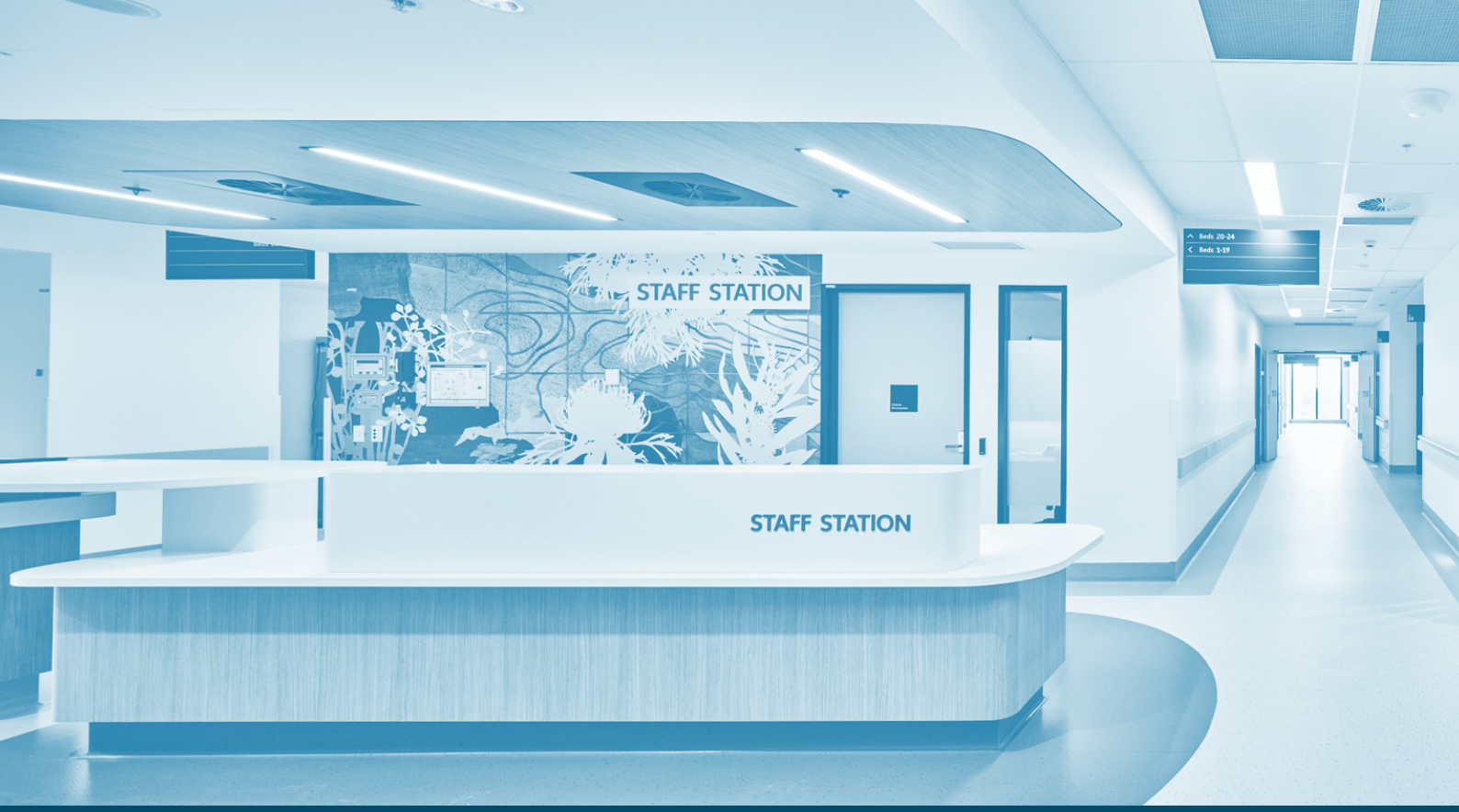

Australasian Health Facility Guidelines

HPU 280 Oral Health Unit

Part B – Health Facility Briefing and Planning

October 2025

Version 8

AHIA
australasian health infrastructure alliance

AusHFG
Australasian Health Facility Guidelines

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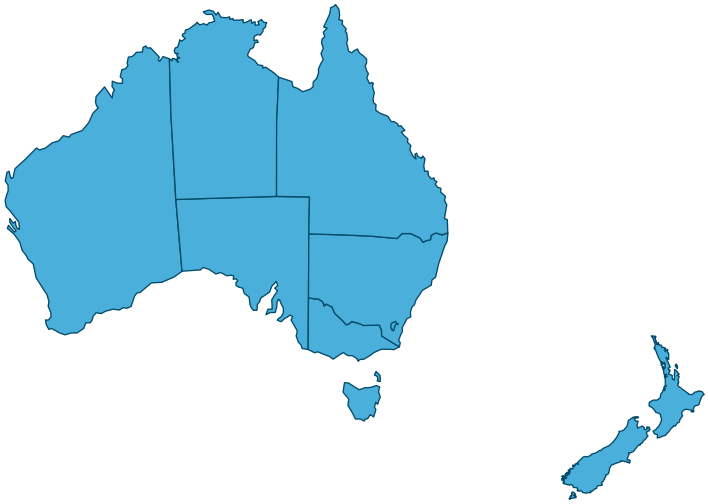
Image cover: Nepean Hospital NSW, NSW Health Infrastructure

Cultural Acknowledgement and Terminology

The Australasian Health Facility Guidelines (AusHFG) are developed in collaboration with stakeholders across Australia and Aotearoa, New Zealand.



Acknowledgement of Country

We acknowledge the Aboriginal people and Torres Strait Islander People as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islands.

We acknowledge their connection to land, sea, sky and community and pay respects to Elders past and present.

Acknowledgement of Te Tiriti o Waitangi

We acknowledge Māori as tāngata whenua in Aotearoa New Zealand.

Te Tiriti o Waitangi obligations have been considered when developing the AusHFG resources.

Terminology and Language in the AusHFG

Throughout the AusHFG resources, the term ‘Indigenous Peoples’ is used to refer to both the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa, New Zealand. Where references to specific cultural requirements or examples are described, the terms ‘Aboriginal and Torres Strait Islander Peoples’ and ‘Māori’ are used specifically. The AusHFG respect the right of Indigenous Peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples or traditional place names.

Contents

Acronyms

Acronym	Definition
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADA	Australian Dental Association
AHIA	Australasian Health Infrastructure Alliance
AHPRA	Australian Health Practitioner Regulation Agency
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
AS	Australian Standard
AS/NZS	Australian and New Zealand Standard
AusHFG	Australasian Health Facility Guidelines
BMI	Body Mass Index
BMS	Building Management System
CAD/CAM	Computer Aided Design/Computer Aided Manufacturing
CBCT	Cone Beam Computed Tomography
CCTV	Closed Circuit Television
EPA	Environmental Protection Agency
FF&E	Furniture, Fittings and Equipment
HPU	Health Planning Unit
HVAC	Heating, Ventilation, and Air Conditioning
ICT	Information and Communication Technology
IPC	Infection Prevention and Control
IPTV	Internet Protocol Television
ISO	International Standards Organization
IT	Information Technology
IV	Intravenous
MPS	Multipurpose Services
OPG	Orthopantomogram
RDS	Room Data Sheet
RLS	Room Layout Sheet
RMD	Reusable Medical Device
SC	Standard Components
SC-D	Standard Components - Derived
SSU	Sterile Supply Unit
TGA	Therapeutic Goods Administration
WHS	Work Health and Safety

1 Introduction

1.1 Preamble

The Australasian Health Facility Guidelines (AusHFG) (www.healthfacilityguidelines.com.au) are freely available resources for health services and project teams across Australia and New Zealand to support better planning, design, procurement and management of health facilities.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA), a cross-jurisdictional collaboration of all health authorities across Australia and New Zealand. Part A of the AusHFG provides further information relating to the purpose, structure and use of these resources. It is acknowledged that the application of the AusHFG varies between jurisdictions across Australia and New Zealand.

This document is intended for new-build projects; however, refurbishment projects should adhere to these guidelines as far as is possible. It is acknowledged that meeting the recommended spatial allocation may not be achievable in a refurbishment project.

This AusHFG Health Planning Unit (HPU) has been reviewed and updated by AHIA following an extensive consultation process that was completed in 2025.

1.2 Introduction

This HPU outlines the specific requirements for the planning and design of an Oral Health Unit. The document refers to dental surgeries which is the space, either an enclosed room or open bay, used to undertake oral health consultations, examinations and treatments. Each room or bay contains a dental chair.

The requirements for planning mobile oral health services have not been included in the scope of this HPU. Planners are advised to refer to the relevant jurisdictional authority for guidance on technical specifications.

This document should be read in conjunction with the AusHFG generic requirements and Standard Components, as described in:

- Part A: Introduction and Instructions for Use
- Part B: Section 80: General Requirements
- Part B: Section 90: Standard Components, Room Data and Room Layout Sheets
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control
- Part E: Alternative Jurisdictional References to the Retired Part E

It is recognised that statutory and regulatory requirements will vary between jurisdictions but, in general, all provide oral health services to very similar categories of eligible patients within the public health sector, with a significant focus being on prevention activities. This HPU is aimed at ensuring a consistent approach to the design of Oral Health Units to meet the needs of patients and staff.

The following related AusHFG resources should also be referenced where appropriate:

- HPU 350 Small Rural Hospitals / Multipurpose Services
- HPU 440 Medical Imaging Unit
- HPU 520 Operating Suite
- Project Resource - Pandemic Preparedness - Health Infrastructure Planning & Design Guidance

1.3 Policy Framework

Before undertaking a project, planners and project personnel are encouraged to familiarise themselves with local jurisdictional plans, policies, service specific guidelines and reports.

State and territory specific policy information is contained in Section 6 References and Further Reading of this HPU.

1.4 Description

1.4.1 Definition of an Oral Health Unit

An Oral Health Unit provides facilities and equipment to deliver oral health services. Services are delivered in dental surgeries that provide a purpose designed dental chair for patients and specialised furniture, fittings and equipment for staff to use when providing oral health care.

Oral Health Units range from single chair surgeries to large teaching hospital units providing complex specialist care.

The majority of oral health services are provided as outpatient services. In some cases, there may be a requirement for inpatient access within hospital-based units. This HPU provides the information necessary to plan and design Oral Health Units of varying sizes and complexity. Dental surgical procedures requiring a general anaesthetic will be undertaken in an operating theatre. For these services, refer to HPU 520 Operating Suite.

As a general guide, it is envisaged that a four-chair unit would be the minimum size for a unit operating as an Oral Health Unit ‘hub’; a single chair unit being the minimum size for an Oral Health Unit ‘spoke’. This arrangement may vary depending on local factors, such as the availability of services in remote areas. Final chair numbers will be dependent on clinical services planning.

1.4.2 Service Levels

Most jurisdictions will refer to service levels to determine the characteristics of the service to be provided. Broadly, the types of services include:

- general oral health services - providing general and preventative care and including some specialist services via outpatients with limited access for inpatients
- dental teaching centres - providing a full range of specialist dental services including advanced imaging and manufacturing services.

It is the scope of services provided that is the differentiating factor between general oral health services and dental teaching hospitals rather than in the presence or absence of undergraduate or postgraduate training activities. Teaching responsibilities, including student placements, will impact on the number of chairs required within the unit.

1.4.3 Services Provided

In accordance with the agreed Clinical Services Plan, the unit may provide the following services:

- general, preventive and emergency services for adults and children
- denture or prosthesis adjustment and/or manufacture
- specialist services, including oral surgery, paediatrics, endodontics, orthodontics, periodontics and special needs care
- health promotion and community education programmes
- patient education
- teaching, training and supervision of students and graduates
- simulation environment for the training of staff and students in a tertiary centre (not included in the scope of this HPU).

As oral health services may be networked across health regions, some of these services may be centralised and/or provided on an outreach basis. Examples include regional administration and call centres, dental laboratories manufacturing dentures and prostheses, and specialist services.

Contingency planning should also be considered as part of the business continuity plan within oral health services and in the event of an emergency or disaster coverage.

1.4.4 Calculation of Numbers of Chairs Required

Calculations for chairs should be based on a multi-factorial approach including the population eligible for care, demand, services capacity, hub and spoke networking arrangements, outsourcing and staffing models. Student and training requirements should be considered in the calculations, as well as projected growth in demand to ensure that future expansion of the service, where required, can be readily achieved.

Most health jurisdictions will have agreed methodologies for calculating chair requirements.

2 Planning

2.1 Operational Models

2.1.1 Type of Unit

The location and size of the Oral Health Unit will be determined by the Clinical Service Plan and may be a:

- stand-alone unit
- core component of a community health centre
- core component of a small rural hospital / Multipurpose Services (MPS)
- hospital-based unit
- mobile dental unit.

Stand - Alone Unit

While Oral Health Units normally form part of a broader range of services, stand-alone units are also provided where appropriate. Such units need to be planned with a full range of support services, as sharing opportunities are limited.

In New Zealand, stand-alone clinics are common, and some are associated with a school site. However, any procedure requiring sedation beyond nitrous oxide must be performed in a hospital setting. Additionally, all emergencies arising from these clinics are referred directly to the local hospital.

Core Component of a Community Health Centre

Most Oral Health Units providing general outpatient services can be collocated with other community-based services to promote easy access and integrated care options for the catchment population. These units are commonly collocated with community health centres.

The size of these units will vary. Larger services will have permanent staff and may provide training opportunities for students.

Core Component of a Small Rural Hospital / Multipurpose Services (MPS)

Oral health services within a small rural hospital or MPS are often provided as a visiting service, with access to a single chair that is dedicated or arranged as part of a shared treatment room.

For further information, refer to AusHFG HPU 350 Small Rural Hospitals / Multipurpose Services.

Hospital Based Unit

The main point of difference for dedicated oral health services provided as part of a hospital campus is that, although the focus of the service will continue to be the provision of outpatient care, limited services may also be provided to inpatients. This may be for urgent dental care or dental care as part of an inpatient admission.

Some oral health services are located within the hospital but are operated independently.

The extent of services provided by dental surgeons in support of other clinical disciplines (for example oral and maxillofacial surgery) will depend on the role and function of the health service. These dental practitioners will use the dental chairs to assess patients and perform various procedures, including dental day treatments under IV sedation. Surgical procedures requiring a general anaesthetic will be undertaken in an operating theatre with appropriate support services, such as anaesthetics and recovery.

Mobile Dental Unit

Although not covered extensively in this document, mobile dental services are an integral part of the oral health system in most jurisdictions. They provide oral health education, dental assessments and treatments to remote communities, aged care facilities, schools and other centres including drug and alcohol rehabilitation facilities where patients are not able to attend an oral health clinic.

Mobile units may face limitations in complying with AS5369:2023 *Reprocessing of reusable medical devices and other devices in health and non-health related facilities* for elements such as ICT connectivity, segregated workflows, HVAC systems, and water quality. To address this, connection to a hospital service for outsourcing reprocessing to a compliant reprocessing service in a host health facility or Sterile Supply Unit (SSU) necessitates careful consideration of transport and storage requirements. Consequently, the affiliated oral health centre will need ICT capability for data/networking for traceability and oral health information system, additional infrastructure to support sterilisation processes, stock storage for the mobile unit, and facilities for parking and loading access.

Refer to jurisdictional requirements for specific considerations and additional information regarding mobile oral health unit parking, site specifications, water supply and power connection requirements.

2.1.2 Rural and Remote Services

The planning process for regional and remote facilities servicing large geographical catchment areas needs to consider:

- access for patients to specialised services such as imaging and manufacturing services
- monitored, temperature controlled, secure storage for outreach services (this is relevant for both hub and spoke sites as hub services will need to accommodate portable carts and equipment)
- delivery and collection cycles are likely to be less frequent to more remote services, translating to the need for additional storage for consumables and instrumentation
- the approach to reusable medical devices (RMDs) reprocessing
- the increasing use of tele-dentistry enabled by fixed or mobile telehealth units
- ICT capability to support traceability, access to electronic medical records and communication of digital images for timely advice
- temperature controlled, secure storage of dental materials on site and in transit
- plant room location
- security considerations relating to small staff numbers working in often isolated locations.

2.2 Operational Policies

2.2.1 General

Operational policies have a major impact on the design requirements and capital and recurrent costs of health facilities and must be established at the earliest stage possible. Refer to AusHFG Part B Section 80 for a list of general operational policies that may apply.

2.2.2 Hours of Operation

The unit will usually operate Monday to Friday during business hours but may operate outside these hours. Operation after hours will have implications for access, security and safety of practice, control of air conditioning and lighting, and need to be considered during the planning and design stages.

There should be policies and procedures in place for the management of emergencies after hours.

Some services may operate reprocessing services outside of normal business hours, which will also require consideration in relation to staff safety and security.

2.2.3 Patient Management

Many oral health services have established call centre systems for appointment scheduling, which are typically based off-site and centralised for a geographic catchment.

Services will generally be provided to both adults and children.

Consideration must be given to providing adequate space and amenities for support persons (parents, carers etc.), as well as appropriate furniture and play equipment for children. Also consider that some patients may be accompanied by a guide dog or support animals.

For the purposes of this HPU, it is assumed that waiting space is provided at a rate of three spaces per dental surgery. Some jurisdictions in Australia and New Zealand have service co-payments and reception staff will be required to handle money.

Smaller services may not have reception staff and patients may be directed via signage to a designated waiting area.

Patients presenting in wheelchairs, elderly patients, bariatric patients and inpatients that are in bed will require consideration to inform the provision of appropriate facilities.

Some services may have established models of care whereby oral health education and non-complex care, e.g. fluoride applications, are provided in dedicated areas separate to the dental surgeries to deliver a more efficient service.

Certain patients, such as neurodiverse people, anxious adults/children, or those needing specific tests like Hepatitis C screening, may require a pre-treatment interview, body mass index (BMI) measurement, or an education session before entering the dental surgery room. If provided, these services are typically conducted by a non-dental clinician in a private consultation room.

2.2.4 Dental Imaging

For the purposes of the guideline, digital radiography is assumed.

Where possible, production of images should be provided via the use of digital plate scanner, which is usually shared by multiple chairs and located in a nearby bay.

Refer to Section 3.10.5 Radiation Screening for further information. Imaging modalities to be considered are outlined below.

Intra-oral Radiography

There should be capacity for intra-oral radiography in all individual dental surgeries.

In open-plan dental surgeries, refer to jurisdictional and local regulatory requirements when determining intra-oral radiography options. These may include one x-ray unit shared between two chairs or a shared imaging room that also provides space for reading.

The intra-oral x-ray units are wall-mounted with remote exposure switches/panels which can be operated outside the room while maintaining view of the patient, in line with local regulatory requirements.

Orthopantomogram (OPG) and Cone Beam Computed Tomography (CBCT)

OPG is a commonly used modality in oral health services.

Most units will require access to an OPG. Where they are not provided as part of the oral health service, the patient may be referred to another service within the network, or a Medical Imaging Unit (services may be outsourced to a private Medical Imaging Unit).

Larger facilities may require more than one OPG to meet the service demand.

CBCT supports the provision of oral surgery and implants. The provision of a combined OPG/CBCT unit should be considered within new or refurbished units, however this will depend on service needs, acknowledging the additional capital cost associated with CBCT and additional precautions relating to radiation shielding.

The geographical catchment and access to other services should also be considered when deciding whether CBCT is justified for ease of patient access.

Refer to HPU 440 Medical Imaging Unit for further information.

Intra-Oral Scanners

Intra-oral scanners are becoming increasingly common and are used to capture a digital impression of the oral cavity, rather than using traditional methods of developing impressions for crowns, study casts, stents and dentures using moulds.

Digital images can be sent directly to a 3D printer or computer aided design/computer aided manufacturing (CAD/CAM) system to create the required case. This can be undertaken within the same unit, or the image may be sent to a 'hub' site to produce the items.

The scanners are usually provided on a mobile console and moved into the dental rooms as required. They will require storage within the unit.

2.2.5 Dental Reusable Medical Devices (RMD) Reprocessing and Sterilisation

The reprocessing of dental RMDs within the Oral Health Unit must comply with Australian Standard AS 5369:2023 *Reprocessing of reusable medical devices and other devices in health and non-health related facilities* which is also recognised and applied in New Zealand.

Oral health services should use a risk-based approach to analyse gaps in their reprocessing environment and/or existing reprocessing equipment and identify necessary changes to meet the new requirements.

The ACSQHC document outlines the following key changes associated with the transition from AS/NZS 4187:2014 and AS/NZS 4815:2006 to AS 5369:2023. Changes that may directly impact facility design include:

- A strong emphasis on adherence to Therapeutic Goods Administration (TGA) requirements when purchasing RMDs, along with their accessories, reprocessing equipment, and reprocessing agents (AS 5369:2023 Clause 2.5.2).
- Enhancement of traceability process for critical and semi-critical RMDs. This process should effectively identify the patient, the procedure, and the reusable equipment, RMDs, and devices used during the procedure. While traceability systems may be manual or electronic, health services are encouraged to transition towards electronic traceability systems, as recommended in AS 5369:2023 (Clause 2.5.3).
- Equipment used for reprocessing RMDs, and other devices must comply with the applicable European Norms, ISO or Australian Standards as specified in AS 5369:2023 Clause 4.3.3.
- In new or refurbished facilities where RMDs are reprocessed at the point of use, the facility design must incorporate dedicated reprocessing areas. These areas should meet the standards for reprocessing environments and facility design, as outlined in AS 5369:2023 Clause 5.6, to minimize the risk of cross-contamination, including but not limited to:
  - segregation of clean and dirty zones
  - unidirectional workflow (from dirty to clean)
  - pass-through equipment (where appropriate to implement)
  - cleaning sinks (including water flushing of a lumened RMD/other device, on the dirty side of the sink; and air flushing, on the clean side of the sink)
  - ergonomically safe, height adjustable workstations
  - water quality
  - hand hygiene facilities
  - ventilation systems.
- Enhanced risk assessment, performance qualifications for handling, storage, and transport of RMDs and other devices to prevent contamination and ensure safety throughout the reprocessing cycle.
- Oral health services should review their release criteria from each phase of reprocessing including policies, procedures, and protocols, guided by a risk assessment, to align with AS 5369:2023 Table 9.1 requirements.

AS 5369:2023 Section 5.6.2 recommends incorporating pass-through reprocessing equipment into the design of new or refurbished facilities. While not mandatory, including pass-through capability is highly encouraged as best practice. During the planning phase of a new build or redevelopment, a risk assessment must be conducted to identify all reprocessing-related risks, and the impact of room arrangements and equipment selection. If the decision is made not to include pass-through capability, for example due to the small size of the unit or small volumes of RMDs, the design must ensure clear segregation of cleaning and dirty activities and unidirectional workflows, as required by AS 5369:2023.

For additional information refer to:

- AusHFG HPU 190 Sterilizing Services and Endoscope Reprocessing Unit
- ADA, 2024, Guidelines for Infection Prevention and Control (Fifth Edition)
- ACSQHC, 2024, Transitioning from AS/NZS 4187:2014 to AS 5369:2023 and Transitioning from AS 4815:2006 to AS 5369:2023
- Advisory AS24/01: National Safety and Quality Health Service Standards requirements for reprocessing of reusable medical devices in health service organisations.

An analysis should also be undertaken regarding the provision of on-site or off-site reprocessing and the volume of single use instrumentation to be provided. Single use instrumentation can be used as a supplement to reduce the volume of reprocessing required, however there are significant costs related to the transport/delivery, storage and disposal of these items. There are also environmental considerations associated with single use instrumentation, although some recycling can occur.

Equipment options may include benchtop, floor-mounted, or pass-through units, with installation determined by manufacturer or supplier specifications. Equipment selection should incorporate contingency planning for malfunctions or repairs.

On-Site Reprocessing Services

Where RMDs are reprocessed within the unit, a dedicated reprocessing area is required including separate areas for cleaning and decontamination; sterilising; and storage of sterile RMDs. Consider the method of transporting clean and dirty RMDs throughout the unit e.g. via trolleys and their required storage space.

The space allocated, and the equipment selected, will depend on the number of dental surgeries being serviced (including any RMDs received from outreach services), workplace processes and staffing.

The reprocessing area should be ideally separated into two spaces for segregation and unidirectional flow. Space between decontaminated RMDs (wrapped but unsterile) and sterile cooling RMDs should have spaces defined - decontamination, packing/inspection/loading, validation of sterilising and cooling.

Consultation with local infection control personnel and reprocessing staff is advisable. Planners are also recommended to refer to local policies and guidelines for further details.

Off-Site Reprocessing Services

Used RMDs and equipment may be sent to a SSU within an Oral Health Unit hub or to a local health service for processing. This approach is more commonly adopted when the Oral Health Unit is based on a hospital site.

Off-site reprocessing may reduce the operational and infrastructure outlay (particularly at small facilities) while increasing the service provider's ability to apply monitoring processes and improve quality standards. It is recommended that providers complete a cost benefit analysis of the options in relation to their specific service plan as this model may:

- necessitate a significant increase in dental RMDs
- increase the volume of RMDs required for centralised reprocessing model - in use, in transit and in reprocessing
- require additional resources in order to transport RMDs between the Oral Health Unit and the SSU
- require a larger sterile RMD storage area.

If off-site RMD reprocessing is used, the unit will still require sufficient spaces to rinse and store dirty RMDs, and for the receipt and storage of sterile RMDs when returned or delivered. These areas will be required to apply the applicable reprocessing standard, even though other elements of RMD reprocessing are carried out off-site.

When RMDs or other equipment are transported between sites, the procedure must undergo a risk assessment in accordance with AS 5369:2023, Clause 9.5 and Appendix B.

2.2.6 Major and Minor Dental Laboratories

The manufacture of dental prostheses may be performed in-house or may be outsourced.

In a hub and spoke service arrangement, the manufacture of dental prostheses is usually centralised. Major dental laboratories are usually only provided in a small number of sites across each jurisdiction. Spoke sites will then require a minor dental laboratory for the pouring and trimming of patient moulds, and for denture adjustments.

Additional information relating to requirements for these areas is contained in the Section 4.2 Non-Standard Components.

If a 3D printing or milling machine is used for the manufacturing of dental prostheses, the appropriate environmental conditions for operation will require consideration.

2.2.7 Analgesia and Sedation

Nitrous oxide is used in most Oral Health Units for relative analgesia. This would usually be provided in a select number of rooms across the unit, with patients scheduled accordingly when access to nitrous oxide is required. Refer to Section 3.10.6 Medical Gases for additional information.

IV sedation (conscious sedation) can be provided in a dental surgery as long as relevant legislation is adhered to. It can be carried out by a medical practitioner (including anaesthetist) and by Australian Health Practitioner Regulation Agency (AHPRA) endorsed dental practitioners. A locked IV sedation cupboard may be considered in a designated surgery room on a project-by-project basis. Consider local jurisdictional requirements for the storage of IV sedation medication.

Procedures requiring general anaesthetic will be provided in a dental hospital or in an acute hospital operating theatre rather than in an Oral Health Unit. Additional requirements to support these services include dedicated medical (anaesthetists) and nursing staff, and associated equipment and recovery space. Relevant legislation and policies will need to be adhered to when designing areas where general anaesthetic is administered.

2.2.8 Dental Records

Facilities should be planned to support electronic records systems. The ICT infrastructure implications need to be considered during the planning and design stage to ensure that optimal staff work practices are supported.

There will continue to be a requirement for some paper-based storage within Oral Health Units.

Paper-based records, where provided, should be stored in a secure and lockable space, adjacent to the reception area where possible, to enable administrative staff easy access. Archival space for old records may be provided off-site.

Some services will require storage space for old models if scanning is not available. Dental records must be retained for the minimum period required by local legislation.

2.2.9 Medical Emergencies and Patient Recovery

Services located within hospitals may be required to store a resuscitation trolley within the unit.

A recovery area away from the dental surgery room should be considered for patient recovery after the procedure to make the dental surgery room available for the next booked patient. Also refer to Section 2.4.3 Treatment Area – Dental Surgeries for additional information about patient recovery area.

2.2.10 Storage – General Supplies

General supplies will be obtained through routine imprest and elected direct purchase arrangements.

Where Oral Health Units are collocated with other services, delivery of goods may occur through a dedicated goods receipt point such as a loading dock/bay.

Oral health stores for receipt of delivered goods should be located close to the Oral Health Unit.

Consideration of specialised storage is required including lockable refrigerated storage and flammable liquid storage, as per local regulations.

2.2.11 Storage – Sterilised Reusable Medical Devices

Storage of RMDs should ensure the quality, integrity and safety of the device by maintaining the following design considerations:

- storage areas for sterile items shall be controlled to prevent contamination and shall be dedicated for that purpose only
- the storage environment shall be free of dust, insects and vermin
- for open shelving within a dedicated storage area, all items shall be stored above floor level by at least 250mm and from ceiling fixtures by at least 440mm and protected from direct sunlight or other sources of ultraviolet light
- walls and floor finishes, window treatment, fittings, furniture and work surfaces must be robust, water resistant, non-shedding, smooth and capable of being easily cleaned
- finishes, fittings, light and surfaces shall be flushed and the use of difficult to clean corners/junctions are to be minimised
- ventilation of storage areas for reprocessed RMDs shall control temperature and relative humidity in line with AS 5369:2023
- air conditioning and ventilation systems requirements of AS 1668.2 apply.

2.2.12 Storage – Equipment

Storage of large equipment such as microscopes, portable x-ray units, 3D scanners, mobile projector screens and other equipment used by the mobile dental unit should be considered to store these items safely and securely.

If this equipment is primarily for use by the mobile dental unit, consider a direct path of travel without traversing the whole unit during the movement of these items.

2.2.13 Store for Dental Fleet

If a mobile fleet is included in the dental service, consider the additional storage requirement for sterile RMDs and equipment, consumables and general supplies. Also consider the mobile fleet restocking and/or offloading of equipment pathway without going through the whole unit to minimise disruption of normal clinic activities.

2.2.14 Waste Disposal

General and clinical waste will be managed in accordance with overall health service policies. Spatial allowance for waste storage should consider recycling streams for single use instrumentation if included in operational practice.

Also refer to Australian Dental Association, 2024, ADA Guidelines for Infection Control (Fifth Edition).

Dental Amalgam Waste

Oral Health Units generate a number of waste products that have the potential to be discharged into the waste-water system through dental suction systems. A number of heavy metals can be discharged including silver, cadmium, chromium, copper, mercury, nickel, lead and zinc. Of principal concern is mercury discharge as dental surgeries are recognised as significant contributors to mercury contamination of the environment.

Although mercury in the form of dental amalgam is very stable, amalgam should not be disposed of in the general waste, infectious waste (yellow bag), pharmaceutical waste or sharps container. Amalgam also should not be rinsed down the drain.

Project staff should refer to their relevant environmental authority for guidelines on disposal of both liquid and solid mercury waste, back-flow prevention and waste-water disposal. All surgeries should include amalgam waste traps that comply with ISO 11143:2008.

It is recommended that mercury wastes be returned to metal or precious metal recyclers for reclamation.

For the handling and storage of mercury related dental waste, refer to:

- Australian Dental Association (2021) Policy Statement 6.11 on Amalgam Waste Management – Best Practice Guide
- New Zealand Dental Association (2018) Practice Guideline – Managing amalgam waste
- other jurisdictional policies and guidelines referenced in Section 6.2 Further Reading.

2.2.15 Staff Structure

The staff structure of the unit will have an impact on the nature, size and location of staff work areas including administrative and teaching spaces, and staff amenities. The staffing structure of the proposed unit, including students and academic staff, should be developed in the early stages of planning.

Staffing profiles should address skill requirements through a combination of education, training, qualifications, and experience. These skills should align with the demands of equipment validation, monitoring, and testing, as well as data analysis to uphold quality standards.

2.3 Planning Models and Functional Relationships

2.3.1 Unit Location and External Functional Relationships

An Oral Health Unit should be located in an area accessible to the community by both public and private transport.

The clinic may be part of the Outpatient Department of a hospital or located as a stand-alone facility in the community such as schools. Mobile units will have designated locations near schools, aged care facilities or other community venues such as public parks or sports fields.

If located on a hospital site, there should be easy access to:

- the SSU in the health facility if this is the proposed model for reprocessing of dental RMDs. Under this arrangement, the SSU should be located within the same building as the Oral Health Unit to minimise transport time. Direct horizontal or vertical access to SSU is ideal.
- a loading dock/bay if access to off-site reprocessing services and deliveries is required
- ‘back of house’ support services including waste disposal units.

If mobile dental vehicle is provided as part of the dental service, access by staff for restocking and loading/unloading dental sterilised RMDs should be considered.

2.3.2 Unit Configuration and Internal Functional Relationships

The reception area requires a clear view of entry and exit/egress points and of the waiting area.

There must be easy but controlled access from the waiting area to the patient treatment areas. Staff must be able to move between the treatment areas and reception.

The unit may have dental chairs arranged as:

- one chair per dental surgery
- open plan dental surgeries
- a mix of the two, with support areas located to ensure optimal workflows and efficient and safe working practices.

In all scenarios, the layout of each room must be optimised so that:

- clean and dirty zones are identified within the space
- clinical staff are in easy reach of all patient treatment equipment when seated
- patient privacy is maintained
- staff safety is maintained
- noise is contained

- dedicated air conditioning temperature control is provided to each dental surgery.

Staff work areas and amenities should be separate from patient and public access to provide privacy and quiet areas.

2.3.3 Dental Surgery – Enclosed Room

An enclosed room design incorporates all services and equipment required for the assessment and treatment of one patient and is appropriate in most situations. This configuration ensures patient privacy and contains noise. This type of room will accommodate most ambulant patients and those using walking aids.

A larger single room may be considered when the following are required:

- access for trolley, patient bed or wheelchair
- accommodation of large specialist equipment such as endodontic microscope or surgical equipment for extraction
- use of a patient hoist.

This may include access for inpatients, bariatric patients and disabled people with physical or learning disability.

2.3.4 Open Plan Design

When considering an open plan dental surgery design, these spaces are sometimes grouped in pairs with shared hand washing, x-ray (as per jurisdictional requirements) and storage facilities located between them and may be separated from each other with partial height partitions for privacy and infection control requirements (e.g. aerosols). Patients will usually be positioned away from the circulation corridor which ensures a level of privacy.

This arrangement of chairs is normally adopted for teaching and supervising students; however, it may also be provided in other situations.

Due to the potentially higher chances of infection control issues in an open plan design, handwash basin and x-ray equipment may be considered for each bay. Also, refer to AusHFG resource Pandemic Preparedness - Health Infrastructure Planning & Design for additional information for oral health practice during a pandemic.

2.3.5 Shared Areas

In small units, only the dental surgeries will be a dedicated space. The entry, reception and waiting areas, most support areas, and staff areas may be shared with adjoining units.

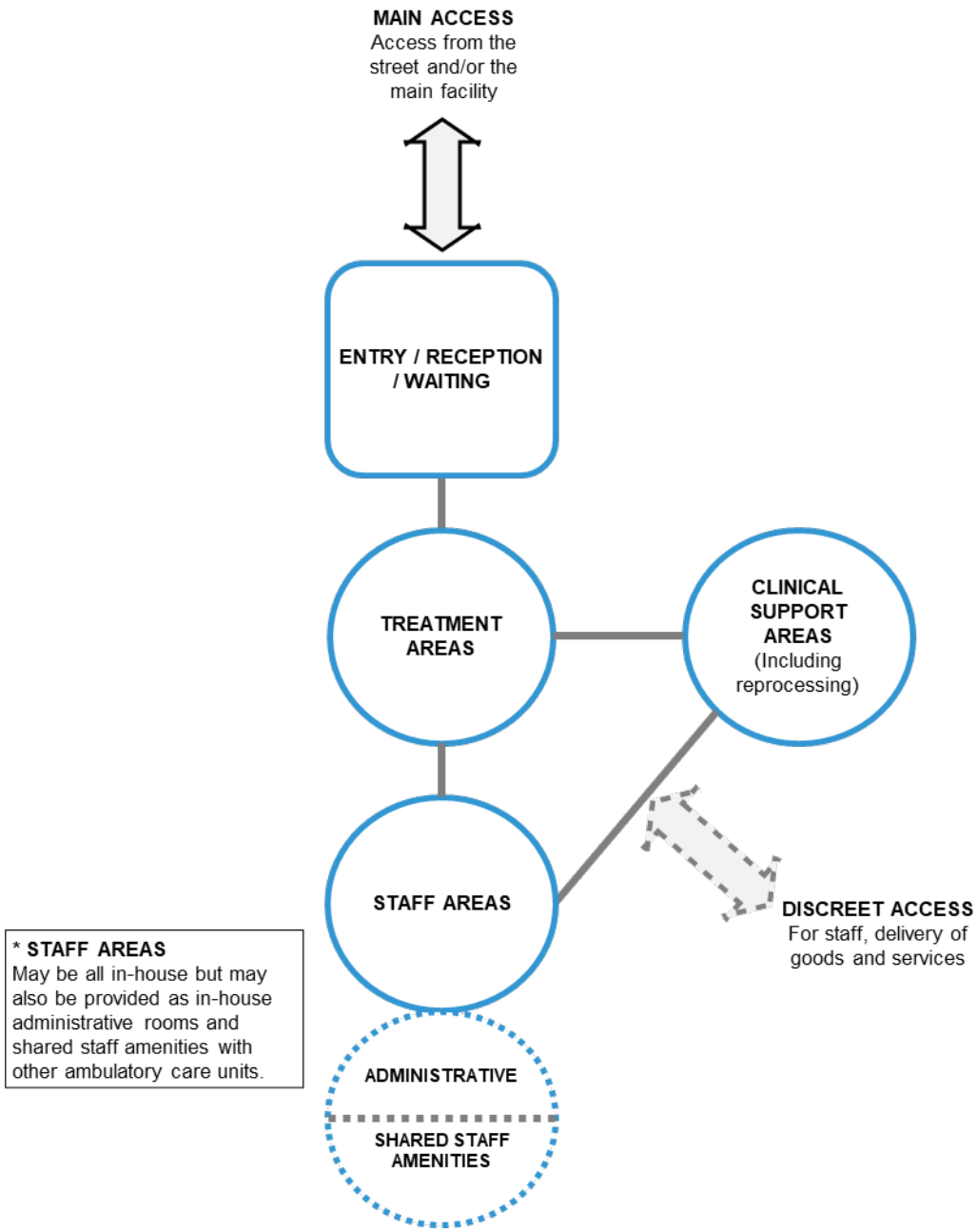
When a shared reception area is provided, it is preferred that a reception space will be dedicated to the oral health service owing to specialised administrative tasks associated with eligibility and/or co-payments.

Waiting areas should only be shared where close proximity to the dental service is achieved to minimise staff and patient travel time.

Even when larger units are collocated with community health centres and hospitals, opportunities should be explored to share space, including visitor and staff amenities.

2.3.6 Functional Relationships / Diagrams

The following diagram sets out the functional relationships between zones in an Oral Health Unit.



2.4 Functional Areas

2.4.1 Functional Zones

Functional zones will comprise:

- entry / reception / waiting
- treatment areas – dental surgeries
- support areas including dental plant room
- staff – work areas and amenities.

2.4.2 Entry / Reception / Waiting

Where Oral Health Units are collocated with other services, patients will enter the facility via a shared entrance.

The waiting area may be shared with other services, however a sub-wait area for oral health services is recommended to minimise travel distances for staff and patients. Three waiting spaces per dental surgery is generally recommended to accommodate one to two patients waiting with a support person. A screen to display health promotion messaging is recommended in this area.

Space should be considered for prams and patients/visitors with walking frames, other mobility aids, or in wheelchairs, as well as bariatric and elderly patients. Furniture selection should be comfortable, durable and easy to clean. A children's play area may be located adjacent to the main waiting area with appropriate, safe, engaging and easily cleanable interactive/play design elements. Include artwork within arrival and waiting spaces to contribute to culturally safety and wellbeing of families and carers. Children in the play area must be under the supervision and line of sight of parents/carers. Also refer to local jurisdictional requirements and recommendations for separation of adults and children in waiting areas.

Consider ICT infrastructure to support the installation of electronic queueing and ticketing systems.

The size of the reception will be determined by the number of staff required and will have oversight of the entry and waiting areas. Disability access provision is mandatory.

Optimise room layouts to enhance acoustic privacy and patient confidentiality by reducing sound transmission between reception and waiting areas.

Consider wall holders or free-standing holder locations for oral health education leaflets, posters and brochures.

Consideration should be given to the safety and security of reception staff including through the provision of a duress alarm and a design that supports safe egress of reception staff back into the unit. Design solutions to address safety requirements must also support optimal communication between staff and patients and included hearing assisted technology.

Provide access to hand sanitising stations in line with contemporary infection control requirements. Also refer to AusHFG Pandemic Preparedness - Health Infrastructure Planning & Design for further information regarding waiting areas.

Patients are sometimes transferred to the unit on bed or stretcher. As they will be unable to wait in the waiting room with seated patients, consider providing a private, safe and staff-supervised bay where the patient can wait until they are seen. If part of the oral health service, also consider vehicle drop off, entry and waiting area for people arriving with police or correctional services escort.

2.4.3 Treatment Area – Dental Surgeries

Whether enclosed rooms or open plan, the typical dental surgery has the dental chair positioned close to the centre of the room or cubicle. The dental practitioner and dental assistant operate around the head of the chair with the dental practitioner normally positioned on the patient’s right (if right-handed).

In a closed surgery, the position of the dental chair is often determined by the reach of the (wall or ceiling mounted) x-ray arm to enable exposure of x-rays on either side of the patient’s face with the patient in both the upright and reclined position. Ease of access by the dental practitioner and dental assistant behind the head of the reclined dental chair must also be considered.

The provision of the dental assistant’s workstation and adequate shared storage units for equipment and disposable items is specifically designed for user accessibility, space efficiency, infection control and easy maintenance of a clean, clutter-free work environment. Clean and dirty workflows will be facilitated.

Dental surgery layouts are provided in the AusHFG Standard Components. The required layout for each facility will vary depending on proposed workflows and the equipment and accessories procured. Minimum widths and depths are important to ensure that the dental practitioner and dental assistant can operate effectively.

Allowance should be made for changes in practices relating to technology advancements such as space for IT equipment, digital radiography, telehealth and intra-oral cameras. A suitable location for computer monitors is required to accommodate the use of the electronic oral health record. Consider x-ray screening requirements and structural reinforcement to support mounting of the x- ray unit as well as ceiling mounted screen/monitor for patient distraction/comfort.

Seating is usually provided for a carer. Also consider spaces for an interpreter, other support person and support/therapy animals.

For rural and remote services, portable dental carts may be used for greater flexibility of use and ease of removal and repair.

If a consult room is provided, it is often considered as a multipurpose room for oral health education, interview, non-oral assessment, non-complex care or as a recovery room. To allow for other functions, specific requirements will be required. For example, if the room is used for patient recovery, oxygen, suction, medical air and a suitable seating such as a recliner will be required. A suitable location that would allow the recovering patient to be observed by staff easily needs to be considered. The consult room may also be used as an observation room for patients awaiting ambulance pick-up in the event of emergency.

2.4.4 Support Areas Including Dental Plant Room

The extent of support areas required will depend on the size and location of the unit. In small single surgery units, serviced by a visiting dental practitioner for example, the full range of facilities will not be appropriate, and arrangements will need to be made for reprocessing and laboratory needs. It may also be possible to share some support space if located with other services (e.g. disposal room, cleaner's room).

A dental plant room is a key element of the unit and cannot be located remotely from the dental unit. Design information relating to the plant room is included in Section 4.2.3 Plant Room.

Recommended room requirements are included in Section 5 Schedule of Accommodation.

2.4.5 Staff Work Areas and Amenities

The provision of staff work areas will comply with local policies.

Provision must be made for staff lockers in a secure environment. Depending on the type of unit and location, a staff room and toilets may be shared with other units. Access to a staff shower is desirable.

If no dedicated staff room is provided, in the case of stand-alone Oral Health Units, a beverage bay, separate from the clinical facilities, will be required. Alternatively, a staff room may be provided within a community health centre and shared between services.

Access to a meeting room should be provided to support student teaching and staff in-service training. The separation or combination of the staff room and meeting room for multifunctionality should be considered early in the planning process.

3 Design

3.1 Access

3.1.1 Internal

Entry to the unit must allow easy barrier free access for ambulant, wheelchair and trolley patients.

A separate entry is ideally provided for inpatients, where indicated. In a hospital-based unit, bed/trolley access to at least one surgery is to be provided.

Unit access design must comply with AS 1428.1:2021 *Part 1: General requirements for access - New building work*.

3.1.2 External

Consideration should be given to public transport availability.

Off street access for vehicles transporting patients should be provided.

All-weather vehicle drop-off points should be provided for easy access by patients who are elderly, frail, have limited mobility or wheelchair users.

Consideration should be given to ambulance access and trolley access to units located within hospitals.

If the unit is provided as a stand-alone building on a hospital site, an undercover link to the main hospital should be considered.

3.2 Parking

Ready access to parking is required for patients and their carers including drop-off parking for people with disabilities.

Not all dental clinics will have an affiliated mobile oral health service. However, if mobile oral health services are affiliated with the oral health centre, consider the requirements for large, allocated parking spaces with weather safe power points and access to clean water and grey water gullies for the fleet. Consider the size of the mobile van/truck as they vary in size, and other requirement such as mobile van/truck turning circle and parking pads which may also signal significant capital and operational costs for the host clinic.

For further information regarding staff parking, refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.3 Disaster Planning and Major Incident Management

For further information refer to information on disaster planning in the Operational Policies section of AusHFG Part B: Section 80 General Requirements.

3.4 Infection Control

The planning and construction of any facility must incorporate the principles of environmental infection prevention and control to minimise contamination from particulates (solids and aerosols) and micro-organisms. The general layout of a dental surgery is based on a streamlined design applying IPC principles.

Design must focus on minimising the number of surfaces likely to be exposed to aerosols (generated by the dental handpiece and air/water application) by concealing equipment (other than that associated with the dental chair) or locating certain items (such as computer screens and administration areas) away from the zone of aerosol contamination. There must be clear distinction between zones (for example reception/administration and treatment areas) and prevention of crossover of dirty, clean and sterile workflows.

The use of high-volume evacuation suction equipment is also important in minimising aerosol effects.

Regular cleaning of the unit is to be undertaken to minimise the number of micro-organisms in the environment and keep all surfaces clean and tidy. This must be in line with current environmental cleaning protocols.

Procedures are to be implemented for the safe handling and appropriate disposal of contaminated materials and waste.

Hand hygiene facilities are essential in every dental surgery. Appropriate personal protective equipment (such as gloves, protective eyewear, gowns and facemasks) is to be used to reduce the risk of exposure to aerosols, blood and body fluids. Access to dispensers and storage for personal protective equipment must be considered in each surgery to ensure easy access.

Hands-free access to bins for disposal of paper, clinical waste and sharps is to be provided.

Consideration should be given to physical distancing in design and reducing the number of surfaces needing to be touched to transit through the unit. Hand sanitising stations should be located in areas where frequently touched surfaces are located. Contemporary guidelines relevant to pandemic response should be consulted.

Some larger, specialised facilities may be required to treat clients with a confirmed airborne infection and will require access to a negative pressure room. In the context of a pandemic, this would only be undertaken for urgent/emergency dental treatment. The use of mobile dental units may also be considered.

Consideration of operational practices and/or access to positive air pressure environments for severely immunocompromised or highly allergy sensitive patients may also be required in specialised facilities.

For further information, refer to:

- AusHFG Part D: Infection Prevention and Control
- AusHFG Pandemic Preparedness - Health Infrastructure Planning & Design Guidance
- Australian Dental Association, 2024, ADA Guidelines for Infection Control (Fifth Edition)
- NHMRC, 2019, Australian Guidelines for the Prevention and Control of Infection in Healthcare
- local jurisdictional policies.

3.5 Environmental Considerations

3.5.1 Acoustics

Noise can be a frequent source of complaint from patients and staff. As such, patients often prefer an enclosed dental surgery. It is also highly recommended to treat children and neurodiverse people in enclosed dental surgery to mitigate negative effects of noise and lessen anxiety. The following factors should be considered:

- minimising noise through the use of acoustic ceiling tiles while maintaining infection control requirements
- isolating noisy areas or equipment from patient treatment and waiting areas
- accommodating all mechanical plant in a separate service specific plant room
- ensuring optimal acoustic treatment of plant rooms.

Sound absorbent materials such as above ceiling acoustic matts/insulated blankets are not recommended due to the risk of particulate matter or friable particles being deposited into the space below or disturbed when ceiling is accessed during maintenance.

3.5.2 Natural Light and Views

Natural light is highly desirable in dental surgeries as light and views assist in alleviating patient anxiety and improving staff morale.

In clinics where natural lighting and views cannot be provided in all surgery rooms, the use of images showing the illusion of bright sunny day outdoors are sometimes used.

3.5.3 Privacy

The planning and design of Oral Health Units must optimise patient privacy. The unit should be designed to:

- ensure confidentiality of patient discussions and records
- appropriately configure dental surgeries to optimise patient privacy.

3.5.4 Interior Design Considerations

Interior design includes artwork, furnishings, style, colour, and use of textures. Appropriate selections of interior design can assist in relaxing patients by providing a non-intimidating, welcoming atmosphere. Some clinics cater to the diverse needs of patients across all age groups, including children, adolescents and adults. To foster a warm and inclusive atmosphere, consider incorporating a calming and neutral colour scheme, artwork such as landscapes and some design elements that are engaging for children such as a 'kid's corner'.

Some colours and patterns can be disturbing to some patients and may interfere with teeth colour matching. Bold primary colours and certain intensity/shade of green should be avoided in treatment areas for that reason. However, these colours may be suitable in areas such as waiting rooms where there will be no impact on clinical functions.

Consideration may be given to providing visual interest points on the ceiling.

Modular furniture may be considered in the waiting areas to allow for smaller groups which may also assist with distancing requirements for infection control.

Cleaning, infection control, fire safety, and maintaining a professionally presented environment must be considered while avoiding an institutional atmosphere.

Interior décor selections must thoughtfully and respectfully embody the cultural values, aesthetics, and narratives of local Indigenous Aboriginal and Māori peoples. Design elements should celebrate and honour traditional knowledge systems, symbolism, and the distinct identities of each culture, ensuring authentic representation and maintaining cultural integrity across all spaces.

3.5.5 Arts Integration

Arts integration can support a range of wellbeing initiatives for staff, patients and families, for improved clinical outcomes, patient dignity and agency.

Any artwork commissioned should align with the AusHFG, Arts in Health Framework, 2022.

3.6 Space Standards and Components

3.6.1 Human Engineering

Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use of the facility by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, FF&E and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of Australian and New Zealand Work Health and Safety (WHS) and antidiscrimination legislation will apply, this section needs to be read in conjunction with AusHFG Part C Section 4 Human Engineering.

Issues to be considered in Oral Health Units include:

- electric dental chairs that can be operated to adjust for height and position
- access to hoists for patient lifting
- the use of a larger dental surgery for those with disabilities, such as wheelchair users or people with bariatric needs. These patient cohorts will impact on chair types and the weight capacity of dental chairs. This larger surgery rooms will be located so that access is easy and direct from the waiting room.

- referring to AS5369:2023 standard for height adjustable bench requirements for sterilisation areas for staff use.

3.6.2 Ergonomics

Oral Health Units should be designed and built in such a way that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

Configuration of dental surgeries is important, to ensure that staff have convenient access to all instruments and equipment necessary for patient care. For more details regarding ergonomic design and accessibility refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.6.3 Building Elements

Building elements include walls, floors, ceilings, doors, windows and corridors.

Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage or manual handling risks. The unit corridors and larger dental surgery will accommodate entry by a bariatric wheelchair and hospital bed.

For more information and guidance refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.7 Safety And Security

3.7.1 Safety

The unit must provide a safe working environment which will not cause any risks to the health and safety of the occupants. In addition to those risks and hazards commonplace in health care environments, there are specific WHS issues associated with Oral Health Units that include:

- staff leaning over reclined patients to provide treatment
- aerosol contamination
- working with infectious materials
- working with medical gases and hazardous chemicals in laboratories
- heat and noise associated with sterilizing procedures and in laboratories
- manual handling
- potential for patient aggression and violence
- radiological hazards.

To ensure a safer and healthier unit design, it will be important to identify, assess and control any risks or hazards that exist within the unit. For instance, when working with chemicals or dust in dental laboratories, the use of fume cupboards, hoods, or extraction systems is essential.

For further information refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.7.2 Security

Issues to be considered in Oral Health Units include:

- barrier requirement for controlled access between waiting areas and clinical and administrative areas. It may include secured staff-controlled door separation between the waiting area and treatment zone.
- controlled after-hours access should extended hours services be provided
- security of reception areas, patient records and cash storage
- the safety of staff and property.

Where applicable, the unit should incorporate the following:

- staff assist or nurse call in hospital-based unit
- secure storage for services where gold for fillings is stored in the unit

- secure storage of dental instruments and equipment when not in use in dedicated training areas.

3.8 Finishes

3.8.1 General

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

The use of smooth, easily cleaned surfaces is required. Avoid joined laminated and textured surfaces on bench tops and walls. Floor vinyl to be coved from floor to walls and joinery.

Refer to AusHFG Part C: Design for Access, Mobility, Safety and Security and the relevant AusHFG Standard Components.

3.9 Fixtures, Fittings and Equipment

3.9.1 Definition

The Room Data Sheets and Room Layout Sheets in the AusHFG contain standard rooms as described in this HPU. Consider early equipment selection so that services/joinery can accommodate requirements.

Medical equipment used in Oral Health Units should be consistent with Australian and/or New Zealand Standards where available.

For more detailed information refer to the Room Data Sheets (RDS) and Room Layout Sheets (RLS), and to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.10 Building Service Requirements

3.10.1 General

All services should satisfy the unit's specific service level and procedure requirements. Services should be designed and installed in a manner that will allow easy access for maintenance and cause only minimal disruption when maintenance is required.

3.10.2 Air Handling Systems

Air-conditioning is required in all areas during standard operating hours. Capacity to override air-conditioning to provide emergency service in either one surgery or the total unit after hours will also be needed. Staff working in individual dental surgeries should be able to adjust the temperature of each room to maintain the comfort of practitioners and patients.

Air conditioning requirements of treatment rooms will vary according to the type of treatment being offered, the location, and the construction material of the room.

Refer to AS 5369:2023 for temperature and humidity requirements for RMDs storage which requires the air conditioning system to always be on in this room. Also refer to Victoria guidance HTA-2019-001 Response to Humidity Control Events in Sterile Store and Perioperative Areas.

If a major dental laboratory is included, special consideration should be given to the specialised equipment requiring removal of noxious fumes, dust, and heat. Many units will be provided with specialised proprietary equipment and benching requiring extraction and other services. High quality exhaust/extraction system is required for the burn-out oven.

Provision also needs to be made for exhaust from the steriliser in the dental sterilising room. Refer to relevant jurisdictional guidelines regarding building and engineering services for health facilities.

3.10.3 Electrical Services and Lighting

Colour-corrected lighting will be required in surgeries and laboratories where shading and/or matching of teeth colour is undertaken.

Dental examination lights can be mounted on the dental chair or on the ceiling. For neurodiverse people or those with sensitivities to bright lights, other strategies may be used such as provision of dark glasses and using illuminated tongue depressors and scopes to examine the mouth.

Also refer to AS 5369:2023 reprocessing standard for specific lighting information for dental RMD reprocessing rooms.

3.10.4 Information and Communication Technology

Planning of ICT systems to support clinical and operational activities is an essential component of any facility design. Systems to consider include:

- patient management system
- 'chair-side' computing to support electronic oral health records and digital imaging
- telecommunications
- other technology, such as digital radiography, telemedicine and RMD tracking and inventory management systems
- telehealth services using fixed or mobile units.
- Wi-fi connectivity for real time feedback on student performance.

The unit layout must include appropriate data cabling and connection lines to support internal and external networks, and a server room may be required depending on the project needs. The ICT systems need to be coordinated with local healthcare service provider ICT for project specific requirements.

Cabling for patient management systems and telecommunications should be available in all dental surgeries and in administration and teaching areas.

In addition, access may be required to support:

- a building management system (BMS)
- internet protocol television (IPTV) in waiting rooms and possibly in surgeries
- closed circuit television (CCTV) if indicated
- public address system
- background music
- duress alarm system
- nurse/emergency call systems.

3.10.5 Radiation Screening

All medical imaging equipment and rooms where x-rays are taken must meet the radiation safety requirements of state and local authorities.

Radiation shielding, including requirements for wall shielding, must comply with Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) *Radiation Protection Series No. 14 Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation* (2008).

3.10.6 Medical Gases

All surgeries will require compressed air and dental suction. Services should ideally be piped if sufficient volumes are used but may be provided via portable cylinders in small units.

Depending on the types of procedures provided, oxygen, medical air, nitrous oxide and scavenge may also be required in a select number of rooms and laboratory areas. These will generally be provided on wall mounted medical service panels.

The use of nitrous oxide in operating theatres, procedural suites and emergency departments is declining due to a range of clinical and environmental concerns. Reticulated systems have been found to increase leakage of nitrous oxide (a potent greenhouse gas) to atmosphere, can increase facility operating costs and potentially expose staff to nitrous oxide.

Reticulated nitrous oxide and associated scavenge outlets are not mandatory for any healthcare service and point of care cylinders can meet clinical requirements for the majority of healthcare facilities.

Where found to be clinically necessary, the provision of nitrous oxide via piped outlets or via cylinder is to be determined at a project level, based on an assessment of expected clinical need and associated risk assessment, particularly for services with high utilisation. The associated cost impacts should be considered including the storage and management of cylinders.

Due consideration must be given to a range of operational considerations including:

- monitoring and measurement of usage
- management of leakage
- Work Health and Safety (WHS) requirements relating to the use of cylinders
- approach to the provision of scavenge where cylinders are used
- appropriate storage for cylinders
- security of gas sources given it is used as a recreational drug.

Compressed air will be needed in the dental reprocessing areas.

Access to compressed air and a fume hood will also be required in major dental laboratories.

3.10.7 Dental Suction

Excess dental material/matter, water and saliva from the patient's mouth is extracted via the dental suction system. This material is contaminated biologically and will contain mercury when amalgam fillings have been removed. The extracted solids are trapped, either within the chair-side unit or in the dental plant room. The suction containers from the chair-side units must be emptied on a regular basis. Plant room traps are emptied by maintenance staff/contractors, during routine servicing.

Dental suction systems must not be confused with medical suction systems.

3.10.1 Water

Potable water is required for dental units and may need to be filtered for particulate matter depending on local requirements. Metering of water to clinical area is required for waste management purposes.

All dental operating units have integral suction systems which remove contaminated water and body fluids from the operation site. This waste may require coarse filtering (usually integral to the unit), separation of heavy metals and then disposal.

Dental reprocessing areas will require access to reverse osmosis or demineralised water. Inline water filtering may be required to treat water before it enters reverse osmosis or water demineralisation systems.

Equipment must comply with technical regulations in each jurisdiction to ensure that cross contamination is eliminated.

In accordance with AS 5369:2023, certain geographical areas may require water treatment systems to enhance the quality of water used during all stages of cleaning, decontamination, and sterilisation of RMDs.

3.10.2 Drainage

Dental chairs can be drained by either gravity or vacuum principles, subject to the type of chair and its set out within the unit. Generally, cuspidor or spittoons are no longer provided due to IPC issues. The following are potential scenarios that could be considered during design including dental chairs with integrated cuspidors provided:

- Vacuum drainage and associated plant can be utilised for the suction component of the chair and for the cuspidor.
- Vacuum drainage and associated plant can be utilised for the suction component of the chair, whilst the cuspidor is drained via a trapped tundish following gravity principles.

- The suction and cuspidor components of the chair can both be drained via gravity principles via a trapped tundish, although this would require the chair to separate the wastewater/air particles integrally.

Plaster arrestors are to be provided below sinks within oral healthcare units as required.

3.10.3 Plant Room and Supply Lines

A plant room of sufficient size is required to accommodate all the mechanical and electrical plants. Service supply lines (compressed air, vacuum, extraction systems etc.) and hydraulics may be run under a suspended floor slab to allow for easy service maintenance and future alteration, expansion or upgrade of equipment. For an on-the-ground concrete slab, services should be placed in a covered (removable) services trench.

The distance between the plant room and Oral Health Unit must not exceed the equipment manufacturer's recommendations, including vertical distances.

Consultation will be required with bio-medical technicians and engineers regarding the type, size, location and service requirements of the dental plant equipment to achieve maximum efficiencies. Suction unit efficiencies are assisted by gravity therefore they are preferably not located higher than the level of the dental chairs.

Refer to Section 4.2.3 Plant Room for further design information.

4 Components of the Unit

4.1 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 (SC-D) 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:

https://www.healthfacilityguidelines.com.au/standard-components

4.2 Non-Standard Components

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. The non-standard components for Oral Health Units are detailed below.

4.2.1 Dental Surgery – Large

Description and Function

A larger surgery to accommodate patients with a disability, wheelchair users, bariatric patients, and those on a patient trolley. This room may also be used for patient procedures requiring larger equipment such as endodontic microscope or surgical equipment required for surgical extractions.

Design requirements are consistent with the standard components for a 14m^2 Dental Surgery, with the exception of additional clearance for access by trolleys and bariatric sized wheelchairs.

Location and Relationships

This room should be located so that the entry is a direct run from the entry to the Treatment Area. This will avoid manoeuvring of wheelchairs and trolleys through corridors.

Considerations

There should be sufficient space beside the dental chair to accommodate a patient trolley, hospital bed or wheelchair. Consideration should be given to the use of a 'knee-break' chair in a room such as this to make the transfer of the patient from a wheelchair easier.

Another consideration for room versatility is to provide a dental chair connected to pneumatic plant so it can be moved out of the way and a bed can be placed in the room to perform the procedure.

A one and a half leaf or larger door will be required to accommodate patient trolleys and bariatric wheelchairs.

4.2.2 Major Dental Laboratory

Description and Function

An area for adjusting and polishing dentures and for the construction of prosthetic appliances and other items related to dental treatment (unless outsourced).

This room is not routinely provided in an Oral Health Unit as the manufacture of dentures etc. is usually centralised. Instead, a Minor Dental Laboratory is usually provided (refer to Section 2.2.6 Major and Minor Dental Laboratories).

Location and Relationships

The Major Dental Laboratory should be located with ready access to the Dental Surgery Rooms but sufficiently removed to minimise transfer of dust, noise and fumes.

Considerations

- Lighting – natural/fluorescent mix for teeth colour matching
- Moisture-resistant joinery - all surfaces including drawers must be laminated or moulded plastic or stainless steel for ease of cleaning
- Storage area for models
- Inclusion of a plaster trap under the sink is advised if there is a high denture workload envisaged
- Non-slip vinyl flooring
- Fume cabinet where staff work with substances such as plastics
- Storage of flammable chemicals
- Mechanical debris/dust extraction (external exhausting) through hoods in polishing bays and at desktops is required
- Planning considerations for 3D printing equipment including space for printer and computer, material storage, ventilation, power and data requirements and potential additional equipment such as resin heater.

4.2.3 Plant Room

Description and Function

Dedicated equipment selected to support the size and purpose of the mechanical functions of the Oral Health Unit.

Location and Relationships

The dental suction plant cannot be located remotely from the dental unit as proximity to dental chairs is integral to suction efficiency.

The plant must not be located above the level of the dental chairs to allow gravity assisted flow of liquids.

External access is required, and an external wall location is preferred due to noise levels. The equipment located in the plant, including suction power unit can be noisy and this must not impact on staff and/or patient treatment areas.

Considerations

The plant room should be a separate room and not shared due to the biohazard risk associated with contaminated aerosols.

It must be air conditioned and dust free as much as possible.

Drainage needs to be available in the plant room for wastewater disposal from the suction unit.

Suction exhaust ventilation needs to be provided to allow suction exhaust to be directed outside the building. Pipework for the suction should provide a straight run from the chair to the plant room and with a constant slope down to the plant room. Dips and bends in the pipework must be minimised as they can trap fluids and debris and reduce performance of the suction capacity.

The dental compressed air supply pipe to the dental chair needs to be sized to suit the model and number of chairs at each location as multiple chair installation may require larger pipe sizing to deliver quantity of air required.

Equipment selection and chair numbers will determine the size of the plant.

Consider the location and acoustic treatment of this room to minimise noise levels.

4.2.4 Treatment Room

Description and Function

In cases where there is low utilisation of a dental chair, health services may instead provide a treatment room that is sized to accommodate a dental chair with a fixed light but is large enough to be used for other patient services (e.g. wound care, podiatry, ophthalmology) when a supine position is required. A size of 16m^2 is recommended.

The use of portable equipment such as the dental cart and dental suction is recommended so it can be stored when not in use. Lockable storage, either fixed or portable, will be required for other dental materials.

Location and Relationships

Ready access to reception and waiting areas. Ready access to Clean-up Room or Dirty Utility to wash and store used RMDs.

Considerations

The dental chair must still be positioned with enough circulation to allow the safe and effective delivery of oral health services.

An assessment should be made as to whether a mobile dental x-ray unit could be utilised in place of a fixed unit should a fixed solution impede access for alternate patient care. This assessment will need to consider Environmental Protection Agency (EPA) restrictions on use of portable x-ray.

A dental chair with knee-break should be considered as it provides a more flexible solution to deliver other patient care.

Location of the wall mounted x-ray unit needs to allow for reach of the x-ray arm to enable x-rays of both sides of the patient's mouth with the patient in either an upright or a reclined position.

5 Schedule of Accommodation

A schedule of accommodation is shown below and lists generic spaces for this HPU.

Quantities and sizes of spaces will need to be determined in response to the service needs of each unit on a case-by-case basis.

Large facilities with significant teaching responsibilities will need to adjust the area allocations to account for the lower turnover of patients associated with student placements.

The recommended circulation rates for Oral Health Units, as described in AusHFG Part C, are included. The higher circulation rates are associated with services requiring inpatient access.

The 'Room Name' 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 'SC / SC-D' 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, rooms are described as 'Optional' or 'Shared'. Inclusion of this room will be dependent on a range of factors such as operational policies or clinical services planning.

5.1 Entry / Reception / Waiting

Room Code	Room Name	SC/ SC-D	2 Chairs		4 Chairs		12 Chairs		Comments
			Qty	m^2	Qty	m^2	Qty	m^2	
AIRLE-12	Airlock - Entry	SC/ SC-D	1	10	1	10	1	10	**Optional for all scenarios** depending on location and scale of development. Only required for large, stand-alone services.
RECP-10	Reception	SC-D	1	9	1	9	1	12	1 staff for 2 and 4-chair scenarios and 2 staff for 12-chair scenario.
	Bay - Storage		1	1	1	1	1	2	**Optional for all scenarios** Facilities should be planned to support electronic records.
WAIT-10 WAIT-20 WAIT-30	Waiting	SC-D	1	8	1	16	1	40	Based on 3 people per dental chair, 1.2m2 per seat and 1.5m2 per wheelchair space. This may be reduced for units with significant teaching / student activity given lower turnover of patients. ICT infrastructure should support the installation or future provision of electronic queueing systems.
PLAY	Play Area - Paediatric	SC/ SC-D			1	8	1	10	**Optional for 4 and 12-chair scenarios.** Included in Waiting for 2-chair scenario.
BWC	Bay - Wheelchair Park	SC		1	1	1	1	2	**Share for 2-chair scenario.**
WCPU	Toilet - Public	SC		3	1	3	1	3	**Share for 2-chair scenario. Optional for 4 and 12-chair scenarios** as visitor amenities may be shared with other services.
WCAC	Toilet - Accessible	SC		6		6	1	6	**Share for 2 and 4-chair scenarios. Optional for 12-chair scenarios** as visitor amenities may be shared with other services.
	Discounted Circulation		**25%**		**25%**		**25%**		

5.2 Treatment Areas

Refer to Section 4.2.4 Treatment Room for facilities with low utilisation of a dental chair.

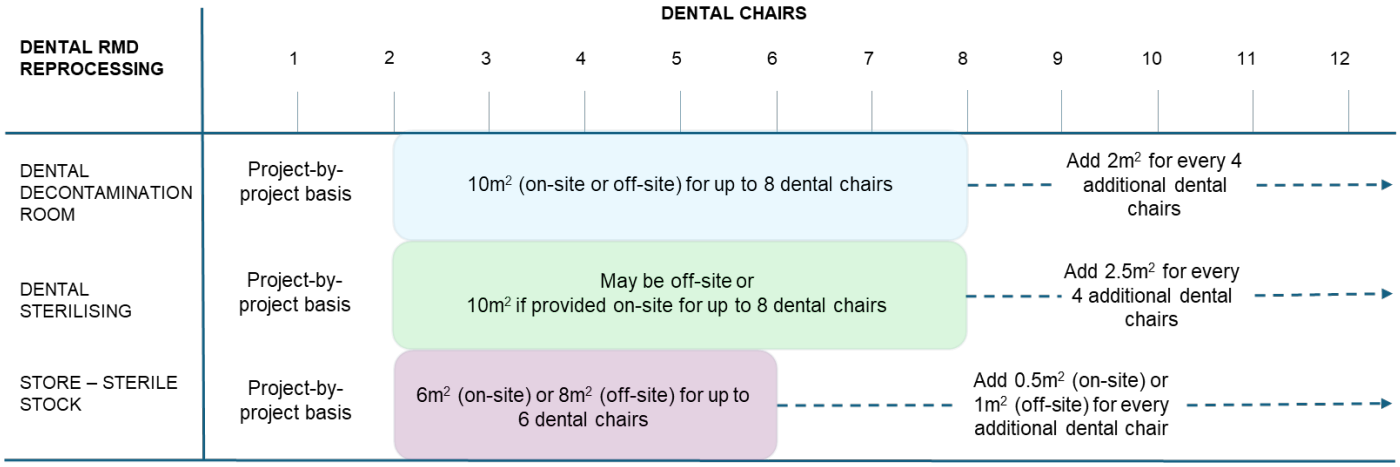
Room Code	Room Name	SC/ SC-D	2 Chairs		4 Chairs		12 Chairs		Comments
			Qty	m^2	Qty	m^2	Qty	m^2	
DENSR-1 DENSR-2	Dental Surgery	SC	1	14.5	3	14.5	10	14.5	May be provided as enclosed and/or open bays. The number of enclosed vs open bays provided will depend on the patient cohort and operational considerations.
	Dental Surgery, Large	SC/ SC-D	1	16	1	16	2	16	Additional area for access by patients on a trolley/bed or bariatric sized wheelchairs. 18m2 is required should a wheelchair lifter be needed.
CONS	Consult Room	SC					1	12	**Optional for 12-chair scenario.** A multipurpose room for oral health education, interview, non-oral assessment, non-complex care or as a recovery room or observation room for patient awaiting pick up by ambulance. Examination couch will not be required but recliner may be required if used for recovery. May also be required in clinics with less than 12 dental chairs.
BHW	Bay - Height / Weight	SC	1	1	1	1	1	1	Locate in an easily accessible but discreet location for privacy and confidentiality.
BMEQ	Bay - Mobile Equipment	SC	1	2	1	2	2	2	For central storage of trollies. If X-Ray scanner is provided, include a bench with power and data separate from other equipment.
BRES	Bay - Resuscitation Trolley	SC		1.5	1	1.5	1	1.5	**Share for 2-chair scenario. Optional for 4 and 12-chair scenarios.** Dependent on Unit policy.
Discounted Circulation			**25%**		**32%**		**32-35%**		

5.3 Dental Reusable Medical Devices Reprocessing

AS 5369:2023 notes that 'whenever practicable, reprocessing of RMDs should be centralized to a dedicated reprocessing facility' (NOTE 1, section 5.6.1). Project teams will need to confirm the approach to RMD reprocessing and allocate appropriate areas to support either on-site or off-site reprocessing.

When incorporating on-site reprocessing services, it is crucial to evaluate logistical challenges, volume of RMDs to reprocess, throughput capacity, staffing needs, cost-efficiency, and economies of scale. Small remote and rural facilities often face unique constraints; due to distance and logistical limitations, they may be solely dependent on on-site reprocessing.

To meet the requirements outlined in AS 5369:2023, the equipment and functional spaces necessary for on-site reprocessing in a 2-chair oral health clinic may be comparable to those in larger clinics, albeit with reduced throughput. Additionally, careful consideration must be given to area requirements for dental RMD reprocessing from external oral health facilities and mobile fleets, if these are included as part of the service provision. To illustrate the scaling and planning guide for dental RMD reprocessing areas, refer to the diagram below.



The design and planning of a clinic with single dental chair reprocessing areas and sterile storage must be tailored to each project. Key considerations include the segregation of clean and dirty activities and ensuring compliance with unidirectional workflows from dirty to clean.

Also refer to Sections 2.2.5 Dental Reusable Medical Devices Reprocessing and Sterilisation and 2.2.11 Storage – Sterilised Reusable Medical Devices for additional information.

5.3.1 Option 1 – On-Site Reprocessing

Room Code	Room Name	SC/ SC-D	2 to 8 Chairs Qty	2 to 8 Chairs m2	Comments
DECON-DEN2	Decontamination Room - Dental Type 2	SC	1	10	Includes RMD washer/disinfectors, ultrasonic cleaner, and preparation areas. May include clinical waste. The recommended minimum area for Dental Decontamination is generally designed to support the reprocessing needs of 2 to 8 dental chairs. If servicing more than 8 chairs, add 2m^2 for every 4 additional dental chairs.
STERI-DEN	Dental Sterilising	SC	1	10	Includes sterilisers/autoclaves and cooling area. The recommended minimum area for Dental Sterilising is generally designed to support the reprocessing needs of 2 to 8 dental chairs. If servicing more than 8 chairs, add 2.5m^2 for every 4 additional dental chairs.
Room Code	**Room Name**	**SC/ SC-D**	**2 to 6 Chairs Qty**	**2 to 6 Chairs m2**	**Comments**
STSS-DEN	Store - Sterile Stock, Dental	SC-D	1	6	Storage solution to consider dental requirements given small sterile pack sizing requiring more (shallow depth) baskets. The recommended minimum area is typically suitable for 2 to 6 dental chairs. If servicing more than 6 chairs, add 0.5m^2 for every additional dental chair. Also consider storage for RMDs and/or commercially sterile stock for hub and spoke model.
Discounted Circulation			**25%**		

The final area required for on-site reprocessing will depend on the quantity, dimensions, and clearance requirements of the selected equipment, as well as staffing arrangements (e.g., separate or shared staff for decontamination and sterilising areas).

5.3.2 Option 2 – Off-Site Reprocessing

Room Code	Room Name	SC/ SC-D	2 to 8 Chairs Qty	2 to 8 Chairs m^2	Comments
DECON-DEN1	Decontamination Room - Dental Type 1 / Dirty Collection	SC	1	10	Dirty RMDs awaiting collection for SSD/off-site reprocessing. The recommended minimum area for Dental Decontamination is generally designed to support the reprocessing needs of 2 to 8 dental chairs. If servicing more than 8 chairs, add $2m^2$ for every 4 additional dental chairs.
Room Code	**Room Name**	**SC/ SC-D**	**2 to 6 Chairs Qty**	**2 to 6 Chairs m^2**	**Comments**
STSS-DEN	Store - Sterile Stock, Dental	SC	1	8	Storage of returned sterile RMDs including trolley receiving area. Area requirement will depend on volume of instrumentation required to support frequency of reprocessing service. Storage solution to consider dental requirements given small sterile pack sizing requiring more (shallow depth) baskets. The recommended minimum area is typically suitable for 2 to 6 dental chairs. If servicing more than 6 chairs, add $1m^2$ for every additional dental chair. Final area to account for potential increased inventory needs and turn-around times.
Discounted Circulation			**25%**		

5.4 Support Areas

Room Code	Room Name	SC/ SC-D	2 Chairs		4 Chairs		12 Chairs		Comments
			Qty	m^2	Qty	m^2	Qty	m^2	
OPG	OPG Room	SC-D			1	12	1	12	**Optional for 4 and 12-chair scenarios.** May be combined with CBCT. Includes console/write up area.
DEN-MLB	Dental Laboratory, Minor	SC/ SC-D	1	8	1	12	1	12	This is not intended as a major laboratory which would be used for the manufacture of prosthetics. May include storage of dental moulds if retained on site. Details of requirements for a Major Dental Laboratory have been included in Non-Standard Components.
DISP-10	Disposal Room	SC-D		3	1	3	1	6	**Share for 2-chair scenario. Optional for 4 and 12-chair scenarios.** Only required in large hospital based services. Not typically required in community health services. Includes waste bins, dirty gowns etc. May be combined with clean up area for smaller units or provided as a 'disposal bay'. Size requirements for a Disposal Room will be dependent on a department's estimated waste output, the frequency of waste collection and local operational policies for waste management that may dictate the number of waste streams and minimum bin sizes.
STGN	Store - General	SC/ SC-D	1	6	1	9	1	16	Includes clean staff gowns, dental consumables and locked store for medications. Refer to local policies re medication storage requirements.
CLRM	Cleaners' Room	SC		5	1	5	1	5	**Share for 2-chair scenario. Optional for 4 and 12-chair scenarios.** May be shared with other services.
	Dental Plant Room		1	9	1	9	1	16	After-hours access.
Discounted Circulation			**25%**		**32%**		**32-35%**		

5.5 Staff Areas

Staff work areas and amenities will be allocated in line with local jurisdictional policies.

Room Code	Room Name	SC/ SC-D	2 Chairs		4 Chairs		12 Chairs		Comments
			Qty	m^2	Qty	m^2	Qty	m^2	
OFF-1P-9	Office - 1 Person, 9m2	SC		9		9		9	Number and area allocation will depend on staff profile and local jurisdictional policies.
OFF-WS	Office - Workstation	SC		4.5		4.5		4.5	Number and area allocation will depend on staff profile and local jurisdictional policies.
BMFD-3	Bay - Multifunction Device	SC		3	1	3	1	3	**Share for 2-chair scenario.**
MEET-15 MEET-20	Meeting Room	SC/ SC-D			1	15	1	24	Suitable for videoconferencing unless provided nearby.
SRM-15	Staff Room	SC-D			1	12	1	20	
BBEV	Bay - Beverage	SC	1	4					
BPROP	Bay - Property, Staff	SC/ SC-D	1	1	1	2	1	3	Assumes 1m^2 fits up to 16 x quarter lockers. Consider staff and student numbers if shared with adjacent clinics.
SHST	Shower - Staff	SC		3	1	3	1	3	**Share for 2-chair scenario.** Can be shared with other services.
WCST	Toilet - Staff	SC	1	3	1	3	3	3	Number dependent on staff numbers. Access to an accessible toilet is also required. Separate male and female and support for all gender/gender neutral facilities needed is in line with local policies.
Discounted Circulation			**25%**		**25%**		**25%**		

6 References and Further Reading

6.1 References

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6.2 Further Reading

- Australian College for Infection Prevention and Control, 2024, ACIPC Position Statement Animals in Healthcare Facilities, Hobart, Australia.
- Standards Australia, 2010, AS/NZS 2982.1:2010 Laboratory Design and Construction, Sydney, Australia.
- Standards Australia, 2021, AS/NZS 2243.1:2021 Safety in Laboratories Part 1: Planning and Operational aspects, Sydney, Australia.
- Standards Australia, 2021, AS/NZS 2243.2:2021 Safety in laboratories, Part 2: Chemical aspects and storage, Sydney, Australia.
- NSW Health, 2020, GL2020_015 Dental Amalgam Clinical Use and Disposal, St Leonards, Australia.