risk to health personnel. 4. Provide storage and store items not in constant use that could be used as weapons. 5. Minimise furniture that can be used as a weapon, i.e. picked up and thrown. 6. Security procedures for after-hours staff including outreach workers. 7. Ensure secure access to staff office area especially after hours. 8. Easily accessible and well lit parking for health service and personal vehicles used by after-hours staff.
9. Staff personal effects	1. Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.

SECURITY CHECKLIST - COMMUNITY HEALTH CENTRE

DEPARTMENT: COMMUNITY HEALTH CENTRE	
RISK ISSUE	**DESIGN RESPONSE**
Is access to patient records restricted to staff entitled to that access?	
Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
Are drug safes installed in accordance with current regulations?	
How is this area secured during and after hours?	
Are there lockable storage areas available for specialised equipment?	
Is lockable furniture provided for storage of staff personal effects?	
Is waiting area appropriately designed to include, where appropriate: - barrier between patients and staff - appropriate seating for patients - absence of loose fittings - vending machines	
Are Interview Rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
	DESIGN SIGN-OFF
	Name:_____ Position: _____ Signature: _____ Date: _____
	Name: _____ Position: _____ Signature: _____ Date: _____
	Name: _____ Position: _____ Signature: _____ Date: _____