

Australasian Health Facility Guidelines

Part A - Introduction and Instructions for Use

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Australasian Health Facility Guidelines

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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.

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AHIA recommends that those seeking to rely on the information in the AusHFG obtain their own independent expert advice.

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01 INTRODUCTION

01.01 Background

The Australasian Health Facility Guidelines (AusHFG) provide information to assist health services and design teams to plan and design health facilities.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA). The AusHFG enable planners and designers of health facilities throughout Australasia to use a common set of guidelines and specifications for the base elements of health facilities. The use of the AusHFG offers the following benefits:

- Australasian best-practice approach to health facility planning;
- access to standard spatial components; and
- a flexible tool responsive to changes in the delivery of health care.

Project teams should consult with local jurisdictions to confirm the status (e.g. regulatory, guidance, minimum standards) and the extent of the application of the AusHFG (e.g. public health service and/or private health service capital projects) prior to commencing a capital development.

The ongoing development of the AusHFG are a result of the collaborative efforts of key stakeholders including:

- AHIA representatives from all Australian states and territories and New Zealand;
- industry including health planners, architects and engineers;
- clinical experts who generously give their time to ensure the Health Planning Units represent contemporary practice and where possible are evidence- based; and
- health consumers including patients and the carers.

The AusHFG in their current form were established in 2007 by AHIA with the support of the Centre for Health Assets Australasia and Health Planning International.

01.02 Purpose

The AusHFG seek to support the delivery of optimal patient care through provision of an appropriate physical environment.

The AusHFG are intended to be used to inform the planning and construction of new health facilities. When facilities are refurbished, it will not always be possible to apply all space and design requirements within the constraints of the existing facility.

The AusHFG are not intended to restrict innovation that might improve performance or outcomes, or to be prescriptive where clinical service circumstances can validate an alternate configuration. Although regularly reviewed and updated, they cannot include every technological innovation for either building design or health services delivery. It is the role of the project team to identify specific project requirements including innovative practices of relevance to the project and its impact on achievement of the service model and operational policies.

The design process should also deliver cost effective solutions. Examples include efficient design through minimising circulation, travel and engineering, sharing of support spaces and modular design. These are addressed in detail in the Physical Planning section of the AusHFG Health Planning Units within Part B.

The aims of the AusHFG are to:

- assist with the design of safe health facilities that provide privacy and dignity for patients, support contemporary models of care and the needs of carers, visitors and staff;
- maintain public confidence in the standard of health facilities;
- achieve affordable solutions for the planning and design of health facilities; and
- promote built solutions that minimise recurrent costs and encourage operational efficiencies.

Depending on the individual jurisdiction, the AusHFG may apply to the following health care organisations:

- public health services including hospital and community based services;
- licenced facilities contracted to provide services to public patients; and
- private hospitals and day procedure centres depending on local jurisdictional licencing arrangements.

01.03 Structure of the AusHFG

The AusHFG are arranged in Parts including:

- Part A – Introduction;
- Part B – Health Facility Briefing and Planning, which includes Section 80 (General Requirements), Section 90 (Standard Components, with links to room data and room layout sheets) and the Health Planning Units for over 30 health service types (e.g. HPU 360 Intensive Care Unit);
- Part C – Design for Access, Mobility, OHS and Security;
- Part D – Infection Control and Prevention;
- Part E – Building Services and Environmental Design; and
- Part F – Project Implementation.

Checklists are provided to assist users to assess compliance. These checklists are not mandatory and are provided for the benefit of the user.

01.04 Review and Revision of AusHFG

A structured ongoing review process is programmed to ensure the information contained in the AusHFG remains current and relevant. The aim is to review each HPU every three years or as significant changes occur (e.g. a new technology). This review involves expert review groups whose members include clinicians, consumers, and industry representatives. In addition, findings from recent developments and post occupancy evaluations are also used to inform the review process, along with research to include evidence based finding where available.

AX APPENDICES

AX.01 Glossary of Terms

Act: An Act of Parliament.

Acceptable standard: A standard acceptable to the appropriate authority or jurisdiction.

Accessible: Facilities that are designed to enable use by people with disability.

Area / Space: A room, space or 'area' noted in these Guidelines for a specific use. The area requirement may be enclosed or may be without walls as part of a larger area.

Compliance: To act or provide in accordance with the requirements or recommendation of these Guidelines or the requirements of referenced standards or regulations.

Documentation: Preparation of the detailed plans and tender specifications that will control construction of the project.

Egress (Designated): A designated means of escape in the event of an emergency.

Ensuite: A room containing sanitary fixtures attached to a Bedroom, Treatment Room, Consult Room etc.

Facility: A complex of buildings, structures, roads and associated equipment, such as a Hospital or Health Facility represents a single management unit for financial, operational maintenance or other purposes.

Fixtures: Refers to fixed items that require service connection (e.g. electrical, hydraulic or mechanical) and includes basins, light fittings, clocks, medical service panels etc.

Fittings: Refers to fixed items attached to walls, floors or ceilings that do not require service connections such as curtain and IV tracks, hooks, mirrors, blinds and joinery etc.

Fixed Equipment: Items that are permanently fixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment e.g. theatre pendants.

Fully Assisted Facilities: Facilities for toileting, showering or bathing that are designed for two staff members to assist the patient. Hoists or other equipment may also be required to be used in these spaces.

Health Planning Unit (HPU): All the rooms, spaces and internal circulation that make up a particular health service department and are necessary for the department to function.

Maximum: The highest level of provision that is considered appropriate for a given function.

Minimum: The least level of provision that is considered necessary for a given function.

Mobile Equipment: Equipment items (medical or non-medical) that require electrical or mechanical connections or floor space. Includes such items as wheelchairs, patient lifters and monitoring equipment.

National Construction Code: The regulation controlling construction of all buildings in Australia and any subsequent amendments or updates incorporating the Building Code of Australia.

Optimum (or optimal): The most favourable or advantageous condition or set of circumstances.

Partially Assisted Facilities: Facilities for toileting, showering and bathing that are designed for one staff member to assist the patient.

Patient Care Area: The National Construction Code of Australia defines this as 'a part of a healthcare building normally used for the treatment, care, accommodation, recreation, dining and holding of patients including a ward and treatment area'.

Post Occupancy Evaluation (POE): A methodology developed to support the systematic evaluation of health service buildings and facilities. Other methodologies may be used in some jurisdictions such as a building performance evaluation

Refurbishment: Work intended to bring an asset up to a new standard or to alter it for a new use. Alternative terms are 'Renovate' and less frequently 'Rehabilitate'. The choice of term varies with jurisdiction or Industry Group.

Treatment Area: The National Construction Code of Australia defines this as: 'an area within a patient care area such as an operating theatre and rooms used for recovery, minor procedures, resuscitation, intensive care and coronary care from which a patient may not be readily moved'.