

# Australasian Health Facility Guidelines

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## Part B - Health Facility Briefing and Planning 0090 - Standard Components

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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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## 01 INTRODUCTION

### 01.01 Background

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Standard Components are a key feature of the AusHFGs and provide detailed information on commonly used rooms and spaces across healthcare projects. Each Standard Component has an associated Room Data Sheet (RDS) and Room Layout Sheet (RLS). The Standard Components can be divided into two broad types:

Components used across most Health Planning Units (HPU). Examples include a Toilet – Staff and Meeting Rooms.

HPU specific components which are routinely only used to inform specialty requirements. Examples include an Operating Room and Dental Surgery.

Standard Components can be used for a variety of purposes including mandatory compliance or as a starting point for design, however they have been developed with a view to providing:

- a shared understanding of room names, fit-out requirements and functions; and
- a starting point for design.

In practice, Standard Components provide a broad overview of requirements. In many circumstances, requirements will be influenced by model of care/services, technology and other areas of innovation.

The recent review of standard components has reduced the number of room type variations i.e. waiting rooms at many sizes. Instead, only one or two examples have been retained. These rooms will provide a well-developed 'starting point' to develop alternate room sizes. For example, a waiting room or staff change room which will range in size depending on the service size and staffing numbers. These rooms will be known as Standard Component – Derived Room.

### 01.02 Using the Standard Components

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The inclusion of Standard Components in any given project will usually be informed by the size and type of health services and the development of project-wide operational policies. For example, the implementation of electronic records may influence requirements within inpatient environments. Access to the electronic record may be achieved through fixed PCs at staff stations, computers on wheels, tablets or fixed PCs in each inpatient bedroom. In some cases, a combination of these approaches may be needed however in most cases, the solution will vary across health services and jurisdictions.

Approval of variations to the use and application of Standard Components will vary across jurisdictions so design teams should confirm local requirements and expectations before detailed planning begins.

In many RDSs, the term "optional" is used against furniture, fittings and equipment (FFE). As part of the briefing process, these optional items need to be considered and resolved so budgets and equipment lists can be further developed and refined. An example is the use of a specialised equipment in a Consult Room. A project-wide operational policy may promote the use of a generic Consult Room so flexibility is achieved. Other projects may decide that the use of specialised equipment which is rarely used is not a good investment. They may instead opt for alternate solutions (e.g. equipment shared between a group of rooms).

The primary objective of the Standard Components is to achieve a desired performance result. Prescriptive information, when given, such as exact recommended dimensions or quantities, describe a condition commonly recognised as a practical standard for normal operation. Where specific measurements and other requirements are described, equivalent alternative solutions may be deemed acceptable if it is demonstrated that the intent of the standards has been met and the specific service can be safely provided. In complex rooms such as Operating Rooms, the chosen vendor supplying equipment may influence room size, critical dimensions and engineering services.

The spatial allocation listed for each room/space is measured using the methodology described in Part C Design for Access, Mobility, OHS and Security (Section 705.18.00 Net Functional Areas).

Many jurisdictions will use the Standard Components for FFE requirements, including Group 3 items. While the RDS list all fixed and dedicated loose equipment and furniture, in many situations, equipment may be shared. An example is a mobile hoist that may be shared between all rooms on an inpatient unit. In these situations, this mobile equipment should be allocated to a space (e.g. Bay - Mobile Equipment) or room (Store – Equipment) so it is included in the project scope. While indicative equipment has been listed in various Standard Components, local requirements will vary.

Each HPUs in the AusHFGs contain a Schedule of Accommodation (SoA) that lists the room/space and indicates if a Standard Component or Standard Component – Derived Room is available. The names used in the SoA are consistent with Standard Component names so they are easily identifiable.

In many specialised HPUs, Standard Components will not exist for all rooms/spaces listed in the SoA. Where a Standard Component is not available, these rooms will be broadly described in each HPU to provide guidance on:

- description and function;
- location and relationships; and
- other considerations.

### **Link to current Standard Components**

The current Standard Components can be found at: [www.healthfacilityguidelines.com.au/standard-components](http://www.healthfacilityguidelines.com.au/standard-components)