

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 0140 - Allied Health Therapy Unit

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Australasian Health Facility Guidelines

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Index

01 INTRODUCTION	4
01.01 Preamble	4
01.02 Introduction	4
01.03 Policy Framework	4
01.04 Description	5
02 PLANNING	6
02.01 Operational Models	6
02.02 Operational Policies	8
02.03 Planning Models	10
02.04 Functional Areas	10
02.05 Functional Relationships	13
03 DESIGN	15
03.01 Accessibility	15
03.02 Parking	15
03.03 Disaster Planning	15
03.04 Infection Control	15
03.05 Environmental Considerations	16
03.06 Space Standards and Components	16
03.07 Safety and Security	17
03.08 Finishes	17
03.09 Fixtures, Fittings & Equipment	17
03.10 Building Service Requirements	17
04 COMPONENTS OF THE UNIT	19
04.01 Standard Components	19
04.02 Non-Standard Components	19
AX APPENDICES	24
AX.01 Schedule of Accommodation	24
AX.02 Functional Relationships / Diagrams	28
AX.03 Checklists	28
AX.04 References	29
AX.05 Further Reading	29
ATTACHMENTS	30
Attachments	30

01 INTRODUCTION

01.01 Preamble

PURPOSE OF GUIDELINE

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 Rehabilitation/ Allied Health Unit was originally developed for NSW Health and issued for Australasian use in 2006. This revised version has been informed by an extensive consultation process completed in October 2013. A major recommendation arising from this review is a change in name to an Allied Health/ Therapy Unit to better describe the intent and scope of services.

01.02 Introduction

GENERAL

This HPU is a resource to assist project teams plan and design an Allied Health / Therapy Unit. The range of allied health services to be provided needs to be defined on a project-by-project basis within the context of an endorsed clinical services plan, service levels/ role delineation and models of care.

This HPU should be read in conjunction with AusHFG generic requirements including Standard Components described in:

- Part A: Introduction and Instructions for Use;
- Part B: Section 80 - General Requirements and Section 90 - Standard Components, Room Data 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.

RELATED HEALTH PLANNING UNITS (HPU)

As models for Allied Health / Therapy Units can vary, this HPU, or selected components, may be used to plan allied health facilities within other HPUs including the:

- Rehabilitation Inpatient Unit (HPU 610): particularly relevant where integration of inpatient unit and therapy areas is proposed;
- Community Health (HPU 255): allied health / therapy services are often included as part of an integrated community health services team; and
- Ambulatory Care Unit (HPU 155): outpatient allied health services are often incorporated within an integrated ambulatory care unit.

01.03 Policy Framework

SPECIFIC POLICIES/GUIDELINES

Before undertaking a project, planners and project personnel should familiarise themselves with jurisdictional plans, policies, service specific guidelines and reports.

For jurisdictional specific information, refer to the *References* and *Further Reading* sections in the *Appendices*.

Relevant national standards relating to inpatient rehabilitation services, including associated allied health services, are included in the document Australasian Faculty of Rehabilitation Medicine, 2011, [Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals, Australasian Faculty of Rehabilitation Medicine](#).

01.04 Description

DEFINITION OF HPU

An Allied Health / Therapy Unit is a discrete unit of a health service providing a range of inpatient and/or outpatient allied health services.

This HPU addresses the disciplines of:

- physiotherapy (including hydrotherapy);
- occupational therapy;
- speech pathology;
- social work;
- dietetics;
- podiatry;
- audiology;
- clinical psychology;
- neuropsychology;
- gait analysis;
- orthotics;
- exercise physiology; and
- diversional therapy.

Units may incorporate specialised facilities for some allied health professionals such as physiotherapists and occupational therapists. Other disciplines may be based within the dedicated Unit, providing a visiting service, or utilising flexible use consult and interview rooms (e.g. social workers, dieticians).

Although rehabilitation is a key focus of most allied health services, acute treatment, assessment/screening and health promotion activities may also be provided.

The scope of this HPU also extends to rehabilitation and aged care day hospital services. The day hospital concept involves patients visiting the centre for half a day, during which time they attend a range of multidisciplinary services including medical, nursing and allied health.

CARE SETTINGS

Allied health services may be delivered from a variety of care settings including:

- dedicated, purpose designed Allied Health/Therapy Units that may support rehabilitation inpatient units, acute inpatient units, day hospital services, outpatient services or a combination of these;
- satellite therapy areas supporting specialist inpatient units (IPUs);
- at the bedside and within other areas of the IPU;
- ambulatory care e.g. as part of multidisciplinary service provision; and
- community health e.g. paediatric therapy services.

PATIENT CHARACTERISTICS

Allied Health/Therapy Units are visited by patients of all ages ranging from babies and small children to the elderly. Almost all patients attending for physiotherapy are physically incapacitated to some extent, and many will use wheelchairs or walking aids and (increasingly) motorised scooters. Many patients may be disfigured (e.g. burns, throat surgery) and require a non- threatening, private environment.

02 PLANNING

02.01 Operational Models

INTRODUCTION

The scope of services provided and associated facility requirements within an Allied Health/ Therapy Unit will vary from unit to unit depending on the operational considerations outlined below.

LEVEL OF SERVICE

The extent, design and location of allied health facilities will be impacted by the level of service provided by the associated hospital/health care facility.

Levels of service delivery may include:

- state-wide specialist services such as spinal cord injury service, acquired brain injury (ABI) unit;
- tertiary hospitals;
- regional referral hospitals;
- district / rural hospitals;
- sub-acute services; and
- community health services.

SERVICE MIX

The extent, design and location of facilities will be influenced by the service streams the Allied Health/ Therapy Unit supports. These may include:

- rehabilitation medicine;
- aged care;
- spinal cord injury service;
- orthopaedic services;
- neurosciences - general (including stroke, MS);
- neurosciences - traumatic brain injuries;
- amputees;
- hand surgery / plastic services;
- neonatal and paediatric services; and
- musculoskeletal outpatient services.

MODELS OF CARE

Facility planning should support the implementation of the model of care for allied health services. Key elements of the model of care that require consideration include:

- principles underpinning the model of care (e.g. multidisciplinary care teams; patient centred care);
- care settings including acute inpatient, sub-acute inpatient, ambulatory care (outpatients or day hospital); and
- enablers required to support implementation of the model of care (e.g. technology such as videoconferencing, telehealth and clinical information systems).

The Unit may also provide a base for the delivery of home based services and outreach services.

Patient care pathways will generally include:

- standard processes for assessment;
- patient centred goal setting;
- multidisciplinary service provision including frequent multidisciplinary team meetings;
- families/carers involved as active participants in therapy/treatment;
- intensity of therapy appropriate for the patient (e.g. one-on-one or group therapy and timing); and
- specific group programs with protocol based care plans, (e.g. cardiac and respiratory rehabilitation).

Traditionally allied health services have provided one-to-one, therapist to patient care. Increasingly an educative model is being used that assumes a staff to patient ratio of one to four or more and incorporates:

- group sessions for peer support;
- group exercise classes;
- involvement of carers so that they can learn how much activity the patients can safely tolerate at home and how best to support them; and
- education programs.

Targeted rehabilitation for disease-specific conditions is increasing (e.g. cardiac and respiratory rehabilitation). These groups need access to general therapy / exercise areas and meeting rooms for education sessions. Where possible, attempts should be made to share areas between programs.

DAY HOSPITAL MODEL OF CARE

Key components of a rehabilitation or aged care day hospital model of care that will require consideration include:

- length of time patients attend the service (commonly half a day);
- the range of multidisciplinary rehabilitation services provided, including nursing, medical and allied health services;
- frequency of day hospital program; access to hydrotherapy;
- provision of refreshments (may include morning/afternoon tea and/or lunch); and
- provision of transport service (through health service or external provider) and requirements for patient access/drop-off and parking for transport vehicles.

RELATIONSHIP WITH INPATIENT UNITS / OTHER SERVICES

Rehabilitation Inpatient Unit

Where an Allied Health/ Therapy Unit provides a service to a Rehabilitation Inpatient Unit, it is expected that the majority of inpatients will attend the Allied Health/Therapy Unit on a daily basis. The function of these two units is inter-related and the design of the facilities may provide areas common to both units (e.g. support areas, staff amenities).

Acute Inpatient Units

Allied health staff will provide services to acute IPUs. These services may be delivered in one or more of the following areas:

- within the IPU: at the bedside and in other areas of the IPU (e.g. treatment or interview rooms);
- in a satellite therapy unit: this involves the provision of a small, dedicated therapy area in specialist IPUs (usually for physiotherapy) to enable easy access for patients (e.g. neuroscience or orthopaedic patients whose attention span may be limited and who need a quiet environment). Satellite therapy areas may also be provided to minimise the use of therapist time in transporting patients between the IPU and Allied Health /Therapy Unit; and
- in a centralised, purpose-built Allied Health/ Therapy Unit: where the Unit focus is primarily for the provision of rehabilitation services. The specific needs of each patient group will therefore be considered.

This unit may also provide a base (including office/workstation areas and staff amenities) for allied health staff providing services for acute inpatients.

Community Health and Ambulatory Care Services

Allied health services may also be provided as part of a Community Health or Ambulatory Care Unit.

Although some dedicated therapy areas may be required, a range of allied health services can be delivered from flexible use of interview and consult rooms. Reception, waiting, support areas and staff amenities may be shared between all of the community health / ambulatory care services located in the facility.

PATIENT CASELOAD

Features of patient caseload that may affect design requirements for this Unit include:

- patient age;
- service mix (e.g. neurology, orthopaedics, respiratory);

- group and individual therapy services including cardiac and respiratory rehabilitation, falls prevention, renal rehabilitation, persistent pain; and
- patients with special issues (e.g. bariatric patients, patients in custody, patients with mental illness, patients with infections transmitted through airborne routes).

ACTIVITIES OF DAILY LIVING

Activities of daily living (ADL) assessment and training may be undertaken in IPU, in the Allied Health/Therapy Unit or in the community. Where possible, facilities should be shared and not duplicated between services.

Facilities for ADL assessment and training may include kitchen, laundry, bathroom and computer activities spaces. These rooms may be provided within the Allied Health/Therapy Unit, however ADL bedrooms are usually located within a Rehabilitation IPU as part of a transitional care / independent assessment suite.

WORKFORCE PROFILE

The scope of allied health disciplines included in the Unit will be dependent on the level of service and service mix as described above.

The workforce profile to be accommodated will directly influence the number and type of staff offices / workstations and staff amenities. Allocation of offices/workstations for staff will be based on the policy applicable to the specific jurisdiction.

This HPU defines functional spaces by allied health discipline. The operational model of a facility may require the design team to view the various functions and activities within the Unit from the perspective of a team philosophy. Patient flow will therefore determine the definition of spaces rather than individual allied health disciplines.

ACADEMIC, TEACHING AND RESEARCH ACTIVITIES

Most Units will be involved with student training. The impact of student training activities must be taken into consideration with regard to write-up areas and staff amenities.

02.02 Operational Policies

GENERAL

Operational policies have a major impact on the planning and design, and capital and recurrent costs of health facilities. Design teams should review their design proposals with these requirements in mind and be able to demonstrate that the capital and recurrent cost implications of proposed operational policies have been fully considered.

Operational policies may have hospital-wide application or be unit-specific. A list of general Operational Policies that may apply can be found in AHIA, 2010, AusHFG Part B: Section 80 General Requirements.

HOURS OF OPERATION

The Unit will generally operate during business hours Monday to Friday, with some allied health disciplines extending to weekend and evening services. After-hours on-call physiotherapy services are usually available for inpatients as required.

If facilities are used for health education classes (e.g. antenatal classes) after-hours access will be required.

If a hydrotherapy pool is part of the health service, this too may be made available to the community after-hours and at weekends. Careful consideration will therefore need to be given to location, controlled access and security.

PATIENT ARRIVAL / ACCESS

Inpatients are usually escorted to the Unit by allied health, nursing staff, or porters. A significant proportion of inpatients will be wheelchair users. Depending on the operational policy in place, inpatients will usually be escorted directly to the place of treatment (e.g. gymnasium, treatment room, consult room) rather than to a waiting area.

Outpatients will access the Unit directly, often accompanied by a carer, and will require easy access from a drop-off zone or patient car park. Access to the Unit must be wheelchair/scooter accessible and provide places for ambulant patients with restricted mobility to rest.

HEALTH CARE RECORDS AND MEDICAL IMAGING

It is common that hard copies of non-inpatient health care records to be kept in the Unit for the duration of treatment.

As more health care records become electronic, there will be direct data entry. Facility design should indicate likely locations for computers and allow for appropriate power and cabling.

Generally a PACS system is used to view medical x-ray and other images. Access to an x-ray viewing box may be needed within the Unit for records brought in by patients.

PATIENT LIFTING / TRANSFERS

To support patient transfers from wheelchair to plinth, ceiling mounted hoists or mobile lifters may be needed. If mobile hoists are used, these will generally be stored in a mobile equipment bay with power for recharging.

BARIATRIC PATIENTS

The specific equipment load bearing requirements needed by the health service will require confirmation. Planning will need to consider space requirements for bariatric sized equipment, access and circulation space.

MANAGEMENT OF RESPIRATORY PATIENTS

Some patients with respiratory conditions will require access to a dedicated room for infection control reasons.

Access to oxygen will be required for patients on continuous oxygen therapy. This may be provided via wall-mounted gases or portable cylinders on carriers. Care needs to be taken to ensure that oxygen tubing does not trail across the floor and create occupational health and safety (OHS) hazards.

EMERGENCY EQUIPMENT

The emergency equipment provided in the Unit will reflect the local operational policies relating to medical emergencies / other emergency incidents.

Equipment requirements may include a resuscitation trolley and medical gas service panels in selected locations.

EQUIPMENT LOAN POOL

An equipment loan pool is often provided within a health service for the hire of mobility aids, equipment and assistive devices for patient use at home. Equipment is usually provided for a short term period to enable patients to safely return home or remain at home.

Key elements of an equipment loan pool include:

- storage of items of equipment and aids;
- administration and distribution of equipment and aids;
- receipt of equipment and aids returned to the Unit; and
- cleaning and repair of returned items.

For ease of equipment pick-up and return, ready access to a loading bay/car parking area is required.

INPATIENT UNIT BASED THERAPY

To avoid unnecessary transport of patients to and from the Allied Health/Therapy Unit, IPU based therapy may be considered, especially where demand is high (e.g. neurosciences). Spaces that may be used include:

- the patient bedroom or bay;
- a 10m corridor length for walking tests;
- other treatment and interview spaces;
- access to stairs for practising using crutches; and
- access to ADL areas.

Provision will need to be made for:

- the storage of equipment and mobility aids;
- storage of resource material; and
- access to write-up areas.

02.03 Planning Models

LOCATION

The location of the Allied Health/ Therapy Unit will be dependent on service models. For example, an Allied Health / Therapy Unit used predominately by outpatients may be best located on the ground floor to provide immediate and easy access. Alternatively, a service that provides allied health care to both inpatients and outpatients may be colocated so that travel distances are minimised for both groups.

02.04 Functional Areas

FUNCTIONAL ZONES

The Unit will / may comprise the following zones:

- entry / reception / waiting;
- assessment and treatment;
- support areas (stores, clean-up room, linen bay, disposal room); and
- staff offices and amenities.

Additional facilities may include:

- hydrotherapy pool;
- day hospital;
- gait analysis laboratory;
- orthotics service; and
- diversional therapy.

ENTRY / RECEPTION / WAITING

As visitors enter the Unit they should have clear view of the reception. The reception will have clear oversight of the entry and waiting areas and act as a control point to assessment / treatment areas.

The waiting area will accommodate patient equipment such as walking frames and wheelchairs.

Unless provided nearby, a range of patient amenities will be provided including toilets, parenting room and access to water fountains.

ASSESSMENT/ TREATMENT AREAS

Physiotherapy

The majority of physiotherapy activities provided in the Unit will be undertaken in the gymnasium areas. There are two basic types of gymnasiums:

- **exercise gym for group classes** (e.g. cardiac and pulmonary rehabilitation). A range of exercise equipment may be provided such as treadmills, exercise bikes and arm ergometers. Ready access to external / outside walking areas is highly desirable to avoid patients traversing through other areas of the Allied Health/Therapy Unit. These gyms are generally available to support acute and selected chronic rehabilitation programs rather than community exercise programs, which are usually delivered from community based facilities; and
- **open gym for 1:1 assessment and treatment.** The gym space may include curtained bays with plinths (may include Bobath/double sized plinths) and an open area accommodating a range of equipment such as stairs, parallel bars and exercise bikes. Sufficient wall space will be required capable of supporting the attachment of heavy equipment such as pulleys and wall bars, as well

as wall mesh screens for attaching accessories. Lifting equipment (overhead or mobile) may be required.

The range of specialised exercise equipment and number of patients to be accommodated within a gymnasium will vary from unit to unit and will require confirmation to inform overall space requirements.

Consideration may be given to an overhead track system that runs the length of the gymnasium to enable patients to walk in a harness system without fear of falling (requires a reinforced ceiling).

The power requirements for specialised equipment will require definition. This may include the need for an emergency power supply. The location of power outlets should be considered to avoid safety hazards and to enable future flexibility.

Direct access from the gymnasium to storage areas is required for exercise equipment and physiotherapy modalities such as therapeutic ultrasound and electrotherapy. Alternatively, it may be appropriate to accommodate a number of these items within the gymnasium area in dedicated mobile equipment bays.

Access to an appropriate outdoor therapy area is desirable to provide mobility training on a range of uneven surfaces.

Additional physiotherapy facilities may include:

- enclosed treatment room for managing patients with infection or to provide a greater level of visual and/or acoustic privacy; and
- facilities for splint making / hand therapy/plaster room (may be shared with occupational therapy).

Occupational Therapy

Occupational therapy is generally delivered in dedicated therapy areas that provide an open space to undertake a range of static and dynamic activities. Direct access to a store room for occupational therapy equipment, materials and resources is required.

Depending on the service profile, additional areas may include:

- facilities for splint making and hand therapy (often shared with physiotherapy);
- wheelchair storage and modification;
- ADL rooms; and
- fitting and manufacture of pressure garments.

In highly specialised rehabilitation services additional space may be considered including:

- a heavy duty workshop for retraining patients' physical skills (e.g. woodworking and for the manufacture and repair of independent living aids). The location of this area requires consideration given the room often generates considerable noise; and
- a garden therapy area.

It should be noted that assessment of inpatients undertaking activities such as toileting and showering may be conducted on the IPU.

Speech Pathology

Speech pathology services are generally delivered in consult rooms, ideally furnished with chairs rather than an examination couch. An integral storage cupboard is usually required in the consult room for ready access to equipment and to enable some equipment to be stored out of sight.

Acoustic treatment is only required in the consult rooms if noise is not controllable. Consideration needs to be given to colocated areas within the Allied Health/Therapy Unit, for example the speech pathology consult rooms should not be closely located to noisy areas such as podiatry or plaster rooms.

Speech pathology consult rooms should have the technology capability to enable video recording of therapy sessions for viewing by other staff, students and parents/families. This usually negates the requirement for a colocated viewing/observation room.

Support areas for speech pathology include:

- access to an appropriate area for washing toys is required for paediatric services; and
- small central store for resources is required for both adult and paediatric services.

Other Allied Health

A range of specialist and generic allied health assessment/ treatment areas may also be provided within the Allied Health/Therapy Unit.

Generic areas will be bookable, multi-use spaces, and will have direct access to appropriate storage facilities to enable staff to readily access specialist equipment.

Facilities may include:

- podiatry (the podiatry room is usually able to be used for other purposes when not occupied by the podiatrist);
- audiology testing room (dedicated room with appropriate acoustic privacy, but may include an internal sound proof booth);
- consult rooms (flexible use);
- interview rooms (flexible use);
- meeting rooms (flexible use for group education, counselling etc.); and
- treatment rooms (flexible use).

SUPPORT AREAS

The following support areas should be readily accessible from the assessment / treatment areas:

- resuscitation trolley;
- clean up room;
- linen bay;
- stores for consumables and equipment. There may be the requirement for service specific stores (e.g. secure storage for psychology resources);
- loan equipment store including zones for equipment receiving, cleaning and repairs;
- disposal room (may be shared with adjacent department); and
- cleaner's room (may be shared with adjacent department).

STAFF AREAS - OFFICES AND AMENITIES

A separate and secure staff zone is usually provided within the Allied Health/Therapy Unit, with ready access to the assessment/treatment areas (this may be a horizontal or vertical connection).

The number of offices and workstations will be dependent on the defined staff establishment and will be allocated in accordance with the jurisdiction's office allocation policy. Given most allied health staff spend a significant proportion of their day in the clinical setting, write-up space is usually shared between staff members.

Integral write-up areas will be required within the gymnasium and consult / treatment areas.

Access to meeting rooms for multidisciplinary team meetings will be required. This may be undertaken in the Allied Health/ Therapy Unit, or utilising flexible use meeting rooms in other departments.

OTHER FACILITIES

Hydrotherapy

Hydrotherapy pools should only be provided where patient numbers can be justified and used for a minimum of four hours each day, five days a week. Use of the pool may be extended by making the pool available to groups within the community for use at times outside the patient therapy sessions. Alternatively, a pool already in the community may be used.

Functional relationship requirements include:

- ready access from an external patient drop off area and parking (including consideration of after-hours access); and
- ready access from IPUs utilising the hydrotherapy pool.

Ease of access between the Allied Health/Therapy Unit and hydrotherapy pool for physiotherapists and therapy assistants is preferred. These services do not need to be collocated.

Key design requirements for patient and staff safety include:

- adequate change facilities for patients and staff including accessible showers and toilets for people with disabilities;
- an open shower on the pool concourse and appropriate access to linen (towels, patient gowns and blankets); and
- emergency call points, including ceiling-suspended call points for therapists in the water.

Day Hospital

Day hospital patients will require access to:

- an appropriate patient drop off zone and car-parking to a waiting area. This may be shared with the Allied Health/Therapy Unit or other collocated department;
- allied health assessment / treatment areas described above, including flexible use consult rooms for nursing and medical reviews/interventions; and
- a dining area for morning and afternoon tea and/or lunch. This may be a shared space, used also for recreational activities/ diversional therapy).

Gait Analysis Laboratory

A gait analysis laboratory is outside the scope of this HPU, however facilities for gait analysis comprising a force plate, computer equipment and camera may be incorporated into a gymnasium. It is preferable that the computer equipment and camera are locked away when not in use.

There must be sufficient space lengthways (minimum of five metres) and widthways (full arm span) to film the sagittal and coronal views of a walking patient, and have access to a treadmill.

A gait laboratory may be used by medical clinicians, physiotherapists, podiatrists and orthotists in support of various medical / surgical clinical services, particularly neurosciences and orthopaedics.

Orthotics Services

An orthotics service, providing a range of custom made and ready to fit orthoses for inpatients and/or outpatients, is frequently collocated with other services, particularly physiotherapy, however it is outside the scope of this HPU.

Diversional Therapy

Diversional therapy services require office space for a therapist, storage space and space for group activities. The latter may also serve as a dining / refreshment area for day hospital patients.

02.05 Functional Relationships

EXTERNAL

Principal relationships with other units may include:

- direct or ready access to the Rehabilitation IPU;
- ready access to other IPUs that access allied health/therapy services frequently;
- ready access to other allied health services not included in the Unit; and
- ready access to orthopaedic clinics for physiotherapy services.

INTERNAL

Ideally internal relationships include:

- controlled access between the entry/reception/waiting area and the assessment/treatment areas;
- separation of quieter interview/consult areas from the areas that generate significant noise such as gymnasiums, podiatry services, and plaster rooms;
- support areas (clean up area and storage) need to be readily accessible from the assessment/treatment area;
- a secure staff zone should be readily accessible from the reception and assessment/treatment areas; and
- meeting rooms, if provided, should be located on the periphery of the Unit to facilitate shared use across services.

03 DESIGN

03.01 Accessibility

EXTERNAL

An undercover set-down bay should be provided at the entrance to the health service for outpatients who arrive by bus or car, and for return of loan equipment.

INTERNAL

The Unit should be accessible from the main entrance of the health facility with suitable signage and way-finding.

Wheelchair /scooter access is required to all patient areas of the Unit.

The Unit should not be used as a thoroughfare to access other areas of the health service.

Ideally, discrete travel routes will be provided to the Unit for patient/visitor access, staff, and the movement of goods and waste.

Access for large items of equipment will be required.

03.02 Parking

Access to an area that can be used by patients and staff to practice transferring into and out of a car may be required. Ideally this should have overhead weather protection.

Ready access to parking for staff to accompany patients on home visits may also be required, with appropriate space to access the car for patients with disabilities and to load equipment.

For further information regarding staff parking, refer to Part C: Section 790, Safety and Security Precautions.

03.03 Disaster Planning

Refer to Part B: Section 80 General Requirements.

03.04 Infection Control

Hand hygiene facilities must be provided in each treatment and consult room and within open-plan gymnasiums. Depending on the function of the space, alcohol based hand rub may be used.

Staff and visitors will have access to alcohol based hand rub in waiting areas and at the entry to assessment/treatment areas.

Access to appropriate personal, protective equipment (PPE) will be required.

Regimes for cleaning equipment will need to be in place to prevent cross infection. Should an equipment loan pool be provided, the design will need to facilitate the return of dirty equipment, cleaning and storage of clean equipment ready for issue.

Podiatry instruments will be transferred to the Sterile Supply Unit for sterilisation.

Some patients with respiratory conditions may require access to a dedicated room for infection control reasons. To minimise cross-infection risks, appointments should ideally be scheduled for the end of the day. Individual units will need to determine whether there is a need to provide negative pressure ventilation.

Refer to Part D: Infection Prevention and Control.

03.05 Environmental Considerations

ACOUSTICS

Therapy areas within the Unit will mostly be open-plan spaces with hard, impervious flooring that may generate noise.

Other areas within the Unit require acoustic privacy in order to be effective and ensure confidentiality.

Solutions to the various acoustic requirements include:

- the use of acoustic ceiling tiles, curtains and other soft fabrics;
- the use of solid core doors;
- collocation of potentially noisy areas; and
- strategic positioning of storage areas to create a sound buffer.

Audiology testing rooms will require specific acoustic treatment requirements and may include a sound proof booth.

Specific acoustic strategies for speech pathology consult rooms will only be required if surrounding noise is not controllable.

LIGHTING

Natural lighting is essential in large treatment areas such as gymnasiums.

Consideration should be given to lighting levels for patients who are visually impaired.

INTERIOR DECOR

Key interior decor considerations for Allied Health/Therapy Units include:

- avoiding changes in floor colour except where necessary to indicate areas that patients are not encouraged to walk/mobilise into e.g. staff areas / support areas;
- a matt flooring finish and appropriate use of lighting to minimise glare; and
- the use of contrasting colours to differentiate zones and equipment / furniture so they are clearly visible to patients.

03.06 Space Standards and Components

ERGONOMICS

For information refer to Ergonomics section of Part C: Section 730, Human Engineering.

HUMAN ENGINEERING

Refer Part C: Section 730, Human Engineering.

ACCESS AND MOBILITY

Refer Part C: Section 730, Human Engineering.

DOORS, WINDOWS AND CORRIDORS

The main departmental doors should be automatic.

All doors in open-plan treatment areas, and selected consult and interview rooms, will be sized to accommodate bariatric sized mobility aids and plinths.

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

03.07 Safety and Security

SAFETY

Patients visiting an Allied Health/ Therapy Unit require special consideration in terms of safety as they may be disabled and yet are being encouraged to be mobile and self-sufficient.

Every aspect of Unit design with regard to finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff.

SECURITY

Security issues that should be considered during design include:

- after-hours access control for use by the general public for classes or hydrotherapy;
- locations for duress alarms; and
- separation and security of staff areas.

03.08 Finishes

WALL PROTECTION

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

FLOOR FINISHES

Floor finishes should be slip resistant to facilitate patient safety, whilst not creating “drag” for patients using walking aids and wheelchairs.

Also refer to Part C: Section 710, Space Standards and Dimensions.

CEILING FINISHES

Gymnasium ceiling heights to be a minimum of three metres.

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

03.09 Fixtures, Fittings & Equipment

Refer to Part C of these Guidelines and to Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

03.10 Building Service Requirements

INFORMATION TECHNOLOGY AND COMMUNICATIONS

There must be sufficient data points and power for computers for direct entry of electronic records in the future and for the viewing of digital images (PACS).

Planning should consider the requirement to transmit live video recordings of therapy sessions for viewing by other staff, students and parents/families. The use of this technology may negate the need for dedicated observation rooms.

DURESS ALARM SYSTEM

Located at reception and in assessment/ treatment areas.

NURSE AND EMERGENCY CALL SYSTEMS

Nurse call systems will be provided in all individual rooms and cubicles including those in gymnasiums.

Staff assist and emergency call points will be located at regular intervals within open-planned treatment areas.

Adequate emergency call points are also required in the hydrotherapy area, including ceiling-suspended call points for therapists in the water. Annunciators (non-scrolling) may be required in reception, corridors and treatment areas.

AIR HANDLING SYSTEMS

Good temperature control and ventilation is required in all treatment areas.

It is important to remember that certain patients, such as those with spinal cord injuries, are unable to regulate their body temperature. It is therefore imperative that the gymnasium is air-conditioned.

Regardless of orientation, there must be means of sun control.

MEDICAL GASES

Access to oxygen (fixed or cylinders) and suction will be required in assessment/treatment areas (in particular the gymnasium). The number of outlets required will be dependent on the patient profile.

A number of patients attending the Unit may be on continuous oxygen therapy. Outpatients, such as those attending pulmonary rehabilitation classes, will usually be encouraged to bring their own portable oxygen devices.

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 for an Allied Health/Therapy Unit are described below.

PHYSIOTHERAPY TREATMENT CUBICLES

Description and Function

Individual treatment cubicles are needed to provide visual privacy for the patient. A number of larger cubicles may be required to support student training, traction plinths, Bobath/double plinths and bariatric sized plinths/chairs.

There must be adequate space between plinths to enable patients to “park” their wheelchairs while practising transfers between wheelchair and plinth. There will also be sufficient personal screening around each plinth to ensure patient privacy.

Location and Relationships

Treatment cubicles are usually included as part of an overall gymnasium area, however for some services (e.g. musculoskeletal physiotherapy) they may be provided separately with ready access to the gymnasium / open assessment/ treatment area.

Close access to patient amenities, hand basins, write-up areas and regularly used equipment will be required.

Considerations

Fittings and equipment include:

- plinth - may be electric and/or adjustable height;
- patient chair;
- hooks for patient clothing;
- cubicle screen track and curtains;
- nurse call point and access to an emergency call point; and
- body protected power outlets.

STORE - PHYSIOTHERAPY

Description and Function

The physiotherapy store is a secured room for storage of general equipment and mobility aids including crutches and consumables used for physiotherapy treatment. The room will be sized according to the amount of equipment to be accommodated. Ice making facilities may be stored within this space.

The store may be better arranged in cupboards where equipment might hang on hooks (crutches) or be wheeled in and out (trolleys).

Mobile equipment, including electrotherapy and therapeutic ultrasound units, is often stored within dedicated areas of the gymnasium/other treatment areas.

Location and Relationships

The physiotherapy store will be located within close access to the gymnasium and other physiotherapy treatment areas.

Considerations

Fittings needed may include:

- heavy duty shelving;
- hooks for hanging of equipment such as walking frames; and
- GPOs for recharging equipment.

OCCUPATIONAL THERAPY AREA

Description and Function

This room is a large open space that will facilitate a range of static and dynamic activities. The area may include space for table based activities, such as upper limb activities or functional mobility activities such as woodwork or splinting.

The area will be sized according to the number of patients to be accommodated and the range of Occupational Therapy services to be provided.

Location and Relationships

The occupational therapy area may be located adjacent to other therapy areas, with ready access to patient waiting and amenities areas.

Considerations

Fittings and equipment required in this area may include:

- height adjustable benches with inset sink (wheelchair accessible);
- shelving for storage of equipment or tools;
- tables (adjustable height);
- chairs (adjustable height);
- pin board and whiteboard for displays; and
- sufficient GPOs for equipment and/or tools being used.

HAND THERAPY / SPLINTING ROOM

Description and Function

Depending on the service profile, a dedicated hand therapy/ splinting room may be required. This room enables therapists to assess and treat hand conditions, including targeted exercise programs and custom-made splints.

Location and Relationships

This room may be located adjacent to other therapy areas, with ready access to patient waiting and amenities areas.

Considerations

Fittings and equipment required in this area may include:

- table with adjustable chairs facing each other from either side (for clinician and patient);
- mobile storage units;
- hydrocollator (with consideration of power requirements); and

- shelving for secure storage of equipment or tools.

STORE - OCCUPATIONAL THERAPY

Description and Function

A secure room for storage of splinting equipment, mobility aids, adaptive equipment, demonstration equipment and appliances. The room will be sized according to the amount of equipment and consumables to be accommodated.

Location and Relationships

The occupational therapy store should be located adjacent to the occupational therapy room.

Considerations

Fittings and services should include:

- heavy duty shelving; and
- GPOs for recharging of equipment.

ADL COMPUTER ROOM

Description and Function

The ADL computer room provides a quiet space for assessment and training of computer skills. The room usually accommodates one staff member and up to two patients.

Location and Relationships

The ADL computer room may be located with other ADL facilities, in the occupational therapy patient treatment zone, with ready access to waiting and amenities areas. Preferably this room will be located in a quieter area of the Allied Health/Therapy Unit.

Considerations

The ADL computer room will require:

- two workstations; and
- access for wheelchairs and other mobility aids.

OCCUPATIONAL THERAPY WORKSHOP

Description and Function

The occupational therapy workshop is an artisan/industrial area with defined areas of function and activities that may include:

- manufacture and repair of independent living aids;
- occupational therapy and retraining in physical skills for patients (e.g. woodwork, metal work, plastic moulding); and
- materials and equipment storage.

The requirements of this space will depend upon its particular function and range of activities.

Location and Relationships

Being an industrial type environment this area may:

- generate excessive noise;
- require extreme ventilation provisions; and
- require direct delivery of materials.

In order to allow for these considerations it may be necessary for the location of the workshop (including support areas) to be provided in a perimeter location or constructed separately from the main Unit.

Considerations

This room will not be routinely provided as it is a specialised service. Special exhaust or dust extraction may be required.

An adequate level of general lighting including natural lighting is required. Storage is required for a range of tools, materials and safety equipment.

Major equipment requiring servicing will depend upon the activities planned and may include:

- pedestal drilling machinery;
- woodworking lathe;
- grinder; and
- band or drop saw.

OBSERVATION / VIEWING ROOM

Description and Function

A discrete room with one-way glass for unobserved viewing of patients undergoing therapy in an adjoining room.

The use of technology to record therapy sessions may negate the need for this room, however it may be appropriate to collocate an observation room with a multidisciplinary therapy area so that not all therapists/students need to be in the same room as the patient, so as to avoid overwhelming the patient.

Location and Relationships

The viewing room will be attached to a specific treatment space used for multidisciplinary therapy services.

Considerations

The efficiency of one-way glass is compromised if the viewing side is illuminated. Accordingly, the viewing side should:

- be separately light controlled;
- have a light proof curtain around the doorway to allow entry/exit without filling the room with borrowed light;
- have a light proof curtain which can be drawn over the viewing window if required; and
- be sound-proof so as to allow conversation/discussion among the viewers without intruding into the viewed activity.

An electronic sound system is required to transmit sound into the viewing room from the room being viewed. The microphone(s) should be removable when not in use so as to ensure peace of mind to other users of the room.

EQUIPMENT LOAN POOL STORE AND CLEAN-UP AREA

Description and Function

A secure room for the storage of equipment and aids loaned to patients. Depending upon the operational policies of the Unit, the administrative control of the loan equipment may be performed from the store.

Functions and activities occurring in the equipment loan pool store may include:

- storage of items of equipment and aids;
- distribution of equipment and aids;
- receipt of equipment and aids returned to the Unit; and
- cleaning of returned items.

Detailed consideration should be given to storage capacity. This will depend upon many factors including the size of the catchment area and the range of equipment loaned.

The store may be either be divided into “clean” and “dirty” zones or, preferably, include a discrete holding area for returned items requiring cleaning. This may be a partitioned section of the main store.

Location and Relationships

Access to a loading dock and car parking for collection and return of loan items is highly desirable. If this cannot be achieved within the main Unit, consideration should be given to an alternate location that fulfils these criteria.

If within the Unit, direct access is required to the Unit corridor. Ready access to a cleaning area is required for cleaning equipment.

Considerations

Fittings and services should include:

- heavy duty shelving;
- hooks, for hanging equipment such as walking frames; and
- GPOs for recharging of equipment.

AX APPENDICES

AX.01 Schedule of Accommodation

A Generic Schedule of Accommodation for an Allied Health / Therapy Unit is outlined below for role delineation levels 4, 5 and 6 (refer to NSW Health, 2002, Guide to the Role Delineation of Health Services).

The reference to role delineation levels is used as a guide only. The size of the Allied Health/Therapy Unit will ultimately depend on the service mix, care settings and patient caseload to be accommodated.

The number of treatment spaces and other support spaces to be provided should be informed through an analysis of projected room utilisation, including the opportunity to share facilities between disciplines where appropriate.

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.

ENTRY / RECEPTION

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
RECL-10	Reception / Clerical	Yes	1 x 10	1 x 12	1 x 12	2 staff
STPS-8	Store - Photocopy / Stationery, 8m2	Yes	1 x 8	1 x 8	1 x 8	
STFS-10	Store - Files	Yes	1 x 4	1 x 6	1 x 6	
WAIT-10	Waiting	Yes	1 x 12	1 x 21	1 x 32	Based on 1.2m2 per person, 1.5m2 for wheelchairs/ scooters. Modify to circumstances
BWD-1	Bay - Water Dispenser	Yes	1 x 1	1 x 1	1 x 1	
BWC	Bay - Wheelchair Park	Yes	1 x 4	1 x 4	1 x 4	
WCPU-3	Toilet - Public, 3m2	Yes	0	1 x 4	1 x 4	Or access to same
WCAC	Toilet - Accessible, 6m2	Yes	1 x 6	1 x 6	1 x 6	
	Discounted Circulation %		30%	30%	30%	

ASSESSMENT / TREATMENT AREAS - Physiotherapy

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
GYAH-60	Gymnasium	Yes	1 x 80	1 x 100	1 x 120	<i>Individual Treatment</i> Modify to suit range of equipment and number of patients to be accommodated. Approximately 7m2 per patient. See final appendix for gym equipment spatial requirements. Includes curtained treatment bays, mobile equipment, write-up bays and hand-wash basin (*See note above).
GYAH-60	Gymnasium	Yes	0	1 x 50	1 x 80	<i>Group Classes</i> Modify to suit range of equipment and number of patients to be accommodated. Approximately 6m2 per patient for group classes. May include treadmills, bikes, arm ergometer, steps.
	Physiotherapy Treatment Cubicle - Standard		7.5	7.5	7.5	If not incorporated within gymnasium space. Number will depend on frequency of utilisation. Includes single plinth: 10m2 required for traction, double or bariatric sized plinths
STEQ-14	Store - Equipment	Yes	1 x 14	1 x 20	1 x 20	Gym / exercise equipment. Spatial requirement will be project specific.
BMEQ-4	Bay - Mobile Equipment, 4m2	Yes	1 x 4	1 x 10	1 x 10	Parking for various items of electrotherapy equipment near Outpatient Area
BWD-1	Bay - Water Dispenser	Yes	1 x 1	1 x 1	1 x 1	Disabled access. In / near gymnasium if not in close proximity to waiting area water fountain.
PLST	Plaster Room	Yes	0	1 x 14	1 x 14	
	Outdoor Gait Assessment					Inclusion dependent on service profile.
	Discounted Circulation %		30%	32%	32%	

Note:

- two gymnasiums may be required, for example to separate orthopaedics/vascular patients from neurology; and
- gymnasiums located within community health services / level 2-3 services usually require a smaller space of approximately 60m2 (subject to number of patients and equipment being accommodated).

ASSESSMENT / TREATMENT AREAS - Occupational Therapy

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
	Occupational Therapy Room - Light - Adult		1 x 28	1 x 42	1 x 70	Approximately 7m2 per patient
	Occupational Therapy Room - Light - Paediatric			1 x 40	1 x 40	10m2 per patient
	Hand Therapy / Splinting Room			1 x 16	1 x 16	Potential for sharing with physiotherapy.
STEQ-14	Store - Equipment	Yes	1 x 10	1 x 14	1 x 14	Capacity dependent on equipment to be accommodated. May include assessment wheelchairs.
ADLB	ADL Bathroom	Yes	1 x 12	1 x 12	1 x 12	
	ADL Computer Room		1 x 12	1 x 12	1 x 12	2 patients.
ADLK-OP	ADL Kitchen - Open Bay	Yes	1 x 12	1 x 12	1 x 12	
ADLL	ADL Laundry	Yes	1 x 8	1 x 8	1 x 8	
	Occupational Therapy Room - Workshop		0	1 x 50	1 x 50	5 patients.
	Store - OT Workshop		0	1 x 20	1 x 20	If workshop provided subject to equipment being accommodated.
	Discounted Circulation %		30%	30%	30%	

ASSESSMENT / TREATMENT AREAS - Speech Pathology

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
CONS	Consult Room	Yes	12	12	12	Number depends on service profile. 15m2 for child related services
STGN-8	Store - General, 8m2	Yes	1 x 8	1 x 8	1 x 8	
	Discounted Circulation		30%	32%	32%	

ASSESSMENT / TREATMENT AREAS - Other Allied Health

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
PODTR-14	Podiatry Treatment, 14m2	Yes	1 x 14	1 x 14	1 x 14	May be multipurpose.
AUDIO	Audiology Testing Room	Yes	1 x 14	1 x 14	1 x 14	
	Observation / Viewing Room		1 x 9	1 x 9	1 x 9	May be collocated with multidisciplinary therapy area. Technology may provide alternative solution.
CONS	Consult Room	Yes	12	12	12	Flexible use, number required will depend on frequency of utilisation, assuming efficiencies between disciplines. 15m2 for child related services.
INTF	Interview Room	Yes	12	12	12	Flexible use. Number required will depend on frequency of utilisation, assuming efficiencies between disciplines.
TRMT	Treatment Room	Yes	14	14	14	Respiratory and other conditions requiring privacy.
MEET-L-20	Meeting Room	Yes	0	1 x 20	1 x 30	Counselling, education sessions. Spatial allocation will depend on the number of people to be accommodated.
	Discounted Circulation		30%	32%	32%	

Note: Major audiology services will need to be separately briefed and may have a number of rooms performing different functions.

SUPPORT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
BLIN	Bay - Linen	Yes	1 x 2	2 x 2	2 x 2	
BRES	Bay - Resuscitation Trolley	Yes	Shared	1 x 1.5	1 x 1.5	
STGN-9	Store - General, 9m2	Yes	1 x 9	1 x 9	1 x 9	Consumables. Separate secure stores may be required by individual disciplines e.g. neuropsychology.
CLUP-7	Clean Up Room, 7m2	Yes	1 x 7	1 x 7	1 x 7	
DISP-8	Disposal Room, 8m2	Yes		1 x 8	1 x 8	No. to be determined through service planning
CLRM-5	Cleaner's Room, 5m2	Yes	1 x 5	1 x 5	1 x 5	
	Equipment Loan Pool		1 x 14	1 x 20	1 x 20	Size will depend on extent of service.
CLUP-7	Equipment Clean Up Room			1 x 7	1 x 7	For returned loan equipment.
	Discounted Circulation %		25%	25%	25%	

STAFF AREAS - OFFICES AND AMENITIES

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Level 4	Qty x m2 Level 5	Qty x m2 Level 6	Remarks
OFF-S12	Office - Single Person, 12m2	Yes		1 x 12	1 x 12	Allied Health Director
OFF-S9	Office - Single Person, 9m2	Yes	9	9	9	Departmental heads
	Office - Workstation, 4.4m2		4.4	4.4	4.4	
	Office - Write-up		3	3	3	Staff or students
MEET-L-20	Meeting Room, 20m2	Yes	0	1 x 20	1 x 20	Depends on number of people to be accommodated. Potential to share with other departments.
PROP-2	Property Bay - Staff	Yes	1 x 2	2 x 2	2 x 2	
SHST	Shower - Staff, 3m2	Yes	1 x 3	1 x 3	1 x 3	
WCST	Toilet - Staff, 3m2	Yes	1 x 3	2 x 3	2 x 3	
	Discounted Circulation		20%	20%	20%	

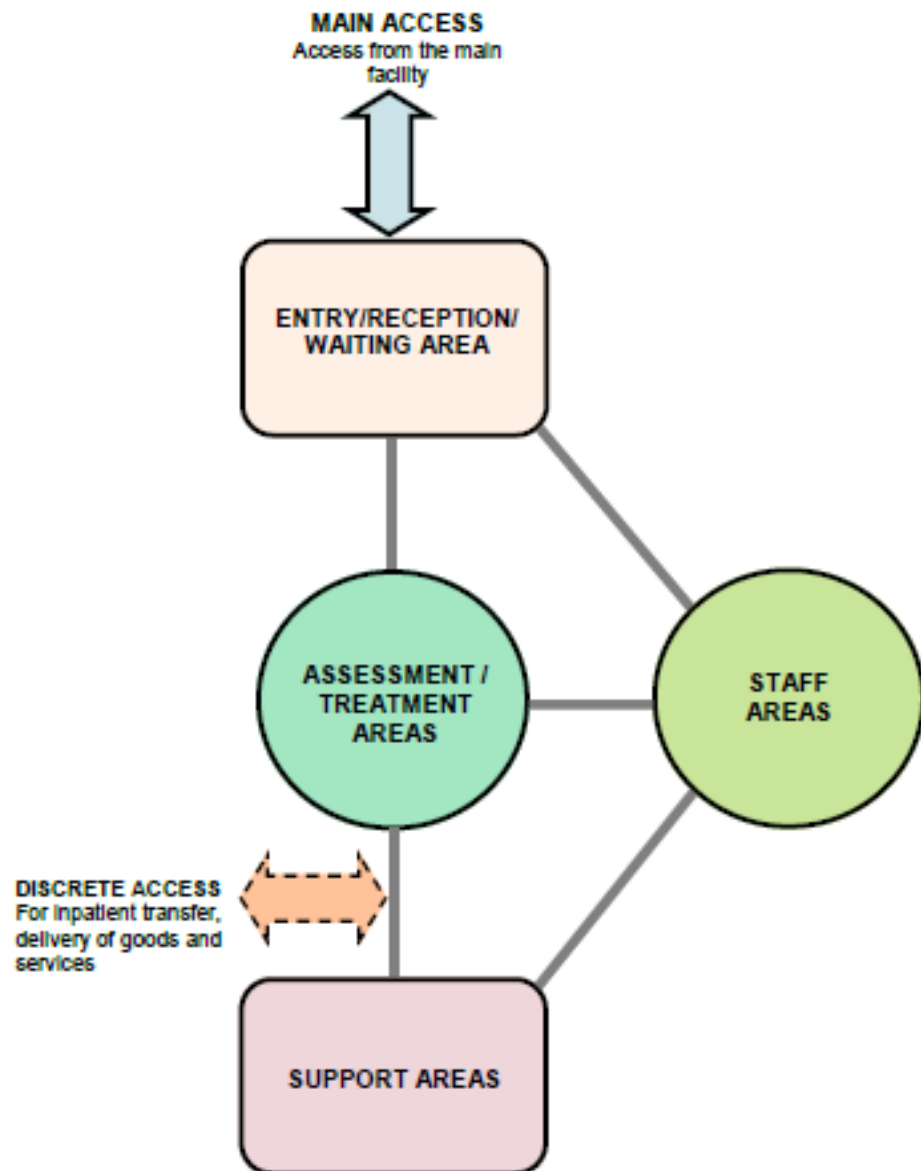
Note that the spatial allocation for support areas (office, staff and patient amenities and storage) will require adjustment to suit local requirements.

OTHER AREAS - HYDROTHERAPY

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2	Remarks
OFF-S9	Office - Single Person - 9m2	Yes	1 x 9	Workstation only may be provided for smaller areas
HYDP	Hydrotherapy Pool	Yes	1 x 240	90m2 pool plus surrounds. Assumes 12 patients (4m2 per additional patient). Includes open shower area and linen trolley/skips. A smaller pool (total 90m2 including pool surrounds) may be provided for smaller services.
STGN-9	Store - General	Yes	1 x 16	Hydrotherapy aids and equipment (that may be wet or damp). Adjusted to suit storage requirements.
SHD	Shower - Accessible, 4m2	Yes	1 x 4	
WCAC	Toilet - Accessible, 6m2	Yes	1 x 6	
CHPT-12	Change Room - Patient (Male / Female)	Yes	2 x 24	Includes toilet, shower, change.
CHST-10	Change Room - Staff (Male / Female)	Yes	1 x 6	Includes staff lockers
	Plant Room		1 x 20	
	Discounted Circulation %		20%	

AX.02 Functional Relationships / Diagrams

The following diagram sets out the relationships between zones in an Allied Health / Therapy Unit.



AX.03 Checklists

A Security Checklist is appended to this document. Refer also to Part C of these Guidelines for general requirements.

AX.04 References

- AHIA, 2010, AusHFG Part B: Section 80 General Requirements, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW AHIA, 2010, AusHFG Part D: Infection Prevention and Control, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW
- AHIA, 2010, AusHFG Part C: Section 730, Human Engineering, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW AHIA, 2010, AusHFG
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- AHIA, 2012, AusHFG Part B: HPU 610 Rehabilitation Inpatient Unit, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- Australasian Faculty of Rehabilitation Medicine, 2011, Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals, Australasian Faculty of Rehabilitation Medicine, The Royal Australasian College of Physicians, Sydney, NSW
- Standards Australia, 2006, AS 3979:2006 Hydrotherapy pools (SAI GLOBAL), Standards Australia, Sydney, NSW

AX.05 Further Reading

- Alzheimer's Australia, 2010, Gardens that Care: Planning Outdoor Environments for People with Dementia;
- Fleming R; Forbes I and Bennett K, 2003. Adapting the Ward for People with Dementia, NSW Health (currently under review);
- National Ageing Research Institute, Victorian Government Department of Human Services, February 2006, Improving the environment for older people in Health Services: An audit tool;
- NSW Health 2002, Guide to the role delineation of health services, 3rd Edition, Statewide Services Development Branch. NSW Health;
- NSW Health Rehabilitation Redesign Project Final Report 2011 – Model of Care;
- NSW Ministry of Health, 2013, GL2013_005, Allied Health Assistance Framework; and
- Standards for Rehabilitation Medicine Service in Public and Private Hospitals (2011) Australasian Faculty of Rehabilitation Medicine, Royal Australian College of Physicians.

ATTACHMENTS

Attachments

SPACE REQUIREMENTS FOR GYM EQUIPMENT IN ALLIED HEALTH / THERAPY UNITS

Item	Dimensions (m)	Total m ²	Circulation around (m ²)	Total (m ²)
Bike (upright)	1.0 x 1.5	1.5	2.0	3.5
Bike (reclining)	1.0 x 2.0	2.0	2.0	4.0
Steps with rail	1.5 x 1.5	2.25	1.0	3.25
Step	0.5 x 1.0	0.5	1.0	1.5
Treadmill	2.5 x 1.5	3.75	2.0	5.75
Rower	1.0 x 2.5	2.5	2.0	4.50
Table with arm-grinders	1.5 x 0.7	1.05	1.0	2.05
Weight racks: wall space	1.0 x 0.2	0.2	1.0	1.20
Parallel bars	0.85 x 5	4.25	0.9m at each side of rails for therapist = 2.65m wide; additional 1.5m at each end for access = 8m long	21.20
Tilt-table (standard)	2.0 x 0.7	1.4	2.0	3.4
Tilt-table (bariatric)	2.0 x 1.0	2.0	2.0	4.0

SECURITY ISSUES TO BE CONSIDERED IN AN ALLIED HEALTH / THERAPY UNIT

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Patient files	<ol style="list-style-type: none"> Personnel working on these files must return to secure area after use or return to Medical Records Department. If any electronic files are produced, locate in restricted area of hard drive.
2. Furniture, fitting and equipment, including computers, office and medical equipment	<ol style="list-style-type: none"> Non-removable 'Asset No.' on all equipment above a predetermined value. Keep equipment in lockable area.
3. Staff personal effects	<ol style="list-style-type: none"> Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.
4. Hospital Personnel Safety	<ol style="list-style-type: none"> Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. Locked doors between patient and work areas.
5. Patient "wandering"	<ol style="list-style-type: none"> Appropriate alarm system on doors and/or personal locator system.
6. Hydrotherapy Pools	<ol style="list-style-type: none"> More than one staff member to be always present to provide assistance. Strategic location of fixed duress buttons to summon assistance. Alternate means of egress.

KEY RISK ISSUES TO BE CONSIDERED IN ALLIED HEALTH / THERAPY UNIT

FACILITY:	DEPARTMENT: Allied Health / Therapy Unit
RISK ISSUE	DESIGN RESPONSE
1. Do staff have access to both fixed and mobile duress systems?	
2. Is access to patient records restricted to staff entitled to that access?	
3. Is a system implemented to prevent theft of equipment, files, personal possessions, etc.?	
4. How is this area secured during and after hours?	
5. Are there lockable storage areas available for specialised equipment?	
6. Is lockable furniture provided for storage of staff personal effects?	
7. How are the offices secured during and after hours?	
8. Has a system been included to address 'patient wandering'?	
DESIGN COMMENTARY / NOTES	DESIGN SIGN-OFF
	Name: Position: Signature:
	Name: Position: Signature:
	Name: Position: Signature: