Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0300 - Emergency Unit

Uncontrolled when printed

Revision 6.0
01 March 2016

COPYRIGHT AND DISCLAIMER

Copyright

© 2015 Australasian Health Infrastructure Alliance

The Australasian Health Facility Guidelines (AusHFG) and the information in them are the copyright of the Australasian Health Infrastructure Alliance (AHIA). The information in the AusHFG is made freely available.

Australasian Health Facility Guidelines

Address: PO Box 1060, North Sydney NSW 2059
Website: http://www.healthfacilityguidelines.com.au
Email: webmaster@healthfacilityguidelines.com.au

The AusHFGs are an initiative of the Australasian Health Infrastructure Alliance (AHIA). AHIA membership is comprised of representatives from government health infrastructure planning and delivery entities in all jurisdictions in Australia and New Zealand.

Disclaimer

AHIA gives no warranty or guarantee that the information in the AusHFG is correct, complete or otherwise suitable for use. AHIA shall not be liable for any loss howsoever caused whether due to negligence or otherwise arising from the use of or reliance on this information.

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

Index

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 Emergency Unit HPU was originally developed for NSW Health and issued for Australasian use in 2006. An extensive consultation process, conducted during 2013, has informed this revision.

01.02 Introduction

This clause is currently under review / not applicable, but has been included for consistent HPU clause numbering.

01.03 Policy Framework

SPECIFIC POLICIES/GUIDELINES
Before undertaking a project, planners and project personnel should familiarise themselves with individual jurisdiction plans, policies, service specific guidelines and reports.
Additional information relating to state and territory policies and guidelines are listed in the Appendices in Further Reading and References.

GENERAL
This HPU outlines the specific requirements for the planning and design of an Emergency Unit. This Unit will be referred to as an Emergency Department (ED) throughout this HPU.
The original HPU included a section to assist planning for a collocated Ambulance Station. This component of the Schedule of Accommodation has been removed in this version. Broad planning guidance for Ambulance Service facilities is addressed in this HPU at 300.006.110 and 300.008.070.
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.

The Australasian College for Emergency Medicine (ACEM) publishes a range of guidelines and statement on standards for EDs. This information is extensively referenced in this HPU.
“Emergency Departments are dedicated hospital based facilities specifically designed and staffed to provide 24 hour emergency care.” (Statement on the Delineation of Emergency Departments, ACEM, Version 5, 2012).
Emergency Departments “receive, triage, stabilise and provide emergency management of patients who present with a wide variety of critical, urgent and semi urgent conditions”. In addition, the service provides “reception and management of disaster patients” in line with jurisdictional arrangements (Guidelines on Emergency Department Design, ACEM, March 2007). Note: this document is currently under review.
Emergency Department redevelopments may collocate other short stay units such as Psychiatric Emergency Care Centres (PECC). While an ED Short Stay Unit is described in this document, PECCs are described in HPU 133 Psychiatric Emergency Care Centre.
For further information refer to:

- HPU 133 Psychiatric Emergency Care Centres (PECC) ;

- Australian College of Emergency Medicine, 2012, S12 Statement on the Delineation of Emergency Departments (version 5); and
- Australian College of Emergency Medicine, 2014, Emergency Department Design Guideline (version 3).

01.04 Description

The role of an ED is to receive, assess, stabilise and manage patients who present with a wide variety of conditions of varying urgency and complexity. They may self-present or be referred.
The range of conditions may include major trauma, surgical conditions, medical conditions such as strokes and heart attacks, gynaecological/obstetric problems, broken bones, skin wounds, communicable/non-communicable infections as well as mental health conditions.
Most services will treat adults and children.
While the caseload may be predictable, changing levels of demand must be anticipated.

LEVELS OF SERVICE/ ROLE DELINEATION
Descriptions of role delineation and levels of service for EDs will vary between jurisdictions. It is proposed that the Levels as detailed in the ACEM Statement on the Delineation of Emergency Departments document be used to develop a common approach for this HPU. This framework delineates EDs into four levels that reflect increasing capacity and capability.
Planners should refer to the role delineation levels for their particular jurisdiction and compare with the ACEM levels described both below and online at Aust. College of Emergency Medicine, 2012, S12 Statement on the Delineation of Emergency Departments (version 5).

Level 1 Emergency Department
A Level 1 ED will provide emergency care within a designated area of a remote or rural hospital. It is the minimum level of service that can be defined as an ED.
The emergency caseload for a Level 1 ED may be intermittent. Basic primary and secondary assessment should be available including advanced paediatric, adult and trauma life support and stabilisation of critically ill patients prior to arrival of the retrieval service. A Level 1 ED will have 24-hour access to specialty advice.

Level 2 Emergency Department
A Level 2 ED is a service component of a secondary hospital with capabilities for managing some complex cases and sub-specialty services. This level of service should be capable of providing primary critical care. The service will manage the complete range of emergency presentations, and be capable of providing a level of service for the community that is commensurate with the provision of primary emergency care. It will be part of an Emergency Medicine Network.
The ED must have the capability of transferring critically ill patients, and have access to a retrieval service.

Level 3 Emergency Department
A Level 3 ED will be part of a major regional, metropolitan or urban hospital with capabilities of managing most complex cases and have some sub-specialty services. A Level 3 ED should be able to manage a complete range of emergency presentations and be capable of providing a level of service for the community that is commensurate with the provision of primary emergency care. It should support other regional emergency centres as part of an Emergency Medicine Network. The ED must have the capability of transferring critically ill patients and have access to a retrieval service.

Level 4 Emergency Department
A Level 4 ED will be part of a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and a significant level of sub-specialty services. The service must:

- be able to manage the complete range of emergency presentations and be capable of providing tertiary level support for other more regional centres as part of a clinical or jurisdictional healthcare network;
- have a dedicated retrieval service or access to one;
- have a capability for the key participation in a trauma service or trauma network. This includes a role within a formal Disaster Response Plan;

- be accredited for emergency medicine training and actively participate in undergraduate and post graduate training and formal education programs for nursing, medical and allied health staff and students; and
- have an active research program.

MODEL OF CARE

Jurisdictions across Australia will be required to meet the National Emergency Access Target (NEAT) by 2015. Patients presenting to a public hospital ED will be admitted, referred for treatment, or discharged within four hours, where it is clinically appropriate.

In order to meet these targets, various models of care may be applied within the ED with the emphasis of the journey being to stream patients into the most suitable model as early as possible.

The following information has been sourced from the Emergency Department Models of Care, 2012 (NSW Health) and reflects models that might be implemented to promote the ideal journey. Many of these models are in use across all jurisdictions. Many of these more specialised models are suitable for Level 3 and 4 EDs.

Triage and Registration

Triage and registration is streamlined to facilitate an efficient process that does not create a barrier to further assessment and clinical care. Only essential triage functions should occur at the point of triage including the determination of patient acuity and level of urgency, basic first aid if needed, and referral to the most appropriate area for treatment.

This is followed by a quick registration by the triage nurse or clerical officer collocated with the triage nurse (pre-registration). The process generally takes between three and five minutes. Full registration of patients can then be completed by clerical staff at the bedside or within another ED location.

Senior Assessment and Streaming

Early ED Senior Assessment and Streaming (ED SAS) is a flexible model of care that operates during peak periods of demand. This approach focuses on determining an early diagnosis, clinical management plan and disposition decision for patients. An important component of the model is the streaming zone, although the model functions most effectively with two key core components. These components are:

- Triage and registration: Triage assessment that is limited to less than five minutes to establish the patient's level of urgency only. Interventions are limited to first aid only and may involve members of the multidisciplinary team; and
- Streaming Zone (physical space and appropriate staff): Early clinical decision-making and critical interventions by a senior ED physician and early streaming of patients to appropriate care areas within or outside of the ED in less than 10 minutes.

Resuscitation

The resuscitation model of care outlines a set of guidelines for the most appropriate clinical, preparatory processes and team model that should be used in the resuscitation of patients in the ED (including trauma management).

Clinical Initiatives Nurse

The Clinical Initiatives Nurse (CIN) is a senior clinical role with advanced experience and knowledge to manage and sometimes treat patients queuing in the ED waiting room.

In other jurisdictions this role may be undertaken by a nurse located in the waiting room.

Acute Care

The Acute Care model of care uses a set of principles and processes that aim to promote efficiency in initiating, assessing, performing and transferring the care of patients who are acute, potentially unstable and complex. These patients require:

- cardiac monitoring;
- frequent observation and will include mental health patients;
- specialised interventions;
- a higher level of care; and
- a more comprehensive management plan.

Early Treatment Zone

The Early Treatment Zone (ETZ) is a multi-functional and flexible clinical area that may be utilised as:

- a clinical area where the patient management plan from the streaming zone can be implemented and completed with the patient then discharged within two hours;
- a clinical area where the patient management plan can be commenced prior to the patient moving to another area in ED (e.g. into the acute area); and
- an internal waiting area for patients still requiring observation prior to discharge or who are waiting for results of tests such as pathology.

Fast Track

Fast track is a dedicated area in the ED to treat ambulant, non-complex (single system problem) patients who can be discharged within less than two hours. Triage streams patients into the fast track using a pre-determined inclusion/exclusion fast track criterion.

Fast Track zones aim to increase ED throughput by:

- expediting the care of ambulatory patients with less urgent; symptoms and conditions;
- diverting the care of patients who meet particular clinical criteria through a separate stream in the ED;
- using a geographically dedicated area staffed by dedicated senior medical and nursing staff; and
- providing care that is standardised and targeted to specific conditions and injuries.

Sub-acute

Sub-acute care is a designated area in the ED for patients who are:

- low acuity and do not require an acute bed or cardiac monitoring;
- high-complexity (with multiple co-morbidities), resource-intensive and require multiple investigations, consults and/or procedures, and are therefore not eligible for fast track or an Urgent Care Centre; and/or
- non-ambulant and need to be cared for on a bed for treatment.

Short Stay Units

These units may also be known as Emergency Medical Units.

Emergency Department Short Stay Units (ED SSU) refer to designated units, co-located with the ED, which have been developed for the short-term care of patients who require observation, specialist assessment and diagnostics and whose length of hospital stay is deemed to be limited (for example less than 24 hours).

These Units should be physically separate from acute assessment areas.

For further information refer to NSW Ministry of Health, 2012, Emergency Department Models of Care - http://www0.health.nsw.gov.au/pubs/2012/pdf/ed_model_of_care_2012.pdf

02 PLANNING

02.01 Operational Models

The following issues should be considered in identifying the models of care to be implemented and developing the operational model for the Unit, as they will all impact the configuration of the ED and overall space requirements.

NATURE OF THE SERVICE

A. Role Delineation of the Hospital Services Including Its Emergency Service

Although the basic nature of the service may be the same, there are different requirements for major referral hospitals, district hospitals, major trauma centres, and paediatric specialist hospitals. Peer hospitals will generally have similar requirements, with variations for activity and other factors such as acuity and complexity.

B. Urban Vs Rural Location

The hospital location, be it in an urban or rural location, will influence service delivery and may affect the flexibility of the service, the provision of retrieval services, security issues, sharing of staff and other resources.

The demand for mental health services and the impact of acute mental health presentations to the ED may have significant implications for operational policies and design. Factors to be considered include the availability of mental health clinical advice, availability of a medical practitioner, number of staff on duty, access to acute mental health beds, and availability of patient transport services.

C. Access to Inpatient Hospital Beds and to Alternative Services

As the aim of NEAT targets is to drive whole-of-health system improvements, systems and services will need to support patient streaming within target timeframes. The may influence the configuration of inpatient services and possible collocations of other short stay units nearby the ED.

D. Philosophy of Care of the Emergency Department and the Hospital

The management of key patient pathways may mean that some patients bypass the ED. Examples include selected direct admissions.

Hospitals will also need to consider if diagnostic services are provided in an adjacent to the ED or whether selected satellite services will be located within the ED. This is usually considered for Level 4 services.

E. Academic and Teaching Roles

These roles will influence the requirements for meeting rooms, office space and general administrative space.

F. Staff Structure

The number of ED spaces and models of care will have an impact on the nature, size and location of staff stations, as well as office space and staff amenities.

G. Nature of Patient Casemix, Including Acuity and Complexity

Features of patient casemix that affect design requirements include numbers, demographics and the nature of the presentations.

Patients with specific needs include:

- the elderly;
- children;
- people with chronic disabilities;
- patients in custody;
- the management of patients following sexual assault; and
- patients with minor or major injury, industrial illness and injury, sport-related injury, drug and alcohol-related presentations, mental health conditions, complications of pregnancy, chemical, biological and radiological (CBR) exposure and those with infections or who are immunosuppressed.

02.02 Operational Policies

GENERAL
Operational policies have a major impact upon the planning and design and capital and recurrent costs of health facilities. Design teams should review their design proposals with these 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 Part B: Section 80 General Requirements.

HOURS OF OPERATION
Emergency Departments operate 24 hours a day, seven days a week. In some cases, the ED will provide a controlled access point to the hospital after normal business hours.

PATIENT FLOW
Patients should be “streamed” to the most suitable model of care as early as possible, promoting a logical and forward movement through the episode of care. In some cases, this forward movement may be facilitated through the provision of internal waiting space that is supervised by staff and can also provide a role in monitoring and/or initial treatment and assessment.

EDUCATION, TRAINING AND RESEARCH
The service level/ role delineation of the ED will determine the extent of education and training spaces required. Some education/staff training space is required locally so staff do not need to leave the department. Storage may be required for mannequins and other training materials.
Office space will be required for staff engaged in education and research.
Telemedicine facilities will be required in a room with suitable power and communications cabling. The space should be large enough to accommodate several team members.

PATIENT MANAGEMENT, ESPECIALLY SPECIAL PATIENT GROUP SUCH AS MENTAL HEALTH, SEXUAL ASSAULT AND CBR
Patients with acute mental health conditions will present to EDs and these services should have adequate facilities to receive, assess, stabilise and provide initial treatments. To undertake this patient care, suitable and safe space will be required for patient interviews and stabilisation.
A safe assessment room/behavioural assessment room, is purpose designed to provide a safe space to manage patients at risk of serious deterioration, self harm or harm to others. These rooms will be located so that they can be easily supervised and provide a the direct line of site of a staff station, minimise disturbance to other patients, protect the privacy and dignity of the patient and consider paths of access to and from the room including access to ensuite facilities. The room and associated ensuite must be equipped with fittings and fixtures that are manufactured and marketed as anti-ligature. This room will provide two egress options for staff. This type of room is generally not viable in services with role delineation levels 1 and 2 as there may be an increased risk due to limited staff for medical review and ongoing monitoring. This room should be available for use by other patients when not required for its specialist purpose.
Patients may present to the ED following sexual assault. After initial triage and management of any medical issues, the patient will be moved to a consult room where forensic evidence is collected. These services are typically provided on a regional basis and this collection mostly occurs within an ED. Ideally, a dedicated consult room with an attached ensuite will be provided to ensure that the chain of evidence and DNA decontamination procedures can be managed. In addition to its fit-out as a consult room this room requires storage capacity for forensic related materials. If a dedicated room is not available, decontamination packs will provide most of the drapes etc. needed to ensure that contamination is avoided.
Detailed requirements to reduce and eliminate contamination are outlined in Attachment B of the Report – Inquiry into the Circumstances that Led to the Conviction of Mr Farah Abdulkadir Jama, Victorian Government, May 2010. This report is also known as the Vincent Report.
In major disasters involving chemical, biological and radiation incidents, triage, decontamination and initial treatment may occur outside of the ED. A decontamination room will be provided and be accessible from the ambulance bay without the need for the patient to enter the ED.

For information regarding the Vincent Report refer to F.H.R. Vincent, 2010, Inquiry into the Circumstances that Led to the Conviction of Mr Farah Abdulkadir Jama - https://assets.justice.vic.gov.au/justice/resources/4cd228fd-f61d-4449-b655-ad98323c4ccc/vincentreportfinal6may2010.pdf

MANAGEMENT OF CHILDREN

Unless a specialised paediatric hospital exists in the immediate vicinity, children will usually comprise a significant proportion of attendances in most general EDs.
Special requirements to cater for paediatric attendances may include:

- protection of the children's clinical area from disturbing sounds or sights from other patients in the ED, including the SSU;
- the provision of sufficient visitor space and facilities for parents or carers and siblings;
- provision of a colourful and welcoming physical environment, with appropriate furniture and colour treatments;
- provision of a separate waiting space, protected from the sights and sounds of the general waiting area (but still observable by staff);
- close access to a separate procedure room for simple procedures which may be upsetting to other children;
- provision of transit routes to Medical Imaging or Inpatient Units that do not traverse other clinical areas; and
- consideration of providing a separate bathroom, within or adjacent to the paediatric clinical area, with size appropriate toilet and bathtub.

For further information refer to Aust. College of Emergency Medicine, 2012, S11 Statement on Hospital Emergency Department Services for Children (version 2) - https://www.acem.org.au/getattachment/7827788e-b979-42ae-8dd7-c394a3526280/Statement-on-Hospital-Emergency-Department-Service.aspx

SHORT STAY UNIT

A SSU located within and managed by the ED. Patients streamed to this area usually have acute conditions that require a length of stay of less than 24 hours.
Requirements are detailed in the Schedule of Accommodation.

MEDICAL IMAGING

In larger EDs, the model of care may include the inclusion of a satellite medical imaging service to promote rapid access and patient throughput. These modalities are in addition to x-ray provided in resuscitation (either gantry or mobile imaging) and may include x-ray, ultrasound and CT.
Mobile imaging equipment will be stored in a bay – mobile equipment.

PATHOLOGY

Some point of care testing (PoCT) will occur in EDs. These devices should be managed and maintained by the local pathology service. PoCT will be used for electrolyte/ blood gas analysis, pregnancy, urine and blood glucose testing.
In most EDs, pneumatic tube systems will be used to transport samples to the Pathology Unit.
The pathology bay and pneumatic tube stations will be collocated in an area supervised by staff.

PHARMACY

EDs may require a central store for medications that also provides supplies to be given to patients on discharge from the service. Medications will usually be stored in the clean utility. Automated dispensing systems may be used.
A drug safe may also be provided to support Patient Bays - Resuscitation.

STORAGE

A range of storage will be provided within the ED and include space to store:

- mobile equipment - for equipment that needs to be close at hand, such as trolleys used for clinical procedures and mobile medical imaging equipment;
- linen;
- clinical consumables including local provision and a bulk storage area;
- disaster equipment;

- patient meals;
- stationary and health care records; and
- equipment.

AMBULANCE SERVICE
Ambulance services deliver and retrieve patients from EDs. Officers transfer patients into the ED via the ambulance entrance and then wait with patients in the ambulance triage for assessment. These areas will generally be physically and visually separated from public areas. Ambulance officers will be provided with a bay – write-up to undertake paperwork and make phone calls.

02.03 Planning Models

Architectural planning of the ED should reflect local service and operational models and occupational health and safety (OHS) issues. When designing for patients who may be behaviourally disturbed or cognitively impaired, implications for safety should be considered. This includes the safety of staff, patients and visitors. When designing EDs that treat paediatrics as well as adults, suitable play and waiting areas must be provided. It is recommended that these areas be part of, but in a separate section of the main waiting room. They should be within sight of the triage and registration zone. Paediatric treatment areas should also reflect paediatric needs.
Where patients are grouped by acuity, consideration should be given to the staffing implications of the layout. It is possible, for example, to arrange different levels / types of treatment spaces around a single staff station, each retaining their own discrete area.
Consideration should also be given to the possibility of flexible spaces. During less busy periods, efficiencies may be gained by contracting to a smaller part of the whole Unit. With careful planning this should be managed without the need to change the work patterns of the Unit as a whole, or impinge on the proposed model of care.
Where patients are grouped by functional modalities, a similar approach can be used, to enable the layout of the Unit to reflect the proposed service. In this model, the central arrival and triage area should be located to ensure traffic flows to the different functions of the Unit are not confusing and that they are kept separate. Careful planning of staff areas will ensure that resources are used efficiently.

GENERAL LOCATION
Decisions regarding the Unit location have a major influence on the cost and operational efficiency of the ED staff.
The ED should be located for easy access, usually on the ground floor. It should be close to public transport, and adequately signposted.
The location should, as much as possible, maximise the choices of layout. In particular, the locations of access points must be carefully considered.
The location on the site should primarily be dictated by the key relationships set out below. Clear and separate traffic flows should be provided for ambulance traffic and public traffic. These should not interfere with other traffic patterns on the site.
In some instances, the ED will be the only access to the rest of the hospital after hours. Consideration should be given to ensuring access to the hospital is available for the public after hours.

TRAFFIC FLOWS
The ED is a busy area, accommodating a wide variety of activities and people, where time delays may be life threatening. It is important that the design allows for rapid access between functional areas with a minimum of cross traffic.
Visitor and patient access to all areas should not traverse clinical areas. Patients who need to be transferred to other Units, such as Medical Imaging or Inpatient Units should not traverse other clinical areas. It is important that patients' visual, auditory and olfactory privacy is maintained while at the same time recognising that staff need to observe patients.

PLANNING PRINCIPLES
In order to promote functionality and flexibility, the following principles should be considered when planning an ED:

- an acuity adaptable patient bay – acute treatment that is sized and equipped in a standard way;

- paediatric spaces, where provided, should be sized at the same space as adult patient bay – acute treatment; and
- the arrangement of zones within the ED will be organised to respond to changes in clinical demands.

02.04 Functional Areas

FUNCTIONAL ZONES
The ED will typically consist of the following functional zones with the scope dependent on the service level of size include:

- entrance/ reception;
- triage and registration;
- assessment and treatment;
- short stay unit;
- support areas;
- staff areas; and
- ambulance areas.

Depending on the size and complexity of the ED, a dedicated acute care zone may be planned for paediatric patients.

ENTRANCE/ RECEPTION
The entrance/reception area is the location where ambulant patients present for services. The ambulance entry should be separate from the public entry. A triage nurse will have good visual access to both public and ambulance entries. The reception area may accommodate:

- reception of patients and visitors;
- registration of patients;
- collation of medical records including printing of ID labels;
- handling general enquiries;
- processing loans of surgical aids; and
- money handling.

The reception / clerical area should be designed with due consideration for the safety of staff. Staff in this area will need access to a duress alarm. In hospitals with on-site security services, a security base may be located in this area with line of sight over the main entrance and public waiting area.
Waiting areas will be arranged to allow some separation between groups (e.g. adults and children). A range of visitor amenities will be available including toilets, drinking water, vending machines, parenting room etc. The size of waiting areas may reduce as newer models of care promote the forward movement of patients from the waiting room.
The counter in the reception area should provide seating and be partitioned for privacy for the interview function. For further information regarding counter design refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

TRIAGE AND REGISTRATION
The triage and registration zone will facilitate the rapid assessment and movement of patients from the entrance/ reception zone through to the assessment and treatment zone. The triage will have oversight of patients arriving via the main entry and ambulance

ASSESSMENT AND TREATMENT
The assessment and treatment zone will be made up of a range of areas including:

- **resuscitation bays** will have direct access from Triage and The Ambulance Entry. These bays need to accommodate many staff that will often “spill-out” into the corridor. The location of these rooms will promote visual and acoustic privacy. Dedicated storage will be required for equipment with ready access to interview/quiet rooms for relatives;
- a **treatment room** may be located close to the waiting room and be used as needed by the CIN;
- **acute care** will provide standardised patient bay - acute treatment. Where possible, bays will be overseen by a staff station. The area will be supported by a range of clinical support spaces

such as utility rooms and storage (enclosed and in open bays). Isolation rooms will generally be required in this area and be located so that travel through the area is avoided;
- **senior assessment and streaming** is ideally located in close proximity to triage and registration. The collocation of the treatment room used by the CIN will promote a flexible use of this member of staff. Streaming will require access to an examination trolley and treatment chairs. The Early Treatment Zone will also require an examination trolley and treatment chairs. A shared staff station will provide a coordination point;
- **fast track** is a separate area and should be located close to the main waiting room, plaster and other procedure rooms. Specialised consultation rooms may be provided in Level 3 and 4 services to supply the necessary equipment and space to manage ENT, ophthalmology and oral health conditions; and
- **sub-acute** care is often collocated with Fast Track. Patient bays are provided.

SHORT STAY UNIT
The SSU will be part of the ED but will be a self-contained area. The staff station will need to oversee bed spaces so patients can be monitored. If children and adults are managed in the SSU, ideally children will be physically, visually and acoustically separated from adult patients.

SUPPORT AREAS
A range of support spaces will be provided to support patient care including storage and utility rooms. These rooms and spaces need to be located so that staff can access easily. Where possible, these rooms will be shared between smaller treatment zones. Increasingly, mobile equipment will be accommodated in mobile equipment bays close to the point of care. These bays will be suitable for recharging equipment. The location will ultimately be dependent on how frequently staff access the equipment.

STAFF AREAS
Staff offices and meeting rooms will generally be collocated in a zone that is accessible only by staff. Staff amenities will also be collocated and accessible only by staff. Depending on the size of the ED, some staff toilets may be located near treatment areas so that travel is reduced.

AMBULANCE SERVICE AREAS
A dedicated ambulance entry will be provided for emergency vehicles. Ideally, this entry will provide a one-way flow for ambulance vehicles so that reversing is avoided. The drop-off point will be covered, as will access to the decontamination shower (refer to 300.022.020). Other support space for ambulance staff will be required including write-up space and limited storage nearby the ambulance triage bay. It is assumed that ambulance offices will access staff amenities within the ED when visiting.

02.05 Functional Relationships

EXTERNAL RELATIONSHIPS
The ED will require direct access to:

- Medical Imaging Unit, although inclusion of satellite imaging within the ED influence this relationship; and
- Clinical Information Unit, although the implementation of electronic health care records or scanned records, will in future reduce and/or eliminate this collocation requirement.

Some jurisdictions may promote the collocation of other SSUs such as Medical Assessment Units and Psychiatric Emergency Care Centres.
Ready access is needed to:

- Operating Unit;
- Cardiac Catheter Laboratories;
- Intensive Care Unit/ Coronary Care Unit;
- helipad (where provided);
- security personnel, unless the security service is collocated with the ED; and
- Pathology Unit, linked through the use of a pneumatic tube systems.

Easy access is needed to:

- Inpatient Units;

- Pharmacy Unit;
- Ambulatory Care Unit; and
- Mortuary.

INTERNAL RELATIONSHIPS

Internal relationships are shown in the functional relationship diagrams with detailed information relating to treatment areas. The arrangement of discrete areas within the ED is important to promote the forward movement of the patient episode, minimise staffing costs and to ensure support areas are easily accessed.

03 DESIGN

03.01 Accessibility

EXTERNAL
External access to the ED is streamed to separate major flows and anticipate other travel routes.
Patients transferred to the ED by ambulance services will utilise the ambulance entry. Traffic flows of emergency vehicles and public vehicles and pedestrian routes will be separated to avoid accidents and delays.
Other patients will arrive via various means and provision will need to be made for an ambulant entry point, a drop-off area and short-term parking spaces.
In many cases, entrances to EDs are separate to the main entry. As patients may present to the main entry, a path of travel connecting these two areas will need to be provided. This point of connection will also support hospital operations should the ED provided the out-of-access entry point to the hospital.

INTERNAL
As described above, there will be two entry points to the ED; the ambulant and the ambulance entries.

03.02 Parking

PARKING REQUIREMENTS
Some car parking spaces should be located close to the entrance of the ED. These spaces will provide short-term parking for patients and their carers.
Undercover car parking should be available for:

- a defined number of ambulances;
- taxis;
- private vehicles that drop off/pick up patients adjacent to the ambulance entrance; and
- other emergency service vehicles.

The parking bays assigned for ambulance vehicles will be long enough to accommodate the vehicle and the patient trolley that is removed from the rear of the vehicle. Also refer to jurisdiction specific requirements.
For staff parking, refer to Part C: Section 790, Safety and Security Precautions.

03.03 Disaster Planning

The ED is the facility in the case of a disaster. Requirements may differ between metropolitan and rural units. Flexible planning is required to accommodate the large workloads, critically ill and/or infectious patients, relatives, friends and hospital staff involved in managing a disaster situation. The flexibility to expand into adjoining areas such as Ambulatory Care Unit, or Main Entry should be considered.
Generally, all EDs should have access to an outside shower to decontaminate those self-presenting to ED. Other emergency services will decontaminate patients prior to transfer to the ED. Level 2, 3 and 4 EDs will need to capture this potentially contaminated water. In larger centres, the Ambulance Bay may be used for multiple showerheads.

Depending on the designated role the ED, the service may also become a communication hub during formal disaster function, although this is more commonly provided from the Executive Unit.
A disaster may result in a high volume of ambulance traffic to the ED. In addition, the communications base may be utilised by the police as a communications centre. In larger centres, there may be a need to identify space where emergency services may erect a decontamination tent for major disaster situations.
The ED plan should also accommodate a disaster equipment store that is easily accessible and contains sufficient supplies to fully equip the disaster team for either on-site or off-site function.
Disaster planning is discussed in more detail in Part B: Section 80 General Requirements.

03.04 Infection Control

As the diagnosis or infectious status of patients may not be known on admission, standard precautions must be used at all times. The design and layout should allow for the movement of patients to an isolation room within the Unit (usually located within Acute Care and Short Stay Unit) due to suspected or known infectious disease.
The entire ED should be capable of being “locked-down” in the event of a chemical biological or radiological event.

HAND HYGIENE
Hand wash basins for hand hygiene should be available within each treatment area and should be accessible without traversing any other clinical area.
Hand wash basins for hand hygiene should be readily available and conveniently located throughout the Unit.
In addition, staff and visitors will have access to alcohol based hand rub at each treatment space and in other locations throughout the ED.
More detail on hand wash basins is provided in the Room Data Sheets, Room Layout Sheets and Part D: Infection Prevention and Control.

ISOLATION ROOMS
Where Class S and Class N isolation rooms are provided, they should be located to minimise passing traffic.
Requirements for isolation rooms will need to be confirmed through a risk assessment process that will include consideration of the role delineation of the health service and patient profile.
Each Class N isolation room will contain a dedicated patient toilet and anteroom.
Refer to jurisdictional infection control policies and AHIA, 2010, AusHFG Part D: Infection Prevention and Control.

03.05 Environmental Considerations

ACOUSTICS
Many functions undertaken within an ED require consideration of acoustic privacy and noise attenuation requirements will differ in various rooms and functional zones within the ED. These detailed requirements will need to be determined during the design development.
Solutions to be considered include:

- selection of sound absorbing materials and finishes such as high performance acoustic tiles the majority of areas;
- additional treatment of staff station areas by using acoustic tiles and a bulkhead around the perimeter. In addition, a sound absorbing material can be used on walls above the desk height;
- some means of physical separation between patient bays e.g. a fixed wall;
- use of sound isolating construction;
- planning by separating quiet areas from noisy areas; and
- separating staff offices and amenities from patient areas.

In addition, interview and quiet rooms used for distressed relative should have a high level of sound control to ensure privacy.

NATURAL LIGHT
Natural lighting contributes to a sense of wellbeing, assists orientation of building users and improves service outcomes. The use of natural light is highly desirable especially in areas including the SSU, the main waiting area and the staff room.

PRIVACY
Client privacy and confidentiality are important considerations to be addressed. The facility should be designed to:

- ensure confidentiality of client discussions and records;
- provide discrete sub-waiting areas for clients wishing or needing to be separated;

- enable the reason for attendance to be kept confidential e.g. through use of generic consultation rooms. This is particularly important for services such as mental health, sexual health, drug and alcohol etc.; and
- appropriately locate windows and doors to ensure privacy of clients.

INTERIOR DÉCOR
Décor includes furnishings, style, colour, textures, ambience, perception and taste. Décor can assist in relaxing clients and preventing an institutional atmosphere. However, cleaning, infection control, fire safety, client service and the clients' perception of a professional environment must always be considered.
Some colours and patterns can be disturbing to some clients. Bold primaries and green should be avoided in areas where clinical observation may occur such as consultation / treatment areas.

SIGNAGE AND WAYFINDING
The ED should be clearly identified from all approaches. Signposting that is illuminated is desirable to allow visibility at night.
As visitors enter the ED, they should easily be able to identify key service points including triage and reception. Additional visual cues may include the use of a bulkhead and changes in floor coverings.
Refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

03.06 Space Standards and Components

HUMAN ENGINEERING
Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities.
As requirements of OHS and antidiscrimination legislation will apply, this section should be read in conjunction with Part C: Section 790, Safety and Security Precautions.

ERGONOMICS
Design and build the unit to ensure that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.
For details refer to Part C: Section 730, Human Engineering.

ACCESS AND MOBILITY
Where relevant, comply with AS 1428 - Design for Access and Mobility (Standard Australia 2010).
This would apply to bathrooms, public toilets, ensuites and staff stations and office space designed for independent wheelchair users including staff. While raised staff stations are possible, access will generally need to be provided for staff who may be independent wheelchair users. This requires ramps and rails which may increase the size of the staff station.
Refer to:

- Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions;
- Part C: Section 730, Human Engineering: and,
- Standards Australia, 2010, AS 1428 (Set) 2010 Design for access and mobility Set (SAI Global).

BUILDING ELEMENTS
Building elements include walls, floors, ceilings, doors, windows and corridors.
Ceiling mounted hoists may be provided in some of the treatment bays within the ED for the management of immobile and/or bariatric patients. These are a key consideration during design owing to structural requirements. Hoist ratios and type will be guided by service planning and local requirements.
For further details refer to Part C: Section 710, Space Standards and Dimensions.

DOORS AND DOORWAYS
Ensure doorways are sufficiently wide and high to permit the manoeuvring of beds, wheelchairs, trolleys and equipment without risk of damage or manual handling injury, particularly in rooms designed for bariatric patients.
An airlock/lobby should be provided for external doors.
All entry points, doors or openings, should be a minimum of 1200mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the operational policy.
Doorways from the ambulance entry will be wide enough to accommodate bariatric stretchers.

Where card readers are used to gain access in corridors and staff are transferring patients on beds, the location of the card reader should be considered so that staff can access quickly and easily.

BED SPACING / CLEARANCES
To facilitate resuscitation procedures without restricting movement of staff, beds, and equipment, there must be adequate clear distance between the bed in the resuscitation/trauma bay and any fixed obstruction including bed screens or wall. For minimum clearance and dimension requirements, refer to the Standard Components section, Patient Resuscitation Bay Room Layout Sheet.
When an open plan arrangement is provided, a circulation space or aisle of 2200mm minimum clear width should be provided beyond dedicated cubicle space.

CORRIDORS
Beds and trolleys within ED are large and carry valuable and sensitive equipment, and some patients who are severely ill.
Refer to Section 300.015.040 of this HPU for more information. Part C of these Guidelines provides information on the required corridor widths etc. for healthcare facilities, Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

WINDOWS
Window treatments should be durable and easy to clean.

03.07 Safety and Security

GENERAL
The ED receives a large number of patients and their visitors, a number of who may be distressed, intoxicated or involved in violence. The hospital has a duty of care to provide security safe and secure environment for employees, patients and visitors. The precise details of security features should be developed in conjunction with a security risk assessment for the specific site.
As the first point of address for visitors to the Unit, the reception/triage area may be a risk area for violence. Careful thought should be given to the design of this area to minimise this risk.
A list of Safety and Security Considerations along with a Security Checklist for EDs is attached to this document.
Safety and security is covered in detail in Part C of these Guidelines.
A comfortable and well maintained waiting area can reduce the stress levels of those waiting for services. Features will include:

- use of muted colours;
- easy to locate amenities such as phones, toilets etc.;
- adequate seating that allows some separation between groups; and
- easy to understand signage.

SECURITY PERSONNEL
Uniformed security personnel may be required at very short notice to assist with a safety or security issue. Their base should be positioned either within or immediately adjacent to the ED. The Unit should have rapid communication links to enable staff to respond to disturbances in other areas of the ED.

CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN
Crime prevention through environmental design (CEPTED) provides the opportunity through the planning and a design phase to maximise natural surveillance and incorporate features plan the space so that minimise the reliance on that overt security measures can be avoided or significantly reduced.
Some key strategies that can be applied in ED design include:

- easily identifiable public entrances;
- natural surveillance of the public and patients in all accessible areas of the ED. For example, Triage staff and the security base will actively supervise and view the entry and waiting areas. Assessment and treatment zones will have staff stations that oversight these areas; and
- other surveillance such as CCTV may be needed in high risk locations and positioning security staff within the ED.

OCCUPATIONAL HEALTH AND SAFETY
Ambulance officers will need a flat and level surface to push stretchers from ambulance vehicles into the ED. There should be no inclines on this path of travel.

03.08 Finishes

GENERAL
Finishes in this context refers to walls, floors, windows and ceilings.
Refer to Part C: Section 710, Space Standards and Dimensions.

FLOOR FINISHES
The floor finishes in all patient care areas and corridors within the ED should be:

- slip resistant surface;
- impermeable to water and body fluids;
- durable and easy to clean;
- acoustic properties that reduce sound transmission; and
- shock absorption to optimise staff comfort but facilitate movement of beds.

Generally offices, seminar training rooms, meeting rooms, and clerical areas may be carpeted.
More detail is provided in:

- Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions; and,
- Department of Health, NSW, 2009, Technical Series TS7 - Floor Coverings in Healthcare Buildings.

CEILING FINISHES
Ceiling finishes should be selected with regard to appearance, cleaning, infection control acoustics and access to services for ongoing maintenance.
Refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

WALL PROTECTION
Due to the large number staff, patient and trolley movements in the ED suitable wall protection must be provided.
Walls should be of robust construction and resistant to damage by persons who may kick, punch or throw items against the walls. This applies particularly in areas where behaviourally disturbed patients may be managed.
Refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

03.09 Fixtures, Fittings & Equipment

DEFINITIONS
The Room Data and Room Layout Sheets in the Australasian Health Facility Guidelines define Fixtures, Fittings and Equipment. Refer to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information, as well as:

- Part C: Section 710, Space Standards and Dimensions; and,
- Part F: Section 680 Furniture Fittings and Equipment.

03.10 Building Service Requirements

GENERAL
In addition to topics addressed below, project staff may also refer to:

- Part E: Section 3, Electrical; and,
- Department of Health, NSW, 2013, Technical Series TS11 - Engineering Services and Sustainable Development Guidelines.

CLOCKS
The accurate tracking of time within the ED is critical.
A wall clock should be visible in all clinical areas and waiting areas. Times displayed in all areas must be synchronised. Clocks in resuscitation areas require the facility to track elapsed time (one for each bed).
See RDSs and RLSs for more detail.

INFORMATION TECHNOLOGY AND COMMUNICATIONS
As a rapid patient turnover and multidisciplinary work environment, EDs are high-volume users of a wide range of telecommunications and information technology tools.
Communications functions include both auditory and visual, and include interactions both within and outside the ED. Communications functions relate to both patient care and to departmental administration.
Communications requirements and the associated technology are rapidly growing and developing. Planning should anticipate new and developing technologies and future functions, and make allowances for growth and development in this area. In particular, the provision of data connection points should be sufficient to allow unimpeded access and to anticipate future needs.
Specific functions to be provided for may include:

- a dedicated direct phone line for referring medical practitioners;
- a dedicated cordless phone or data point to patients' bedsides;
- public telephones in the waiting area;
- a direct line to a taxi company;
- personal and departmental voice communication telephones;
- cordless phones or pagers;
- overhead PA systems and intercom;
- observation with CCTV;
- electronic data transfer;
- physical transfer using pneumatic tubes and automated trolley systems;
- nurse call system;
- patient emergency system;
- location finding duress alarm systems; and
- telemedicine enablers.

An electronic ED information system will be required to support clinical management, patient tracking and departmental administration. Sufficient terminals should be available to ensure that queuing does not occur, even at peak times. Generally, computers should be available for use at the bedside to support point of care clinical systems. In some circumstances computers on wheels (COWs) may be used.
Workspace design should include sufficient bench-widths or suitable suspension devices for terminals, keyboards, drives and printers. Additional computer terminals, software and peripheral devices should be installed to enable other departmental functions.
In smaller units, especially in more remote areas, telemedicine is becoming increasingly common and important for day-to-day operation.
Allowance should be made for connection of fixed and portable telemedicine equipment in all treatment areas. A telemedicine strategy will need to be considered in the early stages of planning that is consistent will jurisdictional approaches and service networking arrangements.
Tertiary centres that support these smaller units will need a quiet location for telemedicine related activities to discuss cases, review patients and their results.

ELECTRICAL SERVICES
Refer to RDSs and RLSs for details of electrical needs for this Unit.

DURESS ALARMS
Should be provided in accordance with local policies. For additional information refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

NURSE/ STAFF CALL SYSTEM
Healthcare facilities should provide a call system that allows patients and staff to alert other staff in a discreet manner at all times. These communication technologies should be compatible throughout the facility.

All treatment spaces, including toilets and bathrooms, should have access to an emergency call system so staff can summon urgent assistance. The emergency call system should alert to a central module situated adjacent to the staff station, as well as to the staff and tutorial rooms.
The call system should:

- allow change of the call notification between end users and the system;
- operate within acceptable noise levels; and
- provide sufficient capacity in terms of the anticipated level of use.

Call systems should be designed and installed to comply with Standards Australia, 1998, AS 3811 - Hard wired Patient Alarm Systems.

LIGHTING
The lighting design needs to provide for both comfort (patients and staff) and function, and should have inherent flexibility. There are different considerations for different types of patient care areas and staff areas. It should be possible to vary lighting conditions between individual beds and rooms.
Functional requirements for lighting of clinical treatment spaces include the ability to dim for comfort, the ability to focus strong light for bedside procedures, and there should be no colour distortion to ensure accurate assessment of skin tone.
If consistent with departmental function, overhead pendant lights should be centred appropriately over bed spaces in treatment areas.
Refer to section 300.014.010 regarding natural light requirements.

MEDICAL SERVICES
Medical gases should be provided in accordance with the RDSs and RLSs.

MONITORING
Bedside electronic monitoring needs to provide for both local visual display and electronic data or information transfer. Where possible, the bedside monitoring system should be integrated with (or interface with) the electronic patient information system (or future capacity for this should be provided).
Central monitoring should be available within each Unit.
The design and complexity of bedside clinical monitoring will depend on the function of each clinical area. Local function will determine the proportion of acute beds that have bedside monitoring at any one time. However, the design should facilitate future flexibility in location of bedside monitoring.
Considerations include flexibility for patient and bed movements and both visual and spatial accessibility. Cabling should be accessible, but should not physically obstruct staff access to the bedside.

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

Provide the Non-Standard Components as described in this section, according to operational policy and service demand.

TRIAGE CUBICLE
Description and Function
A private cubicle where triage staff take a patient's history to allow allocation of a triage category. This room will contain a desk, chairs for staff and two visitors and an examination couch.

Location and Relationships
Immediately adjacent to reception and the waiting room.

Considerations
The space should be arranged so that entrapment of staff does not occur.

DECONTAMINATION SHOWER
Description and Function
A decontamination shower is provided to shower patients who arrive in the Unit contaminated with toxic and/or infectious substances. It must include a flexible water hose, floor drain and contaminated water trap. Consideration should be given to inclusion of a personal protective equipment bay with the decontamination shower.

Location and Relationships
Located outside, so that patients do not enter the ED.
A minimum water temperature may be specified so that the patient's body temperature is maintained.

WRITE – UP BAY (AMBULANCE SERVICE)
Description and Function
This write-up bay provides a base for ambulance officers while they are present within the ED. Officers will enter notes, using a laptop or tablet, make phone calls and liaise with ED staff. Some lockable storage will be available within this area so consumable etc. can be stored. This bay will accommodate two to three staff.

Location and Relationships
To be located nearby ambulance triage.

Considerations
It is assumed that ambulance officers will access staff amenities within the ED.

PATIENT BAY - TREATMENT/RESUSCITATION
Description and Function
This space is used in smaller facilities and fulfils the role of both treatment and resuscitation bays.

Location and Relationships
Similar to resuscitation but contains two assessment spaces.

BAY – PATHOLOGY TESTING
Description and Function
A designated area for performing laboratory investigations such as arterial blood gas analysis and microscopy. Most, if not all PoCT devices will require power and data and be accommodated on a bench. Staff will usually stand at this bench so the height needs to be suitable.

Location and Relationships
Accessible from resuscitation and treatment bays. Collocated with bay – pneumatic tube station.

Considerations
Some POCT devices are heavy and the bench will need to accommodate this weight.

CONSULT ROOM - DENTAL
Description and Function
A consult room that is equipped with a fixed dental chair to undertake emergency dental procedures within the ED. As it is likely that this room will not be fully utilised, it is recommended that it be fitted out so that it can be used for other consults when not used for oral health care.
This room would contain:

- a fixed dental chair ideally with a knee break;
- stools for dentists and assistant;
- examination light;
- a hand wash basin, Type B;
- some fixed joinery to store dental equipment but this will be minimal and include some bench space;
- a desk, with office chair;
- visitor chair; and
- trolley.

Location and Relationships
Located with other specialist consult rooms. The room should be able to accommodate a trolley as not all patients will easily transfer to a dental chair.

PATIENT BAY – ACUTE TREATMENT (CHAIR)
Description and Function
A space for treating people, such as those with acute asthma, who do not require a bed.

Location and Relationships
Chairs should be observable from a staff station. Also require access to medical gases.

STORE - CRUTCH
Description and Function
An area for the storage of crutches, splints and other aids to mobility. Crutches should be hung on hooks so that the space remains well organised and the right size can be easily located.

Location and Relationships
Close to, and easily accessible from the plaster room.

AX APPENDICES

AX.01 Schedule of Accommodation

The following Schedule of Accommodation is organised by ACEM Service levels 1 to 4. Unit size will ultimately be dependent of factors including activity, acuity and performance targets.

The allocation of treatment spaces and other support space is indicative and final numbers should be informed through detailed service planning using local benchmarks and planning guides.

Space for a satellite medical imaging has not been included in this Schedule of Accommodation. If this model is adopted, for more details refer to AHIA, 2013, AusHFG Part B: HPU 440 Medical Imaging Unit.

A generic schedule of accommodation follows.

- Note 1: FPU - functional planning unit, number depends on service plan and activity level.
- Note 2: Optional (o) indicates that the space may be shared with an adjoining service or zone within the ED.
- Note 3: Staff station should be located centrally within treatment area, preferably with direct oversight of resuscitation bays. Direct access required to treatment spaces. It may be raised for uninterrupted vision of the patients. It may be partially enclosed to ensure that confidential information can be conveyed without breach of privacy and to provide security to staff and confidential information.

In smaller hospitals, it is likely that the ED will be located alongside the main hospital entry point and it has been assumed that these areas may share space and staffing with adjacent areas.

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.

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 1	AIRLE-10	Airlock - Entry, 10m2	Yes	1	0	Shared Entry
Level 2	AIRLE-10	Airlock - Entry, 10m2	Yes	1	10	Entry
Level 3	AIRLE-10	Airlock - Entry, 10m2	Yes	1	10	Entry
Level 4	AIRLE-10	Airlock - Entry, 10m2	Yes	1	10	Entry
Level 1	REC-E	Reception / Clerical (Emergency), 20m2	Yes	1	0	Shared; Staff to be able to observe & control access Entries and Treatment Areas.
Level 2	REC-E	Reception / Clerical (Emergency), 20m2	Yes	1	15	Staff to be able to observe & control access Entries and Treatment Areas.
Level 3	REC-E	Reception / Clerical (Emergency), 20m2	Yes	1	20	Staff to be able to observe & control access Entries and Treatment Areas.
Level 4	REC-E	Reception / Clerical (Emergency), 20m2	Yes	1	20	Staff to be able to observe & control access Entries and Treatment Areas.
Level 1	WAIT-20	Waiting	Yes	1	0	Shared - Open, observed from Triage & Reception; play area for children, ability to separate groups
Level 2	WAIT-20	Waiting	Yes	1	25	Open, observed from Triage & Reception; play area for children, ability to separate groups
Level 3	WAIT-20	Waiting	Yes	1	45	Open, observed from Triage & Reception; play area for children, ability to separate groups
Level 4	WAIT-20	Waiting	Yes	1	50	Open, observed from Triage & Reception; play area for children, ability to separate groups
Level 1	PLAP-10	Play Area - Paediatric, 10m2	Yes	1	0	Shared' Defined area adjoining waiting area, or adjacent to paediatric treatment areas.
Level 2	PLAP-10	Play Area - Paediatric, 10m2	Yes	1	10	Shared; Defined area adjoining waiting area, or adjacent to paediatric treatment areas.
Level 3	PLAP-10	Play Area - Paediatric, 10m2	Yes	1	10	Defined area adjoining waiting area, or adjacent to paediatric treatment areas.
Level 4	PLAP-10	Play Area - Paediatric, 10m2	Yes	1	10	Defined area adjoining waiting area, or adjacent to paediatric treatment areas.
Level 1	PAR	Parenting Room	Yes	1	0	Shared - Accessible from waiting areas.
Level 2	PAR	Parenting Room	Yes	1	6	Accessible from waiting areas.
Level 3	PAR	Parenting Room	Yes	1	6	Accessible from waiting areas.
Level 4	PAR	Parenting Room	Yes	1	6	Accessible from waiting areas.
Level 1	BPH	Bay - Public Telephone	Yes	1	0	Shared
Level 2	BPH	Bay - Public Telephone	Yes	1	2	
Level 3	BPH	Bay - Public Telephone	Yes	1	2	
Level 4	BPH	Bay - Public Telephone	Yes	1	2	
Level 1	BVM-3	Bay - Vending Machines	Yes	1	0	Shared
Level 2	BVM-3	Bay - Vending Machines	Yes	1	3	
Level 3	BVM-3	Bay - Vending Machines	Yes	1	3	
Level 4	BVM-3	Bay - Vending Machines	Yes	1	3	
Level 1	WCPU-3	Toilet - Public, 3m2	Yes	1	3	Alocation dependent on nearby amenities
Level 2	WCPU-3	Toilet - Public, 3m2	Yes	2	3	Alocation dependent on nearby amenities
Level 3	WCPU-3	Toilet - Public, 3m2	Yes	3	3	Alocation dependent on nearby amenities
Level 4	WCPU-3	Toilet - Public, 3m2	Yes	4	3	Alocation dependent on nearby amenities
Level 1	WCAC	Toilet - Accessible, 6m2	Yes	1	0	Shared, will include facilities for baby change.
Level 2	WCAC	Toilet - Accessible, 6m2	Yes	1	6	Will include facilities for baby change.
Level 3	WCAC	Toilet - Accessible, 6m2	Yes	1	6	Will include facilities for baby change.
Level 4	WCAC	Toilet - Accessible, 6m2	Yes	1	6	Will include facilities for baby change.
Level 1	BMEQ-6	Bay - Mobile Equipment	Yes	1	0	Shared, wheelchair/trolley hold
Level 2	BMEQ-6	Bay - Mobile Equipment	Yes	1	12	Wheelchair/trolley hold
Level 3	BMEQ-6	Bay - Mobile Equipment	Yes	1	12	Wheelchair/trolley hold
Level 4	BMEQ-6	Bay - Mobile Equipment	Yes	1	12	Wheelchair/trolley hold
		Discounted Circulation %			30%	

TRIAGE / REGISTRATION

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 2		Triage Cubicle/Bay	Yes		9	FPU No. dependent on operational policy
Level 3		Triage Cubicle/Bay	Yes		9	FPU No. dependent on operational policy
Level 4		Triage Cubicle/Bay	Yes		9	FPU No. dependent on operational policy
Level 3	TRMT	Treatment Room	Yes		14	Optional - if model is in place for a nurse working within the waiting room
Level 4	TRMT	Treatment Room	Yes		14	Optional - if model is in place for a nurse working within the waiting room
Level 2	AMBTR	Ambulance Triage	Yes	1	12	
Level 3	AMBTR	Ambulance Triage	Yes	1	12	
Level 4	AMBTR	Ambulance Triage	Yes	1	12	
Level 1		Ambulance Service - Write up		1	3	Includes some storage
Level 2		Ambulance Service - Write up		1	4	Includes some storage
Level 3		Ambulance Service - Write up		1	4	Includes some storage
Level 4		Ambulance Service - Write up		1	5	Includes some storage
Level 1	SHDEC	Shower - Decontamination, 8m2	Yes	1	8	Check Local Authority req'ts for waste water detention requirements.
Level 2	SHDEC	Shower - Decontamination, 8m2	Yes	1	8	Check Local Authority req'ts for waste water detention requirements.
Level 3	SHDEC	Shower - Decontamination, 8m2	Yes	1	8	Check Local Authority req'ts for waste water detention requirements.
Level 4	SHDEC	Shower - Decontamination, 8m2	Yes	1	8	Check Local Authority req'ts for waste water detention requirements.
		Discounted Circulation %			30%	

In smaller hospitals, it is likely that the ED will be located alongside the main hospital entry point and it has been assumed that these areas may share space and staffing with adjacent areas.

TREATMENT AREAS - RESUSCITATION

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 2	PBTR-R	Patient Bay - Resuscitation, 25m2	Yes	1	25	Note: smaller Level2 services might instead have a single 35m2 space with two bays
Level 3	PBTR-R	Patient Bay - Resuscitation, 25m2	Yes	1	25	Note: smaller Level2 services might instead have a single 35m2 space with two bays
Level 4	PBTR-R	Patient Bay - Resuscitation, 25m2	Yes	1	25	Note: smaller Level2 services might instead have a single 35m2 space with two bays
Level 1		Patient Bay - Treatment/Resuscitation		1	16	FPU
Level 3	INTF	Interview Room	Yes	1	12	For staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 4	INTF	Interview Room	Yes	1	12	For staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 1	INTF	Interview Room	Yes		9	Optional, for staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 2	INTF	Interview Room	Yes	1	9	For staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 3	INTF	Interview Room	Yes	1	9	For staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 4	INTF	Interview Room	Yes	1	9	For staff to interview/meet with family & friends of patients. Also used as a quiet/grieving space.
Level 1	BMEQ-4	Bay - Mobile Equipment, 4m2	Yes	1	0	Shared
Level 2	BMEQ-4	Bay - Mobile Equipment, 4m2	Yes	1	0	Shared
Level 3	BMEQ-4	Bay - Mobile Equipment, 4m2	Yes	1	4	
Level 4	BMEQ-4	Bay - Mobile Equipment, 4m2	Yes	1	4	
Level 4	STGN-9	Store - General, 9m2	Yes	1	9	Dedicated storage for resuscitation

TREATMENT AREAS - SENIOR ASSESSMENT AND STREAMING

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 3	WAIT-20	Waiting	Yes	1	25	
Level 4	WAIT-20	Waiting	Yes	1	25	
Level 3	PBTR-A12	Patient Bay - Acute Treatment, 12m2	Yes	1	12	FPU; Space will accommodate either trolleys or chairs
Level 4	PBTR-A12	Patient Bay - Acute Treatment, 12m2	Yes	1	12	FPU; Space will accommodate either trolleys or chairs
Level 3	SSTN-10	Staff Station, 10m2	Yes	1	10	Staff station may be shared with adjacent Treatment Area
Level 4	SSTN-10	Staff Station, 10m2	Yes	1	10	Staff station may be shared with adjacent Treatment Area

TREATMENT AREAS - FAST TRACK

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 3	WAIT-10	Waiting	Yes	1	10	
Level 4	WAIT-10	Waiting	Yes	1	10	
Level 2	CONS	Consult Room	Yes	1	12	FPU
Level 3	CONS	Consult Room	Yes	1	12	FPU
Level 4	CONS	Consult Room	Yes	1	12	FPU
Level 3	CONS-ENT-OPT	Consult Room - ENT/ Ophthalmology	Yes	1	12	Optional, determined by activity
Level 4	CONS-ENT-OPT	Consult Room - ENT/ Ophthalmology	Yes	1	12	
Level 4		Consult Room - Dental		1	12	Optional determine by need/activity. A knee break chair might be included to increase flexibility
Level 3		Patient Bay - Acute Treatment (Nebuliser)		1	4	Optional
Level 4		Patient Bay - Acute Treatment (Nebuliser)		1	4	Optional
Level 2	SSTN-10	Staff Station, 10m2	Yes	1	0	Shared, where optional may be shared with adjacent treatment area.
Level 3	PLST	Plaster Room	Yes	1	14	Level 1 and 2 services will use a treatment room.
Level 4	PLST	Plaster Room	Yes	1	14	Level 1 and 2 services will use a treatment room.
Level 3		Store - Crutch		1	2	
Level 4		Store - Crutch		1	2	

Depending on service planning, this area may also contain Patient Bay – Acute Treatment.

ACUTE / SUB ACUTE

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 2	PBTR-A12	Patient Bay - Acute Treatment, 12m2	Yes	1	12	May be designated adult or paediatric
Level 3	PBTR-A12	Patient Bay - Acute Treatment, 12m2	Yes	1	12	May be designated adult or paediatric
Level 4	PBTR-A12	Patient Bay - Acute Treatment, 12m2	Yes	1	12	FPU; (Qty depends on service plan)
Level 3	1BR-IS-N	1 Bed Room - Isolation, Negative Pressure, 15m2	Yes	1	15	
Level 4	1BR-IS-N	1 Bed Room - Isolation, Negative Pressure, 15m2	Yes	1	15	
Level 3	ANRM	Anteroom	Yes	1	6	Dedicated to each Class N room
Level 4	ANRM	Anteroom	Yes	1	6	Dedicated to each Class N room
Level 3	ENS-ST	Ensuite - Standard, 5m2	Yes	1	5	Dedicated for each Class N room
Level 4	ENS-ST	Ensuite - Standard, 5m2	Yes	1	5	Dedicated for each Class N room
Level 3		Treatment Room - Safe Assessment		1	14	Used for secure containment and assessment for MH patients. Can also be used for other patients
Level 4		Treatment Room - Safe Assessment		1	14	Used for secure containment and assessment for MH patients. Can also be used for other patients
Level 4	CONS	Consult Room	Yes	1	12	Dedicated for sexual assault assessment
Level 4	ENS-ST	Ensuite - Standard, 5m2	Yes	1	5	Attached to the Consult Room re sexual assault assessment.
Level 2	TRMT	Treatment Room	Yes	1	14	FPU. Paediatric specific rooms may be required
Level 3	TRMT	Treatment Room	Yes	1	14	FPU. Paediatric specific rooms may be required
Level 4	TRMT	Treatment Room	Yes	1	14	FPU. Paediatric specific rooms may be required
Level 3	PROC-20	Procedure Room, 20m2	Yes	1	20	FPU. Paediatric specific rooms may be required
Level 4	PROC-20	Procedure Room, 20m2	Yes	1	20	FPU. Paediatric specific rooms may be required
Level 3	PLAP-10	Play Area - Paediatric	Yes	1	8	Located adjacent to Paediatric Patient Bays
Level 4	PLAP-10	Play Area - Paediatric	Yes	1	8	Located adjacent to Paediatric Patient Bays
Level 2	WCPT	Toilet - Patient, 4m2	Yes	2	4	The numbers should support patients in all areas within the triage and all treatment areas
Level 3	WCPT	Toilet - Patient, 4m2	Yes	4	4	The numbers should support patients in all areas within the triage and all treatment areas
Level 4	WCPT	Toilet - Patient, 4m2	Yes	4	4	The numbers should support patients in all areas within the triage and all treatment areas
Level 2	SHPT	Shower - Patient, 4m2	Yes	1	4	The numbers should support patients in all areas within the triage and all treatment areas
Level 3	SHPT	Shower - Patient, 4m2	Yes	1	4	The numbers should support patients in all areas within the triage and all treatment areas
Level 4	SHPT	Shower - Patient, 4m2	Yes	1	4	The numbers should support patients in all areas within the triage and all treatment areas
		Discounted Circulation %			40%	

In larger services, separate areas may be provided for acute and sub-acute beds. It is likely that services with significant attendances will develop a dedicated paediatric zone. For the purposes of this indicative Schedule of Accommodation, it has been assumed that a standard patient bay will be provided. This increases standardisation and flexibility over time. The Service Plan will nominate numbers of spaces to be provided within each zone.

SUPPORT AREAS

Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 2	SSTN-14	Staff Station, 14m2	Yes	1	14	
Level 3	SSTN-14	Staff Station, 14m2	Yes	1	20	
Level 4	SSTN-14	Staff Station, 30m2	Yes	1	30	
Level 1	BHWS-A	Bay - Handwashing, Type A	Yes	1	1	1 Handwash Bay per 4 Treatment Bays.
Level 2	BHWS-A	Bay - Handwashing, Type A	Yes	1	1	1 Handwash Bay per 4 Treatment Bays.
Level 3	BHWS-A	Bay - Handwashing, Type A	Yes	1	1	1 Handwash Bay per 4 Treatment Bays.
Level 4	BHWS-A	Bay - Handwashing, Type A	Yes	1	1	1 Handwash Bay per 4 Treatment Bays.
Level 4		Office - Telemedicine		1	12	Allocated for Tertiary centre to consult on individual patients
Level 1	CLUR-12	Clean Utility, 12m2	Yes	1	0	Shared
Level 2	CLUR-12	Clean Utility, 12m2	Yes	1	12	
Level 3	CLUR-12	Clean Utility, 12m2	Yes	1	12	
Level 4	CLUR-12	Clean Utility, 12m2	Yes	1	12	
Level 2	BPTS	Bay - Pneumatic Tube	Yes	1	1	
Level 3	BPTS	Bay - Pneumatic Tube	Yes	1	1	
Level 4	BPTS	Bay - Pneumatic Tube	Yes	2	1	
Level 1	BPATH	Bay - Pathology	Yes	1	2	Inclusion dependent on local policies. Site dependent on no of devices used
Level 2	BPATH	Bay - Pathology	Yes	1	2	Inclusion dependent on local policies. Site dependent on no of devices used
Level 3	BPATH	Bay - Pathology	Yes	1	3	Inclusion dependent on local policies. Site dependent on no of devices used
Level 4	BPATH	Bay - Pathology	Yes	1	4	Inclusion dependent on local policies. Site dependent on no of devices used
Level 3	SSTN-10	Staff Station, 10m2	Yes	1	10	Optional may be shared with adjacent treatment area.
Level 4	SSTN-10	Staff Station, 10m2	Yes	1	10	
Level 1	DTUR-S	Dirty Utility, 10m2	Yes	1	0	Shared, number dependent on size and configuration of ED.
Level 2	DTUR-S	Dirty Utility, 10m2	Yes		10	Number dependent on size and configuration of ED
Level 3	DTUR-S	Dirty Utility, 10m2	Yes		10	Number dependent on size and configuration of ED
Level 4	DTUR-10	Dirty Utility, 10m2	Yes		10	Number dependent on size and configuration of ED
Level 1	STGN-9	Store - General	Yes	1	0	Shrared
Level 2	STGN-9	Store - General	Yes	1	20	
Level 3	STGN-9	Store - General	Yes	1	30	
Level 4	STGN-9	Store - General	Yes	1	40	
Level 1	STEQ-20	Store - Equipment, 20m2	Yes	1	0	Shared
Level 2	STEQ-20	Store - Equipment, 20m2	Yes	1	15	
Level 3	STEQ-20	Store - Equipment, 20m2	Yes	1	20	
Level 4	STEQ-20	Store - Equipment, 20m2	Yes	1	30	
Level 4	STDE	Store - Disaster Equipment	Yes	1	8	
Level 1	BMEQ-4	Bay - Mobile Equipment	Yes	1	2	
Level 2	BMEQ-4	Bay - Mobile Equipment	Yes	2	4	
Level 3	BMEQ-4	Bay - Mobile Equipment	Yes	3	4	
Level 4	BMEQ-4	Bay - Mobile Equipment	Yes	4	4	
Level 1	BBEV-OP	Bay - Beverage, Open Plan, 4m2	Yes	1	0	Shared
Level 2	BBEV-OP	Bay - Beverage, Open Plan, 4m2	Yes	1	4	
Level 3	BBEV-OP	Bay - Beverage, Open Plan, 4m2	Yes	1	4	
Level 4	BBEV-OP	Bay - Beverage, Open Plan, 4m2	Yes	1	4	
Level 2	BMT-4	Bay - Meal Trolley, 4m2	Yes	1	4	Inclusion dependent on operational policy
Level 3	BMT-4	Bay - Meal Trolley, 4m2	Yes	1	4	Inclusion dependent on operational policy
Level 4	BMT-4	Bay - Meal Trolley, 4m2	Yes	1	4	Inclusion dependent on operational policy
Level 1	BLIN	Bay - Linen	Yes	1	0	Shared
Level 2	BLIN	Bay - Linen	Yes	1	2	
Level 3	BLIN	Bay - Linen	Yes	2	2	
Level 4	BLIN	Bay - Linen	Yes	3	2	
Level 3	STDR-10	Medication Room	Yes	1	10	
Level 4	STDR-10	Medication Room	Yes	1	10	
Level 1	DISP- 8	Disposal Room, 8m2	Yes	1	0	Shared
Level 2	DISP- 8	Disposal Room, 8m2	Yes	1	8	
Level 3	DISP- 8	Disposal Room, 8m2	Yes	1	8	
Level 4	DISP- 8	Disposal Room, 8m2	Yes	1	8	
Level 1	CLRM-5	Cleaner's Room, 5m2	Yes	1	0	Shared
Level 2	CLRM-5	Cleaner's Room, 5m2	Yes	1	5	
Level 3	CLRM-5	Cleaner's Room, 5m2	Yes	1	5	
Level 4	CLRM-5	Cleaner's Room, 5m2	Yes	1	5	
Level 1	BRES	Bay - Resuscitation Trolley	Yes	1	1.5	
Level 2	BRES	Bay - Resuscitation Trolley	Yes	1	1.5	
Level 3	BRES	Bay - Resuscitation Trolley	Yes	1	1.5	
		Discounted Circulation %			30%	

SHORT STAY UNIT

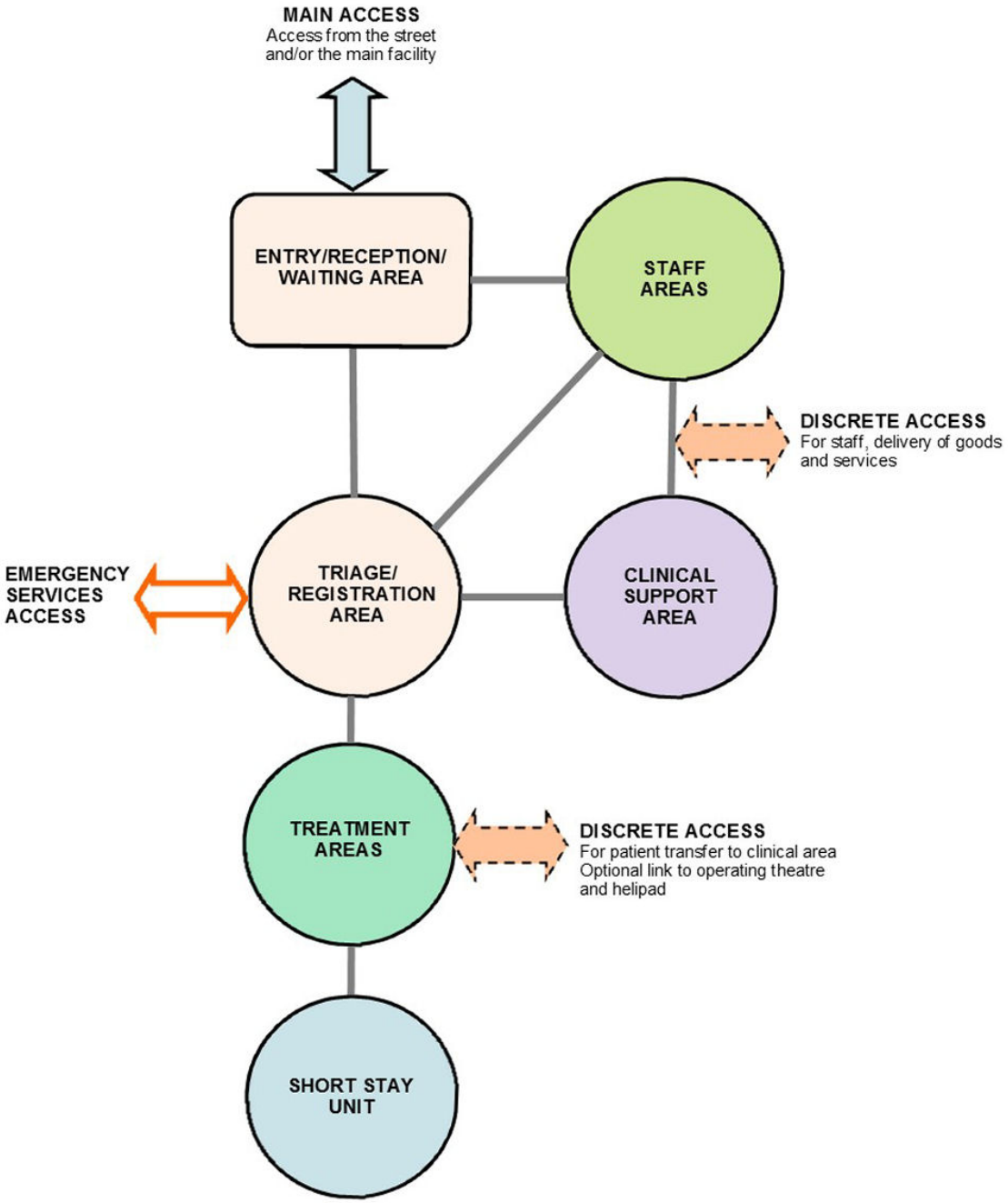
Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 2	PBTR-NA	Patient Bay - Non Acute Treatment	Yes	1	12	FPU; (Qty depends on service plan)
Level 3	PBTR-NA	Patient Bay - Non Acute Treatment	Yes	1	12	FPU; (Qty depends on service plan)
Level 4	PBTR-NA	Patient Bay - Non Acute Treatment	Yes	1	12	FPU; (Qty depends on service plan)
Level 3	1BR-IS-N	1 Bed Room - Isolation, Negative Pressure, 15m2	Yes	1	15	FPU. Number dependent on need.
Level 4	1BR-IS-N	1 Bed Room - Isolation, Negative Pressure, 15m2	Yes	1	15	FPU. Number dependent on need.
Level 3	ANRM	Anteroom	Yes	1	6	
Level 4	ANRM	Anteroom	Yes	1	6	
Level 3	ENS-ST	Ensuite - Standard, 5m2	Yes	1	5	
Level 4	ENS-ST	Ensuite - Standard, 5m2	Yes	1	5	
Level 2	WCPT	Toilet - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 3	WCPT	Toilet - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 4	WCPT	Toilet - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 2	SHPT	Shower - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 3	SHPT	Shower - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 4	SHPT	Shower - Patient, 4m2	Yes	1	4	Number dependent on number of treatment spaces
Level 2	SSTN-10	Staff Station	Yes	1	10	
Level 3	SSTN-10	Staff Station	Yes	1	14	
Level 4	SSTN-10	Staff Station	Yes	1	15	
Level 2	BLIN	Bay - Linen	Yes	1	2	
Level 3	BLIN	Bay - Linen	Yes	1	2	
Level 4	BLIN	Bay - Linen	Yes	1	2	
Level 2	CLUR-12	Clean Utility	Yes	1	10	Optional
Level 3	CLUR-12	Clean Utility	Yes	1	10	
Level 4	CLUR-12	Clean Utility	Yes	1	10	
Level 2	DTUR-8	Dirty Utility - Sub, 8m2	Yes	1	8	
Level 3	DTUR-8	Dirty Utility - Sub, 8m2	Yes	1	8	
Level 4	DTUR-8	Dirty Utility - Sub, 8m2	Yes	1	8	
		Discounted Circulation %			30%	

STAFF AREAS

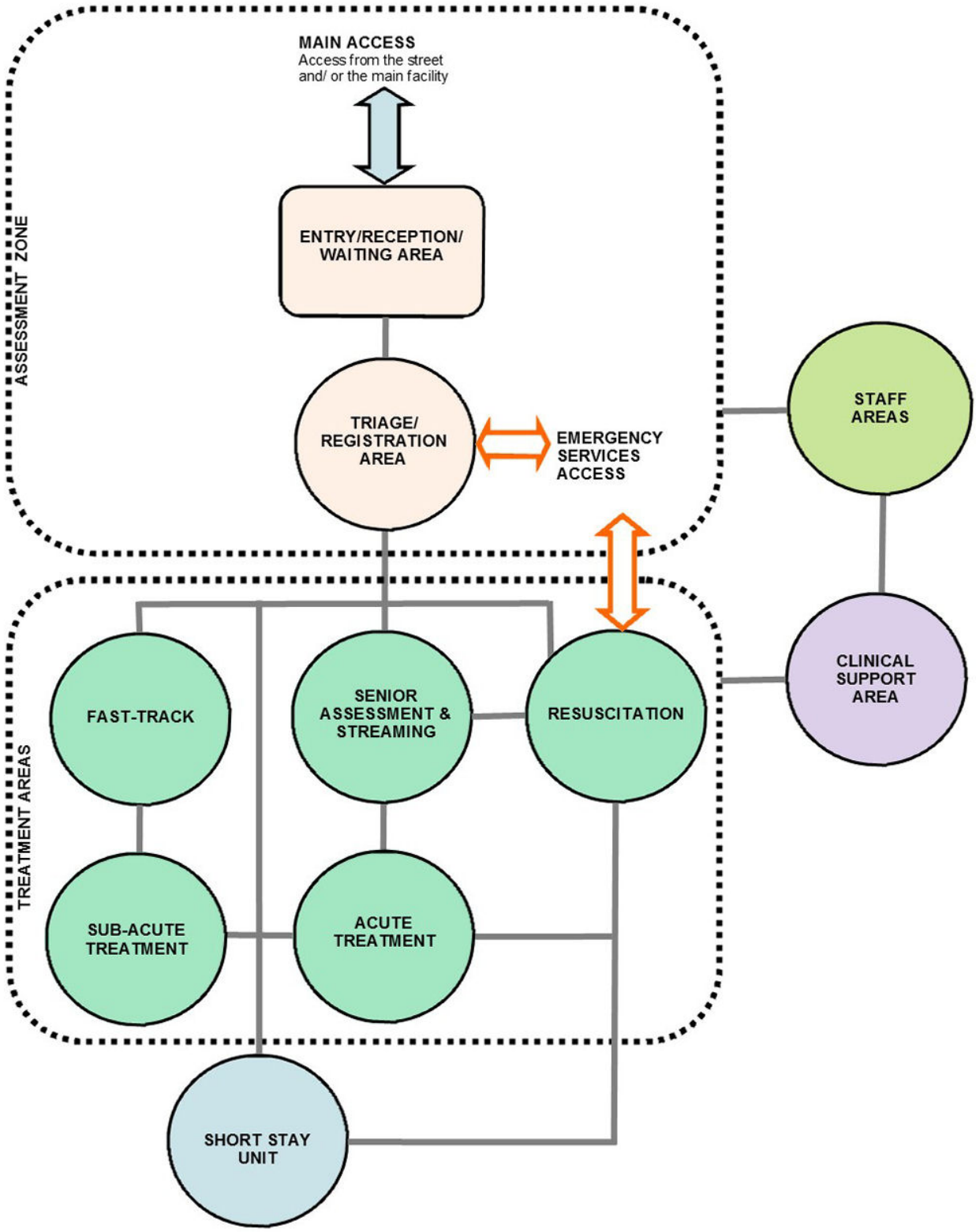
Department	AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
Level 1	SRM-15	Staff Room	Yes	1	0	Shared
Level 2	SRM-15	Staff Room	Yes	1	15	
Level 3	SRM-15	Staff Room	Yes	1	20	
Level 4	SRM-15	Staff Room	Yes	1	30	
Level 1	WCST	Toilet - Staff, 3m2	Yes	1	0	Shared
Level 2	WCST	Toilet - Staff, 3m2	Yes	2	3	
Level 3	WCST	Toilet - Staff, 3m2	Yes	3	3	
Level 4	WCST	Toilet - Staff, 3m2	Yes	4	3	
Level 1	SHST	Shower - Staff, 3m2	Yes	1	0	Shared
Level 2	SHST	Shower - Staff, 3m2	Yes	1	0	Shared
Level 3	SHST	Shower - Staff, 3m2	Yes	1	3	
Level 4	SHST	Shower - Staff, 3m2	Yes	2	3	
Level 1	PROP-2	Property Bay - Staff, 2m2	Yes	1	2	
Level 2	PROP-2	Property Bay - Staff, 2m2	Yes	1	3	
Level 3	PROP-2	Property Bay - Staff, 2m2	Yes	1	5	
Level 4	PROP-2	Property Bay - Staff, 2m2	Yes	1	8	
Level 3	OFF-S12	Office - Single Person, 12m2	Yes	1	12	Medical Director
Level 4	OFF-S12	Office - Single Person, 12m2	Yes	1	12	Medical Director
Level 2	OFF-S9	Office - Single Person, 9m2	Yes	1	9	Nursing manager and staff specialists
Level 3	OFF-S9	Office - Single Person, 9m2	Yes	1	9	Nursing manager and staff specialists
Level 1	OFF-S9	Office - Single Person, 9m2	Yes	1	9	Nursing manager and staff specialists
Level 4	OFF-S9	Office - Single Person, 9m2	Yes	1	9	Nursing manager and staff specialists
Level 1		Office - Workstation, 5.5m2		1	5.5	Administration, reception and research staff
Level 2		Office - Workstation, 5.5m2		1	5.5	Administration, reception and research staff
Level 3		Office - Workstation, 5.5m2		1	5.5	Administration, reception and research staff
Level 4		Office - Workstation, 5.5m2		1	5.5	Administration, reception and research staff
Level 2		Office - Workstation, 4.4m2		1	4.4	Cinical staff such as CNE's
Level 3		Office - Workstation, 4.4m2		1	4.4	Cinical staff such as CNE's
Level 4		Office - Workstation, 4.4m2		1	4.4	Cinical staff such as CNE's
Level 1	STPS-8	Store - Photocopy/Stationery	Yes	1	0	Shared
Level 2	STPS-8	Store - Photocopy/Stationery	Yes	1	8	Shared
Level 3	STPS-8	Store - Photocopy/Stationery	Yes	1	8	Shared
Level 4	STPS-8	Store - Photocopy/Stationery	Yes	1	8	Shared
Level 1	MEET-L-20	Meeting Room	Yes	1	0	Shared
Level 2	MEET-L-20	Meeting Room	Yes	1	20	
Level 3	MEET-L-20	Meeting Room	Yes	1	15	
Level 4	MEET-L-20	Meeting Room	Yes	1	30	
Level 1	MEET-12	Meeting Room	Yes	1	0	Shared
Level 3	MEET-12	Meeting Room	Yes	1	12	Shared
Level 4	MEET-12	Meeting Room	Yes	1	15	Shared
		Discounted Circulation %			30%	

AX.02 Functional Relationships / Diagrams

The following diagram details the relationships between zones in an Emergency Unit.



The following diagram details the arrangement for assessment and treatment zones in an Emergency Unit.



AX.03 Checklists

A schedule of issues to be addressed in the design of EDs is attached to this document. Refer also to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.
A security checklist for an Emergency Unit is attached at the end of this HPU document.

AX.04 References

- AHIA, 2010, AusHFG Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions - http://www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20C%20Design%20for%20Access%20Mobility%20OHS%20and%20Security%20_%2000710%20Space%20Standards%20and%20Dimensions.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 2010, AusHFG Part B: Section 80 General Requirements - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20B%20Health%20Facility%20Briefing%20and%20Planning%20_%2000080%20General%20Requirements.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AHIA, 2010, AusHFG Part D: Infection Prevention and Control - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20D%20Infection%20Prevention%20and%20Control%20_%20800%20Introduction.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AHIA, 2010, AusHFG Part C: Section 730, Human Engineering - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20C%20Design%20for%20Access%20Mobility%20OHS%20and%20Security%20_%2000730%20Human%20Engineering.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 2010, AusHFG Part B: HPU 133 Psychiatric Emergency Care Centres (PECC) - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20B%20Health%20Facility%20Briefing%20and%20Planning%20_%2000133%20Psychiatric%20Emergency%20Care%20Centre%20PECC.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 2010, AusHFG Part C: Section 710, Space Standards and Dimensions - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20C%20Design%20for%20Access%20Mobility%20OHS%20and%20Security%20_%2000710%20Space%20Standards%20and%20Dimensions.pdf, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 2010, AusHFG Part C: Section 790, Safety and Security Precautions - http://www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20C%20Design%20for%20Access%20Mobility%20OHS%20and%20Security%20_%2000790%20Safety%20and%20Security%20Precautions.pdf, AHIA, AHIA, Sydney, NSW.
- AHIA, 2010, AusHFG Part F: Section 680 Furniture Fittings and Equipment - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20F%20Project%20Implementation%20_%2000680%20Furniture%20Fittings%20and%20Equipment.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 0001, AusHFG Part E: Section 3, Electrical - http://healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/AusHFG%20Part%20E%20Building%20Services%20and%20Environmental%20Design%20_%2000003%20Electrical.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, 2013, AusHFG Part B: HPU 440 Medical Imaging Unit - http://http/healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/%5bB-0440%5d%20Medical%20Imaging%20Unit.pdf, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AHIA, 2005, Patient Resuscitation Bay Room Layout Sheet - http://www.healthdesign.com.au/ahfg-sc/St_d_Comp__L-Z/pbtr-r.pdf, Australasian Health Facility Guidelines, AHIA, Sydney.
- Australian College of Emergency Medicine, 2012, S12 Statement on the Delineation of Emergency Departments (version 5) - https://acem.org.au/Standards-Publications/Policies-Guidelines.aspx, ACEM, West Melbourne VIC.
- Australian College of Emergency Medicine, 2014, Emergency Department Design Guideline (version 3).
- Australian College of Emergency Medicine, 2012, S11 Statement on Hospital Emergency Department Services for Children (version 2) - https://www.acem.org.au/

getattachment/7827788e-b979-42ae-8dd7-c394a3526280/Statement-on-Hospital-Emergency-Department-Service.aspx, ACEM, West Melbourne VIC.
- Department of Health, NSW, 2013, Technical Series TS11 - Engineering Services and Sustainable Development Guidelines - http://www0.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_002.pdf, Department of Health, NSW, North Sydney, NSW.
- Department of Health, NSW, 2009, Technical Series TS7 - Floor Coverings in Healthcare Buildings - http://www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/aushfg_TS7_FloorCoverings221009.pdf, Department of Health, NSW, North Sydney, NSW.
- F.H.R. Vincent, 2010, Inquiry into the Circumstances that Led to the Conviction of Mr Farah Abdulkadir Jama - https://assets.justice.vic.gov.au/justice/resources/4cd228fd-f61d-4449-b655-ad98323c4ccc/vincentreportfinal6may2010.pdf , Victorian Governemnt, Melbourne VIC.
- NSW Ministry of Health, 2012, Emergency Department Models of Care - http://www0.health.nsw.gov.au/pubs/2012/pdf/ed_model_of_care_2012.pdf, NSW Ministry of Health, North Sydney NSW.
- Standards Australia, 2010, AS 1428 (Set) 2010 Design for access and mobility Set (SAI Global) - http://infostore.saiglobal.com/store/Details.aspx?ProductID=1407487, Standards Australia, Sydney, NSW.
- Standards Australia, 1998, AS 3811 - Hard wired Patient Alarm Systems - http://www.techstreet.com/products/1178673/product_items/3739413, Standards Australia, Sydney, Australia.

AX.05 Further Reading

- NSW Health, Protecting People and Property, NSW Health Policy and Standards of Security Risk Management in NSW Health Agencies, June 2013 (Refer Chapter 15 Security in the Clinical Environment);
- NSW Health, Emergency Department Models of Care, July 2012;
- NSW Health, Emergency Department Senior Assessment and Streaming Model of Care and Toolkit, June 2012;
- NSW Health, Mental Health for Emergency Departments – A Reference Guide, 2009;
- NSW Health, Activity Planning Guideline for Emergency Department Services, November 2006;
- NSW Health, Guide to the Role Delineation of Health Services, 3rd Edition, 2002.;
- Parliament of Victoria, Inquiry into Violence and Security Arrangements in Victorian Hospitals and, in particular, Emergency Departments - Final Report, December 2011 http://www.parliament.vic.gov.au/images/stories/committees/dcpc/ivsavh/Inq_Violence_and_Security_Arrangements_in_Victorian_Hospitals.pdf
- Queensland Health, Design Considerations and Summary of Evidence: children's emergency, inpatient and ambulatory health services http://www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-374-6.pdf
- Queensland Health, Capital Infrastructure Minimum Requirements (volume 2 & 3 - access from Department of Health Policy internet site) http://www.health.qld.gov.au/qhpolicy/html/index-c.asp
- Queensland Health, Emergency Department Short Stay Unit Policy, January 2012 http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-352.pdf
- Queensland Health, Emergency Department Short Stay Unit Implementation Standard and Procedure, January 2012 http://www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-352-1.pdf
- Queensland Health, Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3.1 (Emergency Services);
- Queensland Health, Service Planning Benchmark: Emergency Department Treatment Spaces and Short Stay Unit Beds (November 2010);
- Queensland Health, Service Planning Benchmark: Children's Services – Emergency Department Treatment Spaces and Short Stay Unity Beds for Children's Services (September 2011);
- Royal Australasian College of Physicians, Standards for the Care of Children and Adolescents in Health Services, 2008.

ATTACHMENTS

Attachments

GENERIC SAFETY AND/ OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. 24 hours a day, seven days a week access to this department.	1. A secure environment separating waiting areas from clinical areas. 2. Appropriately sized and maintained waiting area with arrangement of seating to enable separation of various groups where required (e.g. children) 3. Adequate vending machines, public telephones, toilet facilities including baby change facility, comfortable seating etc. 4. Minimise entry and exit doors with close observation of these doors from triage and security base. 5. Triage station and the security base should have good natural surveillance of all approaches to the ED and the capacity to remotely lock entrance doors to prevent entry by persons who pose an immediate safety risk.
SPECIFIC SAFETY AND/ OR SECURITY RISKS	**POTENTIAL SOLUTIONS**
1. Conflict with patients and relatives	1. Install CCTV with video playback in security office where necessary, provide additional monitor in staff station. 2. Install CCTV on 'after-hours' access points to allow clinical and security staff to monitor this area. 3. Provide video and/or intercom points to 'after-hours' access points. 4. Provide staff with appropriate security barrier/screens including appropriate provisions for patient contact and document transfer. 5. Provide staff with access to both 'fixed' and 'mobile' duress systems. 6. Provide good visibility from staff areas into waiting areas. 7. ED patients should be prevented from gaining access to other areas of the facility 'after-hours' unless escorted by a staff member who will gain access. Ambulance bays screened and physically separated from public areas to ensure ambulance staff can go about their duties without duress.
2. Access to department	1. Control of patient/visitor access as above. 2. Provide separate, discrete access/egress to the department for staff so they do not have to enter or leave the ED through the public waiting area. 3. Manage ambulance entrance to prevent unauthorised access. 4. Access to treatment and staff areas possible only through key-card access system. 5. Functional zones should be controlled so that patients may only move between them when authorised by a staff member.
3. Patient Files	1. Personnel using patient files must return them to secure area after use or return to Medical Records department. 2. The provision of internal lockable post boxes to facilitate secure storage. 3. If any electronic files are produced, locate in

	restricted area of hard drive.
4. Furniture fittings and equipment including computers, office and medical equipment	1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
5. Mental Health patients	1. Concealed medical services panel including electrical points behind the locked cabinet. 2. Alternate exit door to the consult/treatment room for staff in case of emergency. 3. Consider how patients will access toilet/shower facilities. 4. Direct line of sight from an occupied staff base.
6. Presence of police guns.	1. Provision of a gun safe in an appropriate location.
7. Drugs storage	1. Dangerous drug safe within the clean utility area accessible only by staff.
8. Furniture in waiting area	1. Ensure seating, etc. is either permanently fixed or is of sufficient 'bulk' to prevent its use as a weapon, i.e. cannot be picked up and thrown. 2. Do not include furniture or fittings that may be utilised as weapons. 3. Provide appropriate bench seating, selected so that the personal space of waiting people is not invaded.
9. Staff personal effects	1. Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.

FACILITY:	DEPARTMENT: EMERGENCY UNIT
RISK ISSUE	**DESIGN RESPONSE**
1. Has a CCTV system been considered to monitor the waiting area and/or access to the public access points in the waiting area?	
2. How is 'after hours' access provided for patients, and how is this access point monitored?	
3. Has a secure 'barrier' been installed between staff and the waiting area to: (a) monitor the waiting area; (b) provide staff contact with patients; (c) provide adequate visual and audible communication; and (d) allow for document and item transfer.	
4. Do staff have access to both fixed and mobile duress systems?	
5. Is access to patient records restricted to staff entitled to that access?	
6. Is a system implemented to prevent theft of equipment, files, personal possessions etc.?	
7. How does the ED address assessment / treatment of potential Mental Health patients in the ED?	
8. Is a gun safe required and is it incorporated in the design?	
9. Are drug safes installed in accordance with current regulations?	
10. Is the waiting area furniture incapable of being utilised as a 'weapon'?	
11. How is unauthorised access prevented from ambulance entrance?	
12. Is there a means of access/egress for staff other than through the waiting area?	
13. How is after-hours access provided for staff?	
14. How is this area secured during and after hours, and is access prevented to other areas of the facility after hours?	
15. Are there lockable storage areas available for specialised equipment?	
16. Is lockable furniture provided for storage of staff personal effects?	
17. Is appropriate bench seating available for patients / visitors / relatives etc.?	
18. If a TV is provided in waiting area, is it securely fixed and out of reach of visitors etc.?	

DESIGN COMMENTARY/NOTES	DESIGN SIGN-OFF
	Name: ..... Position: .....
	Name: ..... Position: .....