120 ADMINISTRATION UNIT

INDEX

Description

503380 120 .0.10

INTRODUCTION

Preamble Introduction Policy Framework Description of Unit

PLANNING

Operational Models Operational Policies Planning Models Functional Areas Functional Relationships

DESIGN

Access
Parking Requirements
Disaster Planning
Infection Control
Environmental Considerations
Space Standards and Components
Safety and Security
Finishes
Fixtures and Fittings
Building Services Requirements

COMPONENTS OF THE UNIT

Standard Components Non-Standard Components

APPENDICES

Schedule of Accommodation Functional Relationships Diagram Checklists

INTRODUCTION

Preamble

503381 120 .1.00

This Hospital Planning Unit for Administration has been developed in part as a vehicle for the NSW Policy Directive (refer 120.3.00) regarding sizes and allocation of offices, workstations and meeting rooms to ensure that the information is readily accessible.

503382 120 .1.05

This policy outlines the required spaces for office accommodation in all health care facilities and has been developed for architects, designers and health facility planners in the planning and design of those facilities.

The key objectives of this policy are to:

- maximise the utilisation of space;
- ensure that the functional and flexible office environment is delivered within the standards set by the Building Code of Australia;
- ensure that the work environment supports new approaches to service delivery including increased collaboration between health professionals and





- a focus on multidisciplinary team work;
- maximise flexibility and minimise cost for future changes to office accommodation;
- provide a consistent approach to the design and planning of office accommodation; and
- provide accommodation that reflects changing patterns of work including part-time, job share, conjoint and multi-site appointments.

Introduction

503383 120 .2.00

The level and range of facilities provided for corporate, administrative and general office functions will vary greatly depending on the size of the proposed facility, the range of services required and the management structure that will apply. Project staff will need to ascertain the staffing mix and establishment early in the planning process.

Policy Framework

503384 120 .3.00

PD 2005_576 - Office Accommodation Policy - Public Health Organisations and Ambulance Service, 26-April-2005. Compliance with this policy directive is mandatory.

Architects, designers and health facility planners should also comply with (the latest version) of current statutory obligations including:

- Building Code of Australia
- NSW Anti Discrimination Act 1977 http://www.austlii.edu.au/au/legis/nsw/consol_act/aa1977204/
- NSW Disability Services Act 1993 http://www.austlii.edu.au/au/legis/nsw/consol_act/dsa1993213/
- OH&S Act 2000 & OH&S Regulation 2001 http://www.legislation.nsw.gov.au/
- Commonwealth Disability Discrimination Act 1992 http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/

Description of the Unit

503385 120 .4.00

DEFINITION OF HOSPITAL PLANNING UNIT (HPU)

Regardless of size of unit, facilities will be required to accommodate the following administrative functions:

- General and/or individual office accommodation for appropriate corporate, administrative and clerical personnel
- Storage of office equipment, stationery and files
- Interviews, meetings and conferences as required.

Services to be provided and staff to be accommodated will/ may include:

- CEO/General Manager & support staff
- Nursing executive and support staff
- Medical / clinical executive and support staff
- Finance
- Human Resources and Payroll
- OH&S staff
- Learning & Development staff
- Facility Management.





503386 120 .4.05 SUPPORT AREAS

Support areas may include reception, waiting areas, meeting rooms, kitchens, staff amenities etc and wherever possible should be shared across a number of units.

Public amenities must be available for visitors either within the unit itself or readily accessible.

503387 120 .4.10 PRINCIPLES OF OFFICE ALLOCATION

The principles that underpin the provision of office accommodation in health care facilities include:

Office spaces should only be provided on a demonstrated needs basis ie: the type of office / workspace considered in the planning and design phase will depend on the employment hours of staff, work undertaken and work patterns of staff;

Shared offices or workspaces should be encouraged wherever possible, to promote cost effective office accommodation;

Single offices will only be provided where they can be justified by the nature of the work undertaken by the position. Considerations will include seniority, nature of supervisory role, productivity and time spent doing office-based duties;

Staff with multiple roles within or across an Area should not be allocated more than one dedicated office or workspace;

PLANNING

Operational Models

503388 120 .5.00 HOURS OF OPERATION

Generally the Unit will operate during business hours but many staff and visitors will require after-hours access either for work or for meetings, functions etc.

503389 120 .5.05 CONFIGURATION

In small facilities, a single unit may accommodate all functions; in large facilities, several discreet units may be required for specific staff and functions.

Operational Policies

503390 120 .6.00 CATERING

If catering for functions / meetings will be required, project staff will need to determine to what degree if any, refreshments etc will be prepared within the unit or brought directly from the main Kitchen so that need for catering facilities within the unit/s may be assessed.

Staff will need access to beverage bays for their personal use.





503391 120 .6.05 OFFICE EQUIPMENT

Consideration will need to be given to location of facsimile machines, photocopiers, printers and other items such as laminators etc and the extent to which they will be shared and, in the case of printers, networked.

503392 120 .6.10 PAPER RECYCLING AND SECURITY

Despite attempts at paperless offices, vast quantities of waste paper will be generated. Confidential reports should be placed in a locked recycle bin for shredding and an additional bin will be required for general paper recycle.

Planning Models

503393 120 .7.00 Deep plan minimises the availability of daylight.

Functional Areas

503394 120 .8.00 FUNCTIONAL ZONES

Unless a single unit accommodating all functions, the following may be required:

Executive Suite - in addition to offices, may include Boardroom, function kitchen, central registry and visitor waiting

Clinical/Medical Services Unit

Nursing & Patient Services Unit

Finance Unit

HR and Payroll Unit (and may include OH&S staff)

Facilities Management Unit

Learning and Development

Functional Relationships

503395 120 .9.00 EXTERNAL

There are no critical functional relationships.

503396 120 .10.00 INTERNAL

In large health care facilities with multiple units, it may be appropriate to collocate the executive units and finance.





Health Facility Briefing and Planning

DESIGN

Accessibility

503397 120 .11.00 The Executive Unit should be readily accessible from the Main Entry but does not necessarily have to occupy a ground floor location.

HR and Payroll must be easily accessible to staff.

Parking

503398 120 .12.00 For staff parking, refer to Part C, Clause 790 of these Guidelines for further information.

Disaster Planning

503399 120 .13.00 Refer to Part B Clause 80 and Part C of these Guidelines for further information.

Infection Control

503400 120 .14.00 There are no specific infection control issues.

Environmental Considerations

503401 120 .15.00 ACOUSTICS

AS/NZS 2107 - Acoustics-Recommended design sound levels and reverberation times for building interiors.

Recommends design sound levels and reverberation times for different areas of occupancy in various categories of buildings. Specifies methods of measuring the ambient sound level reverberation time. This Standard is intended for use in assessing the acoustic performance of buildings and building services. It does not apply to the evaluation of occupancy noise.

AS 2670 - Evaluation of human exposure to wholebody vibration Part 1 - General requirements

Defines methods for the measurement of periodic, random and transient whole-body vibration and indicates the principal factors that combine to determine the degree to which vibration exposure will be acceptable. Informative annexes provide guidance based on current opinion on the possible effects of vibration on

health, comfort and perception and motion sickness.

503402 120 .16.00 NATURAL LIGHT

Highly desirable where achievable, particularly for staff who occupy their offices/workstations for the majority of the working day.

503403 120 .17.00 PRIVACY

Essential for confidential conversations and interviews.





503404 120 .18.00 INTERIOR DESIGN

Refer to Part C of these Guidelines.

Space Standards and Components

503405 120 .19.00 ERGONOMICS

Refer Part C of these Guidelines for information.

503406 120 .20.00 HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

503407 120 .21.00 ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

503408 120 .22.00 DOORS, WINDOWS AND CORRIDORS

Refer Part C of these Guidelines for information.

Safety and Security

503409 120 .23.00 SECURITY

All office doors should be lockable.

Open-plan workstations.

Rooms on the perimeter of Units such as meeting rooms should also be kept locked when not in use particularly and especially if equipment is stored.

Files - particularly personnel files

After-hours security for staff.

Finishes

503410 120 .24.00 WALL PROTECTION

Refer to Part C of these Guidelines

503411 120 .25.00 FLOOR FINISHES

Refer to Part C of these Guidelines

503412 120 .26.00 CEILING FINISHES

Refer to Part C of these Guidelines





Fixtures, Fittings & Equipment

503413 120 .27.00 Refer to part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information

Building Service Requirements

503414 120 .28.00 INFORMATION TECHNOLOGY / COMMUNICATIONS

Voice, data, teleconferencing, videoconferencing

503415 120 .29.00 ENGINEERING SERVICES

Refer to Part e of these Guidelines and TS11

COMPONENTS OF THE UNIT

Standard Components

503416 120 .30.00 Refer to Standard Components in Part B of these Guidelines and to Room Data and Room Layout Sheets.

Non-Standard Components

503417 120 .31.00 There are no non-standard components.





APPENDICES

Schedule of Accommodation

503418 120 .32.00 The following schedule of accommodation complies in all respects with the Policy Directive.

SUPPORT AREAS

ROOM/SPACE	Standard Component	Qty x m2	Remarks	
WAITING AREA	yes	See Remarks	1.2m2 per person required.	and 1.5m2 for wheelchairs as
TOILET - PUBLIC	yes	1 x 3	If not available nea	irby
TOILET - DISABLED	yes	1 x 5	If not available nea	rby
RECEPTION	yes	1 x 10	1 staff. May be rep	laced by a workstation.
STORE - PHOTOCOPY/STATIONERY	yes	1 x 8		
BEVERAGE PANTRY	yes	1 x 4	If no Staff Room	
PANTRY	yes	1 x 8	Optional for function	ins
STAFF ROOM	yes	1 x 15	Optional; includes	beverage bay
STAFF TOILET	yes	1 x 3		
CENTRAL REGISTRY		1 x 10	Room size will dep storage of board n	end on size of unit/s. (For inutes etc.)
FILE STORE	yes	1 x 10	Personnel Files	

503419 120 .33.00 OFFICES

Note 1: Office Type A

For Area CEO. 6m2 has been incorporated to provide a meeting area. These Executives may have multiple roles, but only one dedicated office space should be assigned within or across the Area Health Service.

Note 2: Office Type B

For Area Executive, General Managers. 3m2 has been incorporated to provide a meeting area. These staff may have multiple roles but only one dedicated office space should be assigned within the campus/Area Health Service.

Note 3: Office Type C

Clinical Stream/Divisional Executives, Academics Professors (full), Area Managers, Clinical Directors of Departments/Units, Health Service Managers (Rural Health) with significant staff supervisory responsibilities and the position is 0.8 FTE or higher. These staff may have multiple roles but only one dedicated office space should be assigned within the campus/Area Health Service.

Note 4: Office Type D

Nurse Unit Managers, Staff Specialists, Business Managers, and Department Heads with significant staff supervisory responsibilities and where the position is 0.8FTE or higher. A manager may be responsible for more than one Unit/Department, but should only have one office assigned within the campus / Area Health Service.

Component	ſ	ROOM/SPACE	Standard	Area m2			Remarks
			Component				





Part B - Health Facility Briefing and Planning									
OFFICE TYPE A		18					See note 1		
OFFICE TYPE B		15					See note 2		
OFFICE TYPE C	yes	12					See note 3		
OFFICE TYPE D	yes	9					See note 4		
SHARED OFFICE TYPE A	yes	12					Shared office area for 2 persons with two workstations to undertake administrative duties		
SHARED OFFICE TYPE B	yes	15					Shared office space for 3 persons with three workstations to undertake administrative duties		
SHARED OFFICE TYPE C	yes	20					Shared office space for 4 persons with four workstations to undertake administrative duties		

503420 120 .34.00 WORKSTATIONS

Note 5: Workstation A

For research assistants and staff who spend the majority of their time providing services in the community, such as Outreach, Community Health, Community Mental Health.

Note 6: Workstation B

For Research Fellows, Data Managers, Clinical Nurse Consultants, administration staff or any staff who require a workstation.

Note 7: Shared Workbase

Workroom with benches along wall perimeters of 750mm - 800mm in depth. This work base is designed to accommodate staff who due to area-wide responsibilities travel between health care facilities and may require workspace to perform administrative functions. This work base may also be suitable for staff entering data.

ROOM/SPACE	Standard Component	Area m2			Remarks
WORKSTATION A		4.4			See note 5
WORKSTATION B	yes	5.5			See note 6
SHARED WORKBASE		2.2			See note 7

503421 120 .35.00 MEETING ROOMS

Note 8: Meeting Room - A

For interview purposes for 2 - 3 people.

Note 9: Meeting Room - B

An area suitable for 4 - 6 people. For staff, patients and family members to conduct confidential discussions.

Note 10: Meeting Room - C

An area suitable for 8 -12 people to conduct meetings. This room is a shared facility and is to be accessed through a booking system.

Note 11: Meeting Room - D

Allows for up to 14 - 20 people to attend meetings or can be used as a small group room for Community Health. Where two such rooms are co-located, movable walls may be installed allowing greater flexibility in the possible use of these areas.

Note 12: Meeting Room - E

Allows for up to 50 people seated plus lecture area. The provision of nonfixed, stackable seating allows greater flexibility. Can be used as a large





group room for Community Health. As lie down space for antenatal classes, the room will accommodate less people.

ROOM/SPACE	Standard Component	Area m2			Remarks
MEETING ROOM - A	yes	9			See note 8
MEETING ROOM - B	yes	12		_	See note 9
MEETING ROOM - C	yes	20			See note 10
MEETING ROOM -D	yes	30			See note 11
MEETING ROOM -E		55			See note 12
DISCOUNTED CIRCULATION		25% - 30%			Circulation will depend on size of unit/s

