

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 0430 - Front of House Unit

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01 INTRODUCTION

01.01 Preamble

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA) following extensive consultation during 2016. 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 a group of functions which are usually located at or near the entry to a health facility and described as 'Front of House' services and facilities.

The mix and extent of the Front of House facilities will vary according to the size and service profile of the proposed hospital facility.

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.

The requirements of HPU130 Admissions Unit have been incorporated into this document. HPU 130 will be discontinued.

Information relating to preadmission clinics is contained in HPU520 Operating Unit and HPU155 Ambulatory Care Unit.

01.03 Policy Framework

Planners and project staff should familiarise themselves with individual jurisdictional plans, regulations, policies, service specific guidelines and reports before undertaking a project.

Some key references include:

- Australian Standard 1428: Design for access and mobility;
- Crime Prevention Through Environmental Design (refer to jurisdictional police departments / websites for information);
- Association for Children with a Disability, Changing Places Information Kit (2015); and
- NSW Health GL2014_018 Wayfinding for Healthcare Facilities.

01.04 Description of Unit

DEFINITION OF HEALTH PLANNING UNIT (HPU)

A range of services and amenities are provided to support visitors, patients and staff attending a healthcare facility. For the purposes of this document, four broad areas are detailed including:

- main entry;
- public amenities;
- multi-faith space; and
- an admissions unit.

The **main entry** will provide an easily identifiable, universally accessible entrance to the hospital with a main arrival point, reception and waiting space.

The range of **public amenities** (e.g. public toilets, retail outlets) provided for patients, visitors and staff in the main entry or in close proximity to the main entry and will vary according to the size and nature of the facility.

The **multi-faith space** is a quiet space for reflection, retreat, spiritual and religious observances. Accredited pastoral care workers will usually attend the health facility to visit patients, families or staff. Patient visits will usually occur in clinical areas. In larger hospitals, office space may be provided for pastoral care workers. This will be located in an administrative area of the facility.

An **admissions** unit may be located as part of, or in close proximity to the main entry. Increasingly, a large percentage of patients are admitted to hospital at the point of care (i.e. emergency department, pre-admission clinics and day of surgery/ procedure units or an inpatient unit) or treated as outpatients. The need for a dedicated admissions unit needs to be assessed on a project by project basis.

Other services that may be located in close proximity to the main entry include:

- a cashier;
- office space (for key services such as patient complaints, nursing support services to manage sign on and allocation of pool and agency staff, and generally part of admissions unit or reception back of house);
- volunteer services;
- switchboard services; and
- Aboriginal visitor office and outdoor courtyard (where provided refer to non-standard components for additional information).

02 PLANNING

02.01 Operational Models

RECEPTION

A universally accessible reception counter is routinely provided at the main entry to a hospital to welcome and direct visitors and patients to their required destination.

The reception area may also include electronic wayfinding, check-in and health promotion facilities.

This reception point may be occupied by staff, volunteers or a combination of the two, depending on the size and scale of the hospital. In smaller hospitals, this reception may provide multiple functions (e.g. reception for outpatients, a cashier service etc).

SECURITY

Security staff are responsible for the safety and security of patients, visitors, staff and property on the health care campus.

Where a security service is provided on site, the security room is generally located near the emergency department as this operates as a 24-hour zone.

A security room may also be provided in the main entry area, particularly for larger hospitals.

RETAIL SERVICES

A comprehensive retail strategy should be developed to determine the needs of patients, visitors and staff for food and beverages and the purchase of other items related to their stay, visit or work in a health facility. The extent and composition of the retail offering recommended by the retail strategy will be dependent on the size and location of the hospital and the proximity of other retail outlets. Visiting hours should also be considered.

Where customer and organisational commercial drivers are well understood, an effective retail strategy will define the retail space type and ownership models that will best meet these drivers. For example, retail food offerings are changing from cafeteria style amenities to cafes and coffee carts.

The retail strategy should consider a range of commercial mechanisms for the lease and ownership of retail spaces and provision of retail services and offerings so that the right mix of services is provided over time.

The retail space may provide a range of food and beverage options for staff, reducing the need for and scale of staff only amenities.

Larger health services will be able to support a broader range of amenities/ services such as cafes, an ATM, other retail (e.g. pharmacy, newsagency, florist, a hairdresser and a post office), a range of volunteer services (e.g. 'meet and greet'), internet kiosks and self-service machines to validate parking.

02.02 Operational Policies

MAIN ENTRY OPENING HOURS

The opening hours for the main entry will vary according to the size and scale of the facility.

Typically the main entry will be open from early in the morning and close after evening visiting hours. In many facilities out of hours visitors may access the hospital via the emergency department. This reduces security and staffing issues associated with maintaining two separate access points out of hours.

02.03 Planning Models

The size of the main entry should consider and allow for future service expansion and growth projected or planned for the facility.

In addition, the types of vehicles planned to drop off at the main entry should be explored so sufficient space is provided. Some services may 'park' mobile services (e.g. BreastScreen) near entry points.

02.04 Functional Areas

Functional areas for Front of House services include:

- drop off / pick up area;
- main entry including airlock, entry foyer, reception and waiting;
- public amenities;
- cashier;
- multi-faith space; and
- an admissions unit.

MAIN ENTRY

An airlock is required for weather protection and to reduce the loss of heated/cooled air from the building.

The airlock should be:

- universally accessible as it will be used by wide range of people; and
- capable of 'lockdown' by staff to prevent entry / exit in operational or emergency situations.

The reception should be centrally located and immediately visible when entering the building. It will:

- provide the first visual contact point of entry for patients / visitors;
- be the area where visitors, patients are received and directed to their destination or waiting area; and
- be a focal point for all wayfinding and general enquiries.

Services providing volunteers to assist with enquiries and wayfinding may provide a small desk adjacent to the reception to accommodate this service.

The layout of the main entry, reception and waiting area should facilitate ease of wayfinding for visitors and staff and comply with Crime Prevention Through Environmental Design (CPTED) principles to ensure the reception point has oversight of the main entry (both inside and out) and waiting areas.

Main entry waiting should provide a range of comfortable seating options to meet the needs of people of varying ages and mobility. The quantity of waiting space provided in this area should be determined by the availability of alternate options such as café seating.

In smaller facilities, seating may be grouped in smaller clusters to provide space close to a particular function (e.g. admissions).

Fire services panels are commonly provided in the main entry. Clear visibility and ease of access are required.

PUBLIC AMENITIES

The following amenities will routinely be provided:

- public toilets, including accessible and Changing Places toilets;
- parenting room;
- public telephone;
- cold water drinking dispenser; and
- retail outlets including food and drinks, or vending machines where retail outlets cannot be supported.

'Changing Places' toilet amenities should be provided as part of commonly provided public amenities. Changing Places amenities provide a purpose-built environment where carers can attend to the personal needs of those needing support. The location of this room should provide access from key areas of the hospital (e.g. main entry or emergency department).

Self-service registration and wayfinding kiosks, where used, must be clearly visible from the entry point and commercial retail, ATM, parking ticket machines to be clearly visible to 'through' pedestrian traffic.

A cashier may also be provided for cash transactions. In the future this service is likely to be replaced with point of service cashless payment arrangements.

MULTI-FAITH SPACE

While the multi-faith space has been included in this HPU, it will not necessarily be physically located within the front of house area.

The multi-faith space will be available to visitors, patients and staff. Access to this space will generally be consistent with the operating hours of the health care facility.

A quiet, discreet, easily accessible location should be provided, ideally with access or views to an external area.

ADMISSIONS UNIT

Where provided, the admissions unit may share waiting space with the main entry. A dedicated admissions unit may be provided in larger facilities, usually within close proximity of the main entry.

The area will contain:

- waiting space; a universally accessible reception counter designed to provide a level of patient privacy;
- an interview room (or access to a shared interview room);
- associated office space; and
- self-registration kiosks, where used.

02.05 Functional Relationships

EXTERNAL

The main entry should have good linkages to public car parks and public transport nodes. It should provide an external drop-off/ collection area with seating available to support the frail, aged and/or disabled.

The main entry drop off / collection point should provide safe entry/exit for pedestrians and vehicles.

INTERNAL

The main entry should be located to minimise travel distances to other parts of the building. As the main entry is a 'starting point' in terms of wayfinding, it should provide sight lines to circulation routes (e.g. lift banks, stairways, main thoroughfares or major adjacent departments).

03 DESIGN

03.01 Access

EXTERNAL

The building should provide cover for people alighting from vehicles in inclement weather and be compatible with vehicles that may use the main entry (e.g. taxis, patient transport vehicles).

Vehicle approach to the main entry should be one-way and sufficiently wide to allow large vehicles to safely pass vehicles that are parked/stopped. Bollards should be installed to protect the main entry where vehicles come in close proximity to the front doors.

Patients, staff and visitors often congregate outside the main entry for fresh air. Consideration should be given to the creation of a discrete, pleasant outdoor seating area within the design.

INTERNAL

The design of the main entry should consider flows, efficiency, noise, security and create a sense of place that it reflects the community served and the quality of services offered. Where the concept of the 'hospital street' (i.e. main circulation corridor) is used, it should flow directly from the main entry.

03.02 Parking

Limited use car parking spaces should be provided in close proximity to the main entry (e.g. short-term parking bays, accessible parking). Access to bicycle parking will also be required on the hospital site for both visitors and staff.

A taxi rank and/ or phone should be located within easy walking distance of the main entry.

Parking for emergency vehicles will usually be provided adjacent to the emergency department.

For staff parking, refer to AusHFG Part C, Section 06 Safety and Security Precautions for further information.

03.03 Disaster Planning

Refer to AusHFG Part B Clause 80 and Part C Section 06 Safety and Security for further information.

03.04 Infection Prevention and Control

Considerations for the main entry / Front of House include:

- provision of highly visible, alcohol based hand rub at entry points;
- provision of sharps receptacles in public toilet cubicles; and
- compliance with food safety regulations where retail food outlets are provided. Relevant standards are contained in the Further Reading section of this document.

Refer to AusHFG Part D Infection Prevention and Control for further information.

03.05 Environmental Considerations

ACOUSTICS

Large volumes of people move through the main entry. The area should therefore be acoustically treated to minimise ambient noise. This is particularly important where an admissions unit is located as part of the main entry.

The multi-faith space should also be acoustically private.

LIGHTING

Natural light should be provided to the main entry, multi-faith space, and selected public amenities such as the coffee shop / kiosk, to create a pleasant introduction to the facility for patients, visitors and staff.

Careful use of natural light beyond the main entry will promote wayfinding throughout the facility. The design should minimise or mitigate the impact of glare and light reflection.

Artificial lighting in the main entry should be non-institutional.

AMENITY/ INTERIOR DECOR

The main entry creates an overall initial impression of the facility with patients and visitors. The space should be inviting and non-threatening, providing a calm and non-institutional type setting.

The selection of appropriate colours, lighting and materials suitable to withstand heavy pedestrian traffic will help create a safe and high-quality environment.

Interior design, decor and artwork should be used to create a focal point that assists orientation and wayfinding within the facility.

In addition, interior décor solutions and materials that provide links with the local community may be considered.

WAYFINDING

Wayfinding should be immediately clear and highlight access to reception and other key areas of the building. Good wayfinding means less use of staff and volunteer time directing people, promotes a better experience and alleviates stress and anxiety.

While signage is a fundamental component of wayfinding, a wayfinding strategy will encompass a range of elements.

All signage must be visible, legible and easily understood by general public and staff. Where necessary and appropriate, languages other than English and / or consistent symbols or pictograms may also be used. Signage must comply with statutory requirements and guidelines that promote access and inclusion for people with disabilities.

Clear signage is needed to direct visitors to the emergency department should they present to a main entry after hours and it is closed.

Refer to:

- NSW Health GL2014_018 Wayfinding for Healthcare Facilities;
- jurisdictional policies relating to signage; and
- AS 1428.1 Design for access and mobility.

03.06 Space Standards and Components

HUMAN ENGINEERING

Refer to AusHFG Part C Section 04 Human Engineering for further information.

ERGONOMICS

Refer to AusHFG Part C Section 04 Human Engineering for further information.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors. Refer to AusHFG Part C Section 03 Space Standards and Dimensions.

03.07 Safety and Security

The design team should aim to enhance safety and security by incorporating the principles of CPTED including territorial reinforcement, natural surveillance, space management and access control into design decisions. Some key considerations may include:

- limiting the number of entries into the facility, especially at night;
- strategically placed lighting;
- landscape design that limits opportunities for concealment;
- minimising external areas that provide opportunities for concealment;
- locating entrances adjacent to car parks; and
- use of glazing at the main entry to provide reception and other staff with a view of entry areas and provide visitors with visual cues regarding the entry.

The design must allow the Front of House area to be appropriately secured after hours, in keeping with the service and operational policies of the facility. It is essential that gaining access to the main entry after-hours does not allow unauthorised access to the whole facility.

Additional security issues that should be considered for the main entry / Front of House include:

- CCTV at the main entry and any other high risk areas such as cashier and ATM, as determined by a risk assessment;
- lighting in the main entry (internal and external) and public amenities must be sufficient to avoid areas of excessive shadow which hamper oversight;
- an emergency egress point and access to fixed duress alarms at reception;
- the ability to secure materials and equipment at the reception counter when staff are not in attendance, particularly if the counter is open;
- a counter that is designed with additional depth for staff security noting that physical barriers that inhibit ease of communication and contribute to a unwelcoming environment are to be avoided;
- identification of a retreat space should staff need to flee a high risk situation;
- an intercom system may be located outside the main entry, should visitors be uncertain about after-hours access or concerned about security matters; and
- ability to lock down the main entrance in response to a critical incident.

Requirements should be informed through a risk assessment.

All external doors to the facility will be locked after hours and fitted with alarms linked to security. Key access doors will be well lit, fitted with CCTV / intercom function and swipe card access as appropriate. To reduce recurrent resources required to maintain security, automatic electronic locking / unlocking of the main entry doors is strongly recommended with manual override provided.

Refer to AusHFG Part C, Section 06 Safety and Security Precautions for further information.

03.08 Finishes

GENERAL

Finishes in this context refers to walls, floors, windows and ceilings.

WALL PROTECTION

Refer to Part C Section 03 Space Standards and Dimensions of these Guidelines for more information.

FLOOR FINISHES

Specific permanent entry mats used within an airlock may be useful to reduce dirt and contaminants, particularly in wetter climatic environments. Slip resistant flooring will be used.

The colour of access assistive tiling should be appropriate for people with visual impairment.

For further information refer to:

- AusHFG Part C Section 03 Space Standards and Dimensions; and
- AusHFG Part D Section 4.0 Surfaces and Finishes

CEILING FINISHES

Refer to AusHFG Part C Section 03 Space Standards and Dimensions for more information.

03.09 Fixtures, Fittings & Equipment

GENERAL

Room Data Sheets (RDS) and Room Layout Sheets (RLS) in the AusHFG specify fixtures, fittings and equipment (FFE). The FFE specified for each 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.

Refer to the RDS and RLS as well as:

- AusHFG Part C: Section 03, Space Standards and Dimensions; and
- AusHFG Part F: Section 680 Furniture Fittings and Equipment.

RECEPTION DESK/COUNTERS

Reception desks and admissions counters should be designed to minimise risks identified through ergonomic and security risk assessments.

Ideally, the main reception counter will be open to facilitate easy communication.

Where possible, counters and furniture should be adjustable to fit the user's individual characteristics.

A Hearing Augmentation Listening system may be required to assist people with a hearing impairment.

Refer to AS 1428 Design for Access and Mobility Part 2: Enhanced and additional requirements – buildings and facilities for more information.

03.10 Building Service Requirements

AIR HANDLING SYSTEMS

Refer to:

- AusHFG Part E Building Services and Environmental Design, Section 06 Mechanical; and
- jurisdictional engineering guidelines.

ELECTRICAL SERVICES

It is essential that equipment such as minimum lighting, telephones, surveillance systems, duress alarm systems and electronic locks are connected to the back-up power supply.

Electrical services to food outlets need to support specialist equipment (e.g. stoves and exhaust).

INFORMATION TECHNOLOGY AND COMMUNICATIONS

Systems required to support Front of House activities may include:

- duress systems, generally fixed;
- CCTV monitoring;
- access control systems;
- WIFI;
- self-registration systems; and
- wayfinding systems.

FIRE SERVICES

Fire services panels are commonly provided in the main entry, particularly in small facilities. Where this is the case, clear visibility and ease of access are required for both emergency and routine maintenance situations.

04 COMPONENTS OF THE UNIT

04.01 Standard Components

GENERAL

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/standardcomponents

04.02 Non-Standard Components

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. The non-standard components for Front of House are detailed below.

MAIN LOBBY

Description and Function

This area will provide sufficient space to manage expected pedestrian traffic. It is a project specific space that will vary in size and function from project to project.

CHANGING PLACES TOILET

Description and Function

The intent of a Changing Places toilet is to provide a purpose-built environment where carers' can attend to the personal needs of those in their care. It is likely that only one room would routinely be provided for each hospital campus however, this decision will be site specific (e.g. after-hours access, hospital size etc.). Changing Places toilets are different from accessible toilets and will routinely include a height adjustable changing bench and a ceiling mounted hoist.

Location and Relationships

As part of front of house amenities or an emergency department.

Other considerations

Refer to the layouts provided as part of the Changing Places Information Kit (2015). Space shown in schedule of accommodation based on Design 1B and includes a shower.

BAY – PARKING MACHINE

Description and Function

A unit that members of the public will use to pay for parking, where required. This unit will often supplement units placed within carparks. Power and data will be needed.

MULTI-FAITH SPACE

Description and Function

Multi-faith space is a space for:

- reflection and retreat; and
- religious and spiritual observances.

The purpose of this space is for people of all faiths or no religious association to be able to experience tranquillity aimed to be supportive of patients, visitors, carers and staff.

Location and Relationships

Although described as part of the Front of House, the multi-faith space does not need to be physically located in the front entry. It will be located in a central, discreet location to be easily accessible to inpatients, outpatients, visitors and carers. There should be clear wayfinding from the main entry to the multi faith space.

Considerations

A multi-faith space is a unisex facility that should be flexible to accommodate both small and larger groups and support a diverse range of spiritual / religious beliefs and practices.

It should be able to accommodate patient beds and wheelchairs.

The multi-faith space should be designed in a manner that facilitates prayer and/or reflection. The room should not highlight any one faith's religious iconography unless it is a chapel / prayer room that is dedicated to a particular faith.

A wash room is required for religious ablutions by some faith groups prior to undertaking their prayers.

For Muslim users, the room should include an immovable direction of the Kibla (direction of prayer), usually placed on the ceiling.

Access to an interview room is required. This may be shared with adjoining users.

RETAIL SHOPS

Description and Function

Depending on the size of the facility. Retail outlets for the convenience of staff, patients and visitors of the healthcare facility.

Location and Relationships

Located adjacent to the main entry clearly visible to through traffic. Isolated retail is discouraged to minimise the risk of crime.

Considerations

Requirements will vary according to the type of retail to be established.

Responsibility for the fit out will vary according to the terms of the lease.

CASHIER

Description and Function

A cashier service is provided in many hospital facilities and supports a range of functions such as accounts, petty cash etc. The room will include a counter that is secured to prevent theft and ensure the safety of staff. The room will require a workspace, computer, some storage and a safe. The space should be able to be secured when not in use.

Location and Relationships

Located in the main entry or collocated with an admissions unit.

COURTYARD – ABORIGINAL VISITORS

Description and Function

A dedicated outdoor space that provides amenity for Aboriginal visitors. This courtyard will be outside but be protected from the weather.

Location and relationships

This courtyard should be easy to find and located nearby the main entrance. Ideally, the Aboriginal Liaison Officer will be located in office space nearby.

Considerations

The area should be easy located but those using the space should be provided with privacy from those passing by.

AX APPENDICES

AX.01 Schedule of Accommodation

The requirements for Front of House services will vary depending on the size and scale of the health care facility.

A generic Schedule of Accommodation is shown below and lists generic spaces that may be combined to form a front of house.

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

ROOM CODE	ROOM/SPACE	SC/ SC-D	Qty x m2	Qty x m2	REMARKS
			Level 3/4	Level 5/6	
AIRLE-12	Airlock	Yes	1 x 10	Project specific	Size may vary depending on volume of pedestrian traffic.
	Main Lobby / Display Space		Project specific	Project specific	Size will depend on size of health facility and volume of traffic to be directed via the main entry
WAIT-20	Waiting	Yes	1 x 20	1 x 40	
RECL-15	Reception / Clerical	Yes	1 x 15	1 x 20	Assumes separate admissions / cashier
BWC	Bay – Wheelchairs	Yes	1 x 2	1 x 4	2 and 4 wheelchairs
CLRM-5	Cleaner's Room	Yes	1 x 5 (o)	1 x 5	Level 3-4 services, room may be shared with adjacent service. Needs to accommodate large scrubbers.
WCST	Toilet – Staff	Yes	3 (o)	3 (o)	Dependant on number of people working in "Front of House"
INFT	Interview room	Yes	1 x 12	1 x 12	Multipurpose space to be bookable and used by a range of services e.g. pastoral care, patient advocate etc
	Discounted Circulation		25%	25%	

PUBLIC AMENITIES

ROOM CODE	ROOM/SPACE	SC/ SC-D	Qty x m2	Qty x m2	REMARKS
			Level 3/4	Level 5/6	
WCAC	Toilet – Accessible, 6m2	Yes	6	6	No. and profile of toilets will be dependent on BCA and local requirements
WCPU-3	Toilet – Public, 3m2	Yes	3	3	Separate male and female access
	Changing Places Toilet		1 x 14	1 x 14	
PAR	Parenting room	Yes	1 x 6	1 x 10	
BATM-2	Bay - ATM	Yes	1 x 2	1 x 2	
	Bay – Parking Machine		1 x 2	1 x 2	Only include if visitors are charged for parking.
BPH	Bay – Public Telephones	Yes	1 x 2	1x4	
BVM-3	Bay – Vending Machine	Yes	1 x 3	3	
BWD-1	Bay – Water Dispenser	Yes	1 x 1	1 x 1	
	Discounted Circulation		25%	25%	

RETAIL SPACE

Note 1: The space allocations for the cafe as well as other retail e. g. newsagent, florist, commercial pharmacy etc. will be dependent on the size of the facility and the nature of retail to be established.

MULTI-FAITH SPACE

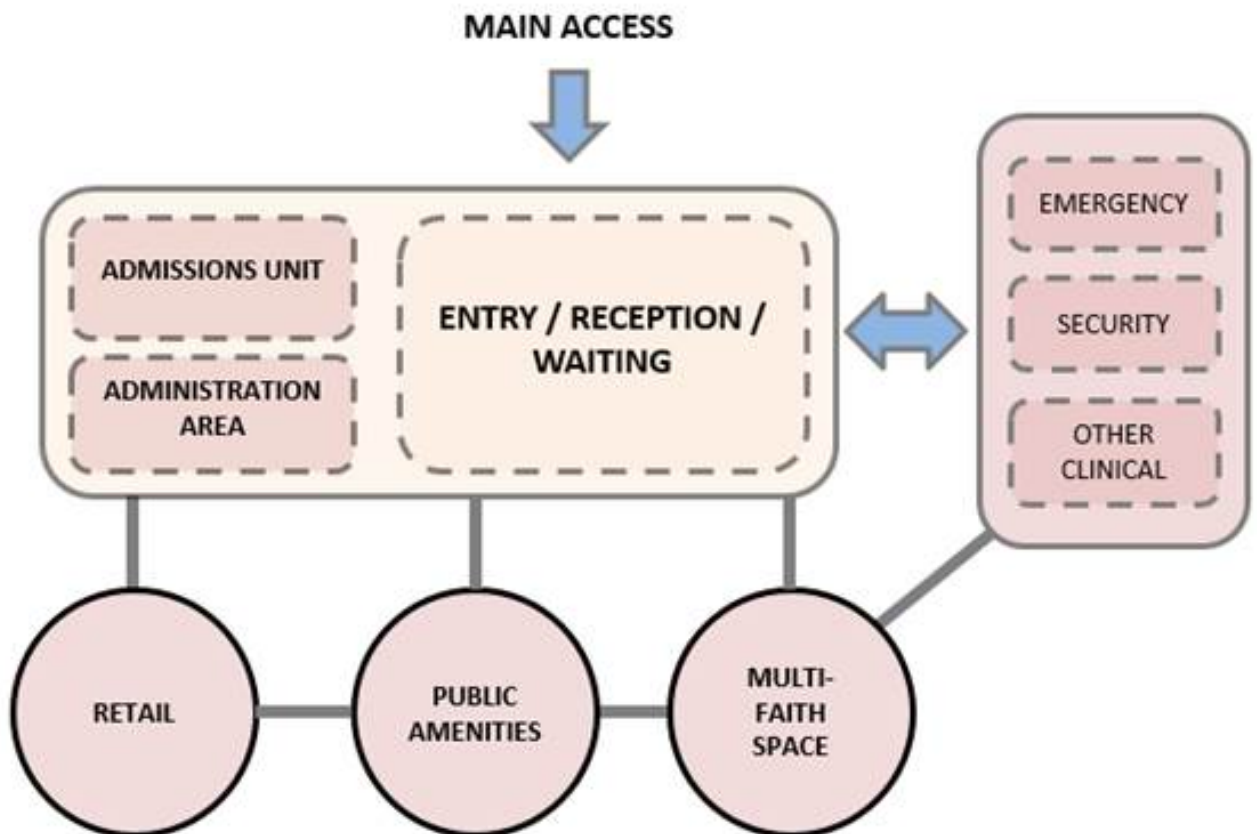
ROOM CODE	ROOM/SPACE	SC/ SC-D	Qty x m2	Qty x m2	REMARKS
			Level 3/4	Level 5/6	
	Multi-faith room		1 x 30	1 x 45	
	Wash room		1 x 4	1 x 4	Inclusion dependent on need
	Discounted Circulation		15%	15%	

ADMISSIONS UNIT

Note 2: Assumes few if any use of hard copy files, therefore, no dedicated file storage provided.

ROOM CODE	ROOM/SPACE	SC/ SC-D	Qty x m2	Qty x m2	REMARKS
			Level 3/4	Level 5/6	
WAIT-10	Waiting, 10m2	Yes	Share	1 x 10	May be shared with Main Reception in smaller Health Facilities
RECL-10	Reception / Clerical	Yes	1 x 10	1 x 15	Space for up to two staff. Counter will be configured to provide more private interview partitions.
	Office - Workstation		5.5	5.5	
OFF-S9	Office – Single Person, 9m2	Yes	-	1 x 9	Unit Manager
STPS-8	Store - Photocopy/ Stationery, 8m2	Yes	1 x 8	1 x 8	Optional
	Cashier		1 x 9	1 x 9	Optional. Allocation includes safe.
INTF	Interview Room	Yes	Share	1 x 9	Optional dependent on operational policies
	Discounted Circulation		25%	25%	

AX.02 Functional Relationships / Diagrams



AX.03 Checklists

Refer to the Planning Checklists at the ends of Parts A, B, C and D of these Guidelines.

AX.04 References

REFERENCES

- AHIA, 2016, AusHFG Part A Introduction
- AHIA, 2016, AusHFG Part B Health Facility Briefing and Planning
- AHIA, 2016, AusHFG Part C Design for Access, Mobility, OHS and Security
- AHIA, 2016, AusHFG Part D Infection Prevention and Control
- AHIA, 2016, AusHFG Part E Building Services and Environmental Design
- AHIA, 2016, AusHFG Part F, Section 680 Furniture, Fittings and Equipment
- Association for Children with a Disability, Changing Places Information Kit (2015)
- Crime Prevention Through Environmental Design (refer to jurisdictional police department website)
- NSW Health GL2014_018 Wayfinding for Healthcare Facilities
- Standards Australia, Australian Standard 1428: Design for access and mobility

FURTHER READING

- Australian Standards AS4674-2004 'Design, construction and fit-out of food premises'
- Australia and New Zealand Food Standards 3.2.3 – Food Premises and Equipment
- Australia and New Zealand Food Standards 3.3.1 – Food Safety Programs for Food Service to Vulnerable Persons
- Legislation for Specification of Food Premises Fitout– Australian Federal Legislation
- NSW Health PD2011_004 Chaplaincy Advisory Committee NSW Memorandum of Understanding
- NSW Health PD2013_050 - Workplace Health and Safety: Better Practice Procedures
- NSW Health, Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies, 2013