

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 0430 - Front of House Unit

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

This Guideline addresses a group of functions which are broadly described as “Front of House”. The following components are covered within this Health Planning Unit:

- main entry;
- public amenities; and
- spiritual care unit.

The nature and size of the Front of House facilities to be provided will vary according to the size and service profile of the proposed facility.

It is important to consider the principles of way finding early in the design process for the front entry of the hospital. This will include issues of site layout and design, access routes from car parks and transport hubs, internal and building signage, and knowledge of the facility user group to determine special needs. In addition, decisions around scope of services, hours of opening and security need to be considered early in the design phase, to make reasonable provisions for both the main entry and after hours entry.

As a general principle, the Front of House facilities will be located in an easily accessible location for patients, visitors and staff. The principles of Crime Prevention Through Environmental Design are relevant to the design of Front of House facilities.

01.02 Introduction

This clause is not applicable, but has been included for consistent HPU clause numbering.

01.03 Policy Framework

Legislation in your State/Territory, as well as Federal legislation will need to be consulted regarding:

- anti-discrimination;
- occupational health and safety; and
- disability services.

In addition, Environmentally Sustainable Development principles and relevant State/Territory policies should be adhered to. An important reference document for planning Front of House facilities is: Standards Australia, Australian Standard 1428: Design for access and mobility.

01.04 Description

DEFINITION OF HEALTH PLANNING UNIT (HPU)

The Front of House Planning Unit incorporates functions and amenities that support patients and visitors in the administrative, practical and spiritual aspects of their interaction with the health facility.

The Front of House functions fall into three groupings: Main Entry, Public Amenities and Spiritual Care Unit.

MAIN ENTRY

The Main Entry will provide the following functions:

- external drop off and collection area protected from weather;
- entry / foyer to the health facility;
- patient and visitor reception and enquiries;
- general patient and visitor waiting;
- way finding information / signage; and
- wheelchair and trolley holding area.

The Main Entry may also accommodate the following functions:

- admissions unit, including cashier / accounts (see Admissions Unit HPU);
- nursing duty manager's office;
- staff sign-on bureau;
- site specific health education / promotion unit;
- mail room;
- patient transport;
- display space to advise the community on public health initiatives, quality improvements, facility redevelopment projects, historical and heritage displays etc;
- office for a patient advocate / customer liaison unit;
- office for indigenous or multi-cultural persons support service;
- volunteers and auxiliaries space eg for charity sales, meeting room / amenities, volunteer coordinator;
- dedicated staff toilets, depending on the number of staff working in the area and the proximity to other staff toilets;
- fire indicator panels and fire service provisions;
- security office/station to provide visible reassurance and act as deterrent. Main office generally located in close proximity to the Emergency Department or other 24 hour zone; and
- the Switch room, however generally this will be located in the Emergency Department or other 24 hour zone.

The provision of an airlock to the entrance lobby is preferred but optional, the need for which will be dependent on local conditions.

The Admissions Unit may be located as part of or in close proximity to the Main Entry, depending on the model adopted by the facility.

PUBLIC AMENITIES

The range of public amenities to be provided for the convenience of visitors, staff and patients will vary depending on the size and nature of the facility. They will be situated in convenient, easily accessible public locations, as part of or in close proximity to the Main Entry.

The Building Code of Australia outlines the requirements for building amenities and should be consulted when designing the Front of House. The following amenities are required as a minimum:

- public male and female toilets, including a unisex disabled access toilet;
- baby change room and baby feeding area; and

- public telephones / possible taxi phone. Note: A minimum of one cold water drinking unit per floor is required. Cold water drinking units may be replaced by a drink vending machine, a Kiosk or Coffee Shop.

Optional public amenities may include:

- kiosk / coffee shop;
- retail pharmacy;
- florist;
- gift shop / newsagent;
- volunteers shop;
- ATM, noting that ATMs create significant security risks which may be best avoided by omitting them from the facility;
- vending machines;
- provision of cold water drinking fountain (preferably not the water bottle type due to manual handling risks);
- hairdresser;
- post box;
- police shopfront; and
- community notice board.

SPIRITUAL CARE UNIT

The Spiritual Care Unit will be a multi-faith facility that supports the activities of accredited religious and spiritual care workers. The Spiritual Care Unit should include as a minimum:

- a multipurpose room; and
- spiritual care / chaplaincy office

Other functions may be provided according to the size of the health facility and the nature of the catchment population:

- a counselling room;
- ablution area suitable for religious washing; and
- beverage making facility.

Faith specific prayer rooms may be appropriate in facilities that have large numbers of people in the catchment population affiliated with a particular faith community. Refer to Part B - General Requirements Section 80.14.34 - Sacred Spaces and Religious Observance.

02 PLANNING

02.01 Operational Models

MAIN ENTRY OPENING HOURS

The opening hours for the Main Entry will vary, according to the service profile of the facility, risk assessment outcomes, the facility's visiting hours and community and user group needs.

Typically the Main Entry of an inpatient facility will be open from 6am to 9pm, seven days per week, although there may be services which provide extended access to the main entry due to community needs. Outside of opening hours, staff, patients and visitors will be advised of alternative means of access to the facility. When the Front of House is closed, provision of key services will need to be available at an alternative location such as the After Hours entrance e.g. way finding information, public toilets, public telephones.

The Main Entry opening times for ambulatory care or day surgery facilities will vary according to local scheduling practices.

Both the Main Entry and After Hours Entry will need to be designed mindful of the opening hour arrangements.

ENTRY - OUT OF HOURS

The facility's service profile will indicate services that will be required at the after hours entry. It is particularly important that this entry is well signed from the Main Entry. It may be necessary to reproduce some functions.

CO-LOCATION OF RECEPTION AND ADMISSIONS FUNCTIONS

In large facilities, a stand alone Reception / Enquiries counter may be staffed by a clerk who will field enquiries, provide way finding information, and perform general administrative and support duties.

An alternative model is for patient / visitor reception functions to be co-located with the Admissions Unit (see Admissions Unit Health Planning Unit). This model is especially likely in smaller facilities where separation of these functions is unwarranted from a staffing perspective.

SECURITY

The Security Service is responsible for the security of patients, visitors, staff and property in the buildings, car parks and grounds of the facility.

Where the facility does not have a designated Security Service, the responsibility for the provision of security should be designated to a specific person or position.

Each facility should have a Security Risk Assessment and a Risk Mitigation Plan, against which operational security is developed to meet the specific needs of the facility.

In facilities which have a Security Service, it is generally located near the Emergency Department which is a 24 hour zone, rather than the Main Entry which is not a 24 hour zone. Therefore, technology installed in the Main Entry will ensure that facility security is monitored and maintained.

Operational security measures in the Main Entry will be developed through a risk assessment approach and may include:

- reception / enquiries staff will have a fixed duress alarm and direct communication with security personnel;
- standard procedures for contacting the police in the case of an incident;
- overt surveillance systems (CCTV) will overlook the main entrance, waiting areas, reception, lobby, cashier's desk, ATM (if included) and other sites as indicated by the risk assessment. This will include appropriate security and CCTV signage. CCTV should be colour, digital recording and requires good lighting levels;

- general monitoring via CCTV of the movement of patients, visitors and staff in the Main Entry and the facility generally. A CCTV monitor may be located in the reception;
- security staff will make regular patrols of the Main Entry;
- proximity access / identity cards to staff areas that adjoin the Main Entry;
- no after hours access e.g. Through counter roller doors, swipe cards, lockable areas;
- effective radio communications;
- security protocols;
- after hours staff entry e.g. Swipe card access; and
- where relevant, procedures and routes for cash deliveries and removal. This might include a secure area external to the building from which cash transfers can occur.

AVAILABILITY OF PUBLIC AMENITIES

Public toilets, baby change, public telephones and cool water drinking units (or kiosk or vending machine facilities) will be available at all times. If public amenities are out of service eg for cleaning, maintenance etc, an appropriate alternative should be available to the public.

In larger facilities, public amenities will be located in more places than just the Main Entry.

RETAIL OPPORTUNITIES

Retail opportunities within healthcare facilities are for the direct use and benefit of the health facility and its regular users.

Retail outlets will negotiate lease arrangements according to relevant jurisdictional policy.

Consideration may be given to provision of fit out guidelines to ensure retail facilities comply with security, access and other health service needs. Services such as ATMs and Post Boxes may impose additional requirements on the facility for access to transport and security. Consideration needs to be given to secure cash transport routes for all retail functions, particularly ATMs, as well as the facility cashier.

The operating hours of retail functions will be dependent on the size and nature of the facility, visiting hours, and commercial considerations. Opening hours in a large facility may observe extended business hours e.g. 6.30am to 8pm seven days per week. In a smaller facility retail outlets may observe shortened business hours e.g. 8am to 4pm, with varied arrangements on Sundays.

SPIRITUAL CARE UNIT HOURS OF OPERATION

The Spiritual Care Unit will generally operate during business hours; however this will depend on the method by which the Unit is resourced (see operational policies). Spiritual care workers will attend the health facility after hours for emergencies, to visit with specific patients, families or staff.

Formal prayer and worship gatherings are likely to be concentrated on Friday, Saturday and Sunday, with more informal gatherings on weekdays.

The spiritual care multipurpose room may be available to visitors, patients and staff for extended business hours. This will generally be consistent with the operating hours of the Main Entry.

PATIENT TRANSPORT

Arrangements for inter-facility patient transport may be the responsibility of Reception / Enquiries staff; however this will be dependent on the model adopted by the facility.

NURSING DUTY MANAGER AND STAFF SIGN-IN

The Nursing Duty Manager may be located in the Main Entry zone, or alternatively in close proximity to 24 hour inpatient areas. The decision to locate this office in the Main Entry will be influenced by the physical size of the facility, proximity to after-hours areas, and the ability to locate the office within a 24 hour zone.

A staff sign-in area may be located in the Main Entry. A discrete counter, not accessible by the general public, would be required for this function. An alternative is that staff sign-in occurs within each specific unit.

Both of these functions must be located in 24 hour zones which do not result in staff working in isolation.

02.02 Operational Policies

SECURITY

Each facility will have operational security policies and procedures based on the facility's Security Risk Assessment, against which the need for security measures in the Main Entry will be assessed. Security measures may vary from site to site.

Depending on the specific needs of the facility, the following policies may be in place:

- staff at the reception / inquiries counter will have direct communication with the security service or person responsible for the provision of security. Reception staff will have a duress alarm, either affixed to each workstation or a personal duress alarm;
- reception staff may have the ability to lock down the Main Entry in the event of a major incident and they may also have the capability of triggering entrapment barriers to prevent penetration into the facility. Alternatively this capability may be the responsibility of security personnel;
- reception staff may be able to view CCTV footage of the main reception and waiting areas, however this is dependent on the risk assessment;
- outcomes and the security model adopted by the facility; and
- to reduce recurrent resources required to maintain security, automatic electronic locking / unlocking of the Main Entry doors is strongly recommended with manual override provided.

EMERGENCY TRAINING

Reception staff will receive comprehensive training in emergency management as it specifically relates to Front of House (e.g. violent behaviour in foyer, hold up of retail area etc) as well as the implications of disasters elsewhere in the facility for Front of House functions (e.g. evacuation of hospital, direction of emergency services etc).

RECEPTION / ENQUIRIES COUNTER

Hours of attendance at the reception / enquiries counter will vary between facilities. It is desirable for the reception / enquiries counter to be staffed whenever the Main Entry is open to assist patients and their visitors and promote security.

This area must be lockable. Lost property may be managed within the Reception / Enquiries Counter; however functional storage requirements are described in the Admissions Unit - Cashiers Function.

WHEEL CHAIR / TROLLEY HOLDING

A small number of wheel chairs may be kept at the Main Entry in readiness for patients requiring wheel chair support. Wards persons will generally be responsible for ensuring an appropriate number of wheelchairs are available in the Main Entry and are stored in an orderly and secure manner.

SPIRITUAL CARE UNIT RESOURCING

Spiritual Care or Chaplaincy workers are employed by their own church / faith community. Where possible, their work is subsidised by the health facility. Workers must be accredited by the facility to work as part of the Spiritual Care Team.

Spiritual care workers may be: full time, part time, sessional chaplains, lay chaplains, visiting clergy / spiritual care workers and trained volunteers.

STAFF PROFILE

The size of a unit will be determined by the service plan and clinical needs. It is not the intention of this Guideline to advise on staffing levels. However a unit should be of a size and layout that ensures the safety, security and emergency needs of staff on duty are addressed.

02.03 Planning Models

SIZE - FUTURE GROWTH

The size of the Main Entry needs to be large enough to accommodate key functions, relevant to the expected throughput and service profile of the planned facility.

In sizing the Main Entry, consideration should be given to the anticipated rate of the facility's service expansion and activity growth, so that the Main Entry has a reasonable built in redundancy to accommodate anticipated growth. Alternatively, opportunities for expansion of the Main Entry will be identified. This is an important consideration given the key functional relationships that must be retained between the Main Entry and other parts of the facility. Expansion of the main entry will have implications for security and monitoring e.g. additional cabling/data requirements.

LOCATION

The Main Entry to the facility will be readily identifiable from the street and car parking areas. This will be achieved through signage, and clear vehicular and pedestrian access ways to the front door.

BUILDING DESIGN

The architecture of the building should highlight the front entry to people approaching the building, for example a canopy at the Main Entry. It should be well lit and clearly sign posted.

Most of the public amenities (e.g. toilets, retail, kiosk etc) occupy small areas compared with the size of an average hospital. These amenities can therefore be designed as part of a class 9a classification building, unless the area is of a large size that renders the class 9a classification prohibited by the BCA.

The Australian Safety and Compensation Council's Guidance on the Principles of Safe Design for Work provides information for designers and architects on how to eliminate hazards during the design stage of a building project.

CONFIGURATION

The configuration of units or areas must avoid potential entrapment points and maximise lines of sight and opportunities for observation of visitors by staff.

ATMs and cashiers should not be visible from outside the facility and should not be accessible via a vehicle to avoid the risk of ram raids.

Retail outlets should not be in an isolated location to minimise the risk of crime.

02.04 Functional Areas

Functional areas in the Front of House Unit are:

- entry, reception and waiting
- public amenities
- retail
- spiritual care.

The layout of waiting areas, including arrangement of chairs and other amenities, should give consideration to the principles of "crime prevention through environmental design". For example, furnishings and fittings are not able to be used as weapons; provision of play space for children; provision of television or other entertainment. Vending machines require consideration of policies regarding health food choices and need to be secured to the wall. Some facilities may also require outdoor waiting areas according to preferences and cultural needs identified from user group discussions.

Dependent on the model being used, Patient Advocate, Aboriginal Liaison, Security and Administrative functions (Admissions, Cashier) may also be included in the Front of House.

02.05 Functional Relationships

EXTERNAL

The Main Entry will have excellent linkages to public car parks and public transport precincts.

INTERNAL

As Main Entry, Spiritual Care Unit and Retail facilities are not 24 hour functions, they will ideally not be accessible out of hours. They need to be positioned so that staff do not work in isolation or traverse unoccupied areas at night. Therefore, staff with 24 hour responsibilities should not be located within this area.

Ideally the Main Entry will be located centrally in the building, in order to minimise travel to other parts of the building as far as possible.

03 DESIGN

03.01 Accessibility

EXTERNAL

Legal obligations regarding access to workplaces exist in many States and Territories under OHS legislation. These legal requirements must be complied with.

Designers must implement the principles of Crime Prevention through Environmental Design. Relevant issues in external design will include:

- access to front entry and building site by gates (which can be useful to redirect and limit traffic in emergency situations / major disaster;
- bollards where vehicular access is close to front entry of buildings;
- wheelchair access ramps at drop off points and crossings;
- excellent linkages between the Main Entry and public car parks and public transport precincts. These need to be well lit;
- minimisation of the number of night entrances;
- enabling staff and the public to access the facility at entrances adjacent to car parks to limit the time outside the facility at night;
- the main entry door should be flush with the exterior wall to maximise the visibility of people approaching the building.

Staff swipe card entry at access points should be considered as they provide a more secure, cost effective access control. CCTV surveillance/intercom at entry points will allow people presenting to an entry after hours to be screened.

Patient and visitor access after hours will generally be via the Emergency Department.

INTERNAL

Legal obligations regarding egress from workplaces exist in many States and Territories under OHS legislation. These legal requirements must be complied with.

The Design of the Main Entry should enhance way finding to the rest of the health facility. The hospital street (i.e. main corridor), will flow directly from the Main Entry.

The internal design must allow the Front of House Unit to be appropriately secured after hours, in keeping with the service and operational profile of the facility. It is essential that gaining access to the Main Entry after hours does not allow unauthorised access to the whole facility.

A Hearing Augmentation Listening system may be required at the reception/enquiries counter to assist people with a hearing impairment.

03.02 Parking

A covered drop-off and collection zone will be provided at the Main Entry.

The building canopy should provide shielding for people alighting from vehicles in inclement weather and be compatible with vehicles that may use the Main Entry e.g. disabled taxis, patient transport vehicles, buses and mini- buses, ambulance, police vans and armoured vehicles (for cash transfers).

The Main Entry drive way should be one-way and sufficiently wide to allow large vehicles to safely pass vehicles that are parked / stopped. Bollards should be installed at the Main Entry where vehicles come in close proximity to the front doors.

Consideration may be given to providing limited use car parking spaces in close proximity to the Main Entry (e.g. ten minute parking bays, disabled parking, doctors' parking bays).

A taxi rank and / or phone should be located within easy walking distance of the Main Entry.

Patient Transport vehicles may require a pick up and set down area at the Main Entry, depending on the operational policies of the facility.

General patient and visitor parking require excellent linkages to the Main Entry. The design of the linkages should aim to eliminate cross over of pedestrian and vehicle paths to maximise pedestrian safety.

The efficiency of parking space availability may be managed with a parking attendant.

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

03.03 Disaster Planning

BACK UP SYSTEMS

It is essential that equipment such as minimum lighting, telephones, duress alarm systems and electronic locking systems, fire alarm and fire control systems are connected to the non-interruptible emergency power supply.

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

CRITICAL OPERATIONS PROCEDURES

Facilities will likely have a comprehensive critical operations manual that provides direction for responses in emergency or disaster situations. These will provide input to design elements that may need to be considered for events, such as temporary signage, duress systems, emergency egress signage and use of space to deal with media or mass casualties.

03.04 Infection Control

GENERAL

Infection risks in the in the Front of House are minimal, however in the event of exposure to body fluids, standard precautions should be taken.

Design must consider the positioning of dirty utility rooms and where relevant, mortuaries, so that staff do not have to traverse public areas such as lobbies and administration areas.

WASTE MANAGEMENT

Consideration should be given to installing receptacles for clinical waste / sharps in public toilets.

Recycling should be available to administrative staff working in the Front of House Unit and patrons of retail outlets / vending machines.

Commercial operators may be encouraged to minimise waste generation through implementation of appropriate waste management strategies.

FOOD HANDLING

Retail outlets selling food will need to comply with food safety regulations in the relevant jurisdiction. This will be the responsibility of the operator of the business.

03.05 Environmental Considerations

AMENITY

The Main Entry creates an overall impression of the facility with patients and visitors. The space should therefore be inviting and non-threatening.

Consideration should be given to cultural requirements / expectations. A community art program should be considered to create a sense of place.

Selection of artwork should consider safety aspects and integrity of displays. For example glass on paintings or parts of sculptures cannot be broken and used as weapons. Displays of historical information are also highly valued by the community, providing an opportunity to acknowledge changes to the life of a facility.

It should be noted that artwork may be subject to copyright protections. Art installations, especially those incorporated into permanent fittings need to be considered with regard to their potential to be affected by future alterations.

Opportunities might be created for the inclusion of an indoor garden or potted plants to enhance the amenity of the Main Entry.

ENTRY AREA

The Main Entry shall be at grade level, sheltered from inclement weather and accessible to the disabled.

Outside the Main Entry is often a popular place for patients, staff and visitors to go for fresh air. Consideration should be given to how a discrete and pleasant outdoor seating area might be incorporated into the design of the Main Entry.

Some jurisdictions / facilities have exemptions to smoke free health campus policies. Where this applies, designated smoking areas should be located away from the Main Entry to prevent exposure of patients, visitors and staff to environmental tobacco smoke.

The provision of an airlock to the Main Entry is the preferred option, but will be determined subject to a risk assessment taking local environmental conditions into account. An airlock is recommended in locations that experience a large range in summer and winter temperatures. In other locations, an airlock will assist in maintaining air conditioning and minimising dust, vegetation, smoke or chemicals from penetrating the Main Entry. The airlock should be capable of lockdown to prevent entry / exit in operational or emergency situations.

Specific permanent entry mats may be useful to reduce dirt and contaminants, particularly in wetter climatic environments. It is recommended that the mats be positioned in a mat-well to provide drainage. Mats should be chosen with consideration of the impact on patient mobility.

ACOUSTICS

Large volumes of people move through the Main Entry, therefore the area should be acoustically treated to minimise ambient noise. This will be particularly important where an Admissions Unit is located as part of the Main Entry.

It is desirable for the spiritual care multipurpose room to be acoustically private.

Reference:

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

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

NATURAL LIGHT

The presence of natural light to the Main Entry, spiritual care multipurpose room, and public amenities such as the Coffee Shop / Kiosk, is desirable in creating a pleasant introduction to the facility for patients, visitors and staff. These places are often places of relaxation away from the stresses associated with healthcare facilities.

Careful use of natural light beyond the Main Entry will be a helpful means of promoting way finding throughout the facility.

PRIVACY

Provision of a counselling room in the Spiritual Care Unit will ensure the privacy of patients, visitors and staff who use this service. Where the Unit is not sufficiently large to justify a dedicated counselling room, an alternate location for private counselling should be identified for when the need arises.

INTERIOR DESIGN

Refer to Part C of these Guidelines for information on interior design. Selection of materials and colours in the Main Entry should be suitable to withstand heavy pedestrian utilisation, whilst creating a safe (including slip resistant) and welcoming environment.

Interior design and artwork should be used to create a focal point that aids orientation and way finding within the facility.

The spiritual care multipurpose room should be designed in a manner that promotes prayer, reflection and worship for all faiths. The room should not highlight any one faith's religious iconography. This would be permissible in a chapel / prayer room that is dedicated to a particular faith.

SIGNAGE

The orientation of people to and within healthcare facilities is greatly assisted or hampered by the quality and location of signage which may be directional, be used as a means of identification, or be a statutory requirement. Signage can have an important role in safety and security.

Signage is an important element in the way finding system, which supports the overall process of how individuals find their way to and through a site, to get to and recognise their destination, and then make their way back out.

Comprehensive signage (including a facility plan) should be obviously located at the Main Entry and secondary entries.

External signage, including in car parks, lifts, stairwells, and at vehicle and pedestrian access points, should clearly indicate the location of the facility's Main Entry (and other major units if applicable).

All signage must be easily understood by staff and the general public. Where necessary and appropriate, languages other than English and / or consistent symbols or pictograms may also be used.

Any signposting, or other initiatives put in place, must be considered from the perspective of out-of-hours use. Certain access points may be locked outside of office hours / visiting hours and clear instructions for alternative access are required. Directions indicated through signposting should, therefore, be evaluated in this context.

Signage should comply with guidelines that promote access for people with disabilities.

03.06 Space Standards and Components

ENVIRONMENTALLY SUSTAINABLE DESIGN

There may be opportunity to design the Front of House components with a view to maximising compliance with principles of sustainable design. Issues for consideration will include:

- reduction in energy consumption through natural ventilation;
- use of day light in design of entry atria; and
- appropriate choice of materials.

HUMAN ENGINEERING

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

As the requirements of Occupational Health and Safety and antidiscrimination legislation will apply; this section needs to be read in conjunction with the section on Safety and Security in Part C of these Guidelines in addition to OHS related guidelines.

ERGONOMICS

The design of reception counters, retail counters and staff work stations in the Front of House will ensure appropriate heights and depths to minimise the impact on the Occupational Health and Safety of staff and patients. (See 430.16.00 for more details regarding reception counters).

Tables in kiosks / cafes should be arranged to ensure access for people with a disability. Wheelchair access is possible where tables have a minimum distance of 1660mm between them.

Refer to Part C Section 730 under Access and Mobility of these Guidelines.

OFFICES

For provision of offices and associated administration areas, refer to jurisdiction specific policy or guidelines.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of these Guidelines - Section 710 - Space Standards and Dimensions.

Doorways must be sufficiently wide and high to permit the manoeuvring of beds, wheelchairs, trolleys and equipment without risk of damage or manual handling risks.

The Main Entry door will be operated by automatic electronic timer locking, with manual override and a button to allow after-hours exit.

03.07 Safety and Security

GENERAL

The Australian Safety and Compensation Council's Guidance on the Principles of Safe Design for Work provides information for designers and architects on how to eliminate hazards during the design stage of a building project.

Refer to Part C of these Guidelines: Design for Access, Mobility, OHS and Security, Section 790 - Safety and Security Precautions.

SECURITY

Overt security devices are to be used carefully so as not to detract from a welcoming, supportive and respectful environment. Facility planners and designers should enhance security by incorporating the principles of territorial reinforcement, surveillance, space management and access control into design decisions.

In relation to Main Entry, Public Amenity and Spiritual Care facilities the following specific security issues should be considered:

- CCTV of the Main Entry, Reception and Waiting, and any other high risk areas such as Cashier and ATM as determined by the Risk Assessment, including appropriate security and CCTV signage;
- the Reception / Enquiries Counter should have clear oversight of the entrance and waiting areas;
- lighting in the Main Entry (internal and external) and Public Amenities must be sufficient to avoid areas of excessive shadow which hamper oversight;
- reception staff will sit at a deep reception counter (to a maximum depth of 1410mm). Each will have emergency egress points and access to duress alarms;
- after hours security measures to secure the reception counter are necessary;
- reception staff may have access control for the Main Entry. They may also have the capability of triggering entrapment barriers to prevent penetration into the facility. Alternatively this capability may be the responsibility of security personnel; and

- an intercom type system may be located outside the Main Entry, should visitors be uncertain about after-hours access or concerned about security matters.

All external doors to the facility will be locked after hours and fitted with alarms linked to Security. Key access doors will be well lit, fitted with CCTV / intercom function and swipe card access as appropriate.

03.08 Finishes

GENERAL

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

Refer to Part C of the Guidelines - Design for Access, Mobility, OHS and Security, Section 710 - Space Standards and Dimensions.

WALL PROTECTION

Refer to Part C of these Guidelines for more information.

FLOOR FINISHES

Selection of floor finishes must minimise exposure to the risk of staff, patients and visitors slipping, tripping and falling.

Selection of floor finishes must take into account manual handling issues including the impact of the flooring on push/pull forces for wheeled equipment.

Floor finishes will facilitate appropriate cleaning protocols. Front entry mats are to be designed to minimise water and dirt.

The colour of access assistive tiling should be appropriate for people with visual impairment.

Refer to Part C of these Guidelines for more information.

CEILING FINISHES

Refer to Part C of these Guidelines for more information.

03.09 Fixtures, Fittings & Equipment

COUNTERS

The design of admissions counters and workstations will ensure appropriate dimensions to minimise risk exposure for staff, patients and visitors. The counter should be designed to minimise risks identified through ergonomic and security risk assessments.

Australian Standard 1428 outlines best practice requirements for counters and desks.

Counters should provide a suitable barrier between staff and visitors without impeding communication. It is essential that a section of the counter is accessible to disabled people.

Counters should be to a maximum depth of 1410mm (AS1428), but a width of 900mm to 1200mm is recommended. A standing counter is essential; it will be 850mm (+/- 20mm) high, with clearance beneath the unit from the floor of 820mm (+/-20mm). In addition, if it is possible to provide a counter for seated interactions, the second counter is recommended at 750mm (+/- 20mm) with clearance beneath the counter from the floor of 730mm (+/- 20 mm).

In high risk areas, a security barrier is recommended, such as laminated glass or similar alternative. It must be designed so as not to inhibit communication between parties, particularly for disabled customers, and to allow for passing of documents over the counter.

Where possible, counters, workstations and furniture should be adjustable to fit the user's individual characteristics.

Consideration should be given to how the counter may be secured after hours, if required.

Reference:

AS 1428 Design for Access and Mobility Part 2: Enhanced and additional requirements - buildings and facilities.

03.10 Building Service Requirements

GENERAL

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

- Part E of these Guidelines - Building Services and Environmental Design; and
- TS11 - Engineering Services and Sustainable Development Guidelines.

AIR HANDLING SYSTEMS

The temperature of the Front of House should be maintained within a comfortable range. Refer to Part E of these Guidelines - Building Services and Environmental Design and, depending on jurisdiction:

- TS11 - Engineering Services and Sustainable Development Guidelines; or
- WA Health Facility Guidelines for Engineering Services.

ELECTRICAL SERVICES

It is essential that equipment such as minimum lighting, telephones, surveillance systems, duress alarm systems, electronic locks are connected to the non-interruptible emergency power supply.

Electrical services to food outlets need to support ovens, stoves, bain maries, deep fryers etc.

INFORMATION TECHNOLOGY & COMMUNICATIONS

The following will be required in the facility's Front of House:

- duress alarm systems - fixed and personal;
- voice / data systems; and
- CCTV monitoring systems.

The following may be required in the facility's Front of House:

- infrastructure for electronic medical records;
- server rooms;
- communication rooms / closets; and
- nurse / emergency call systems.

HYDRAULIC SERVICES

Option for cold water only to public hand basins and religious washing basins.

FIRE SERVICES

It is common that fire service panels are provided in the main entry, particularly in small facilities. Where this is the case, clear visibility and ease of access are required for both emergency and routine maintenance situations.

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

SPIRITUAL CARE MULTIPURPOSE ROOM & WASH ROOM

The spiritual care multipurpose room is a place for prayer, spiritual reflection and worship services.

The wash room is required for religious ablutions by some faith groups prior to undertaking their prayers.

Location and Relationships

Part of the Spiritual Care Unit in the Front of House. The Religious ablutions area should be adjacent to but not have direct access to the spiritual care multipurpose room.

Although described as part of the Front of House, it may not need to be located in the front entry if it is well signed. The most appropriate location will be decided through user group participation.

Considerations

The spiritual care multipurpose room is to be a flexible space which may accommodate and support a diverse range of spiritual / religious beliefs and practices. For Muslim users, the room should include an immovable direction of the Kibla (direction of prayer), usually placed on the ceiling.

The wash room is to be a unisex facility.

RETAIL SHOPS

Shops for the convenience of staff, patients and visitors to the healthcare facility.

Location and Relationships

Located in the Main Entry clearly visible to through traffic. Isolated retail is discouraged to minimise the risk of crime.

Considerations

Requirements will vary according to the type of retail to be established. Responsibility for the fit out will vary according to the terms of the lease.

AX APPENDICES

AX.01 Schedule of Accommodation

A Schedule of Accommodation follows.

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.

MAIN ENTRANCE

AusHFG Code	Room	Room / Space	SC / SC-D	Qty	m2	Remarks
BWC		Bay - Wheelchair Park	Yes	1	8	For 5 wheelchairs
CLRM-5		Cleaner's Room, 5m2	Yes	1	5	
AIRLE-10		Airlock - Entry	Yes	1	12	
LNPT-30		Lounge / Meeting Room	Yes	1	30	Optional; Refer to operational policies; Beverage Bay included; Access to outdoor area desirable.
		Main Lobby/ Display Space		1	30	Room size will depend on size of health facility and volume of traffic to be directed via the Main Entry
INTF		Interview Room	Yes	1	15	Optional; Refer to operational policies. Patient Advocate
OFF-S9		Office - Single Person, 9m2	Yes	1	9	Optional; Dependant on size of service. Aboriginal Liaison Officer
OFF-S9		Office - Single Person, 9m2	Yes	1	9	Optional; Dependant on size of service. Volunteer Coordinator
RECL-10		Reception / Clerical, 10m2	Yes	1	10	Assumes separate admissions / cashier
STGN-9		Store - General	Yes	1	10	Optional for volunteers
WCST		Toilet - Staff, 3m2	Yes	1	3	Dependant on number of people working in Front of House
		Volunteers Room		1	15	Optional. Room for Volunteers to meet, work and store belongings.
WAIT-30		Waiting	Yes	1	36	8 x 1.5m2 spaces; 15 x 1.2m2 spaces

PUBLIC AMENITIES

AusHFG Code	Room	Room / Space	SC / SC-D	Qty	m2	Remarks
BATM-2		Bay - ATM	Yes	1	2	Optional; Discrete area
		Bay - Parking Machine		1	2	
BPH		Bay - Public Telephone	Yes	1	4	
BVM-3		Bay - Vending	Yes	1	3	
BWD-1		Bay - Water Dispenser	Yes	1	1	In absence of vending machine / kiosk
PAR		Parenting Room	Yes	1	6	
WCAC		Toilet - Accessible, 6m2	Yes	1	6	
WCPU-3		Toilet - Public - Female	Yes	3	3	
WCPU-3		Toilet - Public - Male	Yes	3	3	

Toilet numbers and space requirements will be subject to BCA and AS 1428 part 1 and 2. The requirements above are a guide only.

KIOSK / COFFEE SHOP

AusHFG Code	Room	Room / Space	SC / SC-D	Qty	m2	Remarks
		Preparation		1	12	
		Seating		1	50	For 30 people
		Servery		1	15	
STGN-9		Store - General	Yes	1	10	Includes dry and cold storage

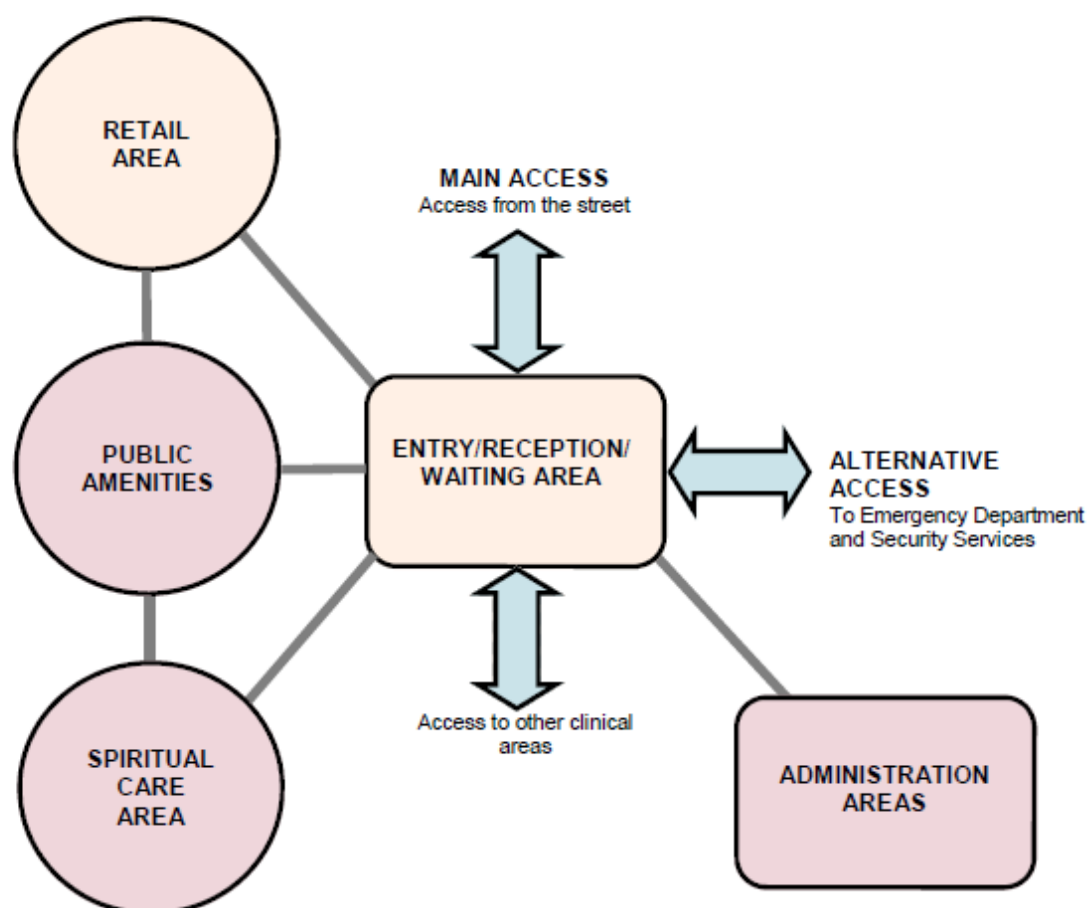
The schedules of accommodation for the Kiosk as well as other retail e.g. newsagent, florist, commercial pharmacy etc. will be dependent on the size of the facility and the nature of retail to be established.

KIOSK / COFFEE SHOP

AusHFG Code	Room	Room / Space	SC / SC-D	Qty	m2	Remarks
B8EV-OP		Bay - Beverage, Open Plan, 4m2	Yes	1	4	Part of Meeting Room
		Faith Specific Prayer Room		1	12	Requirement dependent on user profile
MEET-12		Meeting Room, 12m2	Yes	1	12	For private counselling
OFF-S9		Office - Single Person, 9m2	Yes	1	9	Will depend on staff establishment
		Spiritual Care Multi-purpose Room		1	40	May also need vestry type space
		Wash Room		1	4	For religious ablutions if required

AX.02 Functional Relationships / Diagrams

The following diagram sets out the relationships between zones in Front of House:



AX.03 Checklists

Refer to the Planning Checklists at the ends of Parts A, B, C and D of these Guidelines.

AX.04 References

LEGISLATION AND STANDARDS

- Australian Capital Territory Occupational Health and Safety Act, 1989.
- Commonwealth Disability Discrimination Act, 1992.
- NSW Occupational Health and Safety Act 2000 & Occupational Health and Safety Regulation, 2001.
- Northern Territory Workplace Health and Safety Act, 2007.
- Queensland Workplace Health and Safety Act, 1995.
- South Australian Occupational Health, Safety and Welfare Act, 1986.
- South Australian Occupational Health, Safety and Welfare Regulations, 1995.
- Tasmanian Workplace Health and Safety Act, 1995.
- Victorian Occupational Health and Safety Act, 2004.
- Western Australian Occupational Safety and Health Act, 1984.
- Australian Standard 4485: Security for health care facilities, 1997.
- Australian Standard 4806: Closed circuit television (CCTV), 2008.
- NSW Health, Technical Series TS2 - Signposting for Health Care Facilities, 1994 (under revision).
- NSW Health, Technical Series TS11 - Engineering Services and Sustainable Development Guidelines, Version 2, Dec 2007.

POLICIES & GUIDELINES - NEW SOUTH WALES

- NSW Health Policy PD 2005-339: Protecting People/Property: NSW Health Policy/Guidelines for Security Risk Management in Health Facilities, 2005.
- NSW Health Policy Directive (Circular 98/42): Chaplaincy Services to the Health System, 2005.
- NSW Health Policy PD2005-132 - Waste Management Guidelines for Health Care Facilities, 1998.
- NSW Health Policy PD2005-576 - Office Accommodation Policy - Public Health Organisations and Ambulance Service, 2005.
- NSW Health Policy PD2007-036 - Infection Control Policy, 2007.
- NSW Health PD2005_409 - Workplace Health and Safety: Policy and Better Practice Guide, 2005.

POLICIES & GUIDELINES - QUEENSLAND

- Queensland Government - Crime Prevention Through Environmental Design (CPTED) Guidelines for Queensland, 2007.
- Queensland Health - A Better Choice: Healthy Food & Drink Supply Strategy, 2007.
- Queensland Health - Security Implementation Standard OHSMS 2-44#21 and its related Work Practice Directives.
- Queensland Health Security Guidelines - OHSMS 2-44-1#38.
- Queensland Health Infection Control Guidelines.
- Queensland Health Work Place and Office Accommodation Policy and Guidelines.
- QH Revenue Leasing and Licensing of Health Real Property Policy and Procedures v1.3 May 2007.

POLICIES AND GUIDELINES - SOUTH AUSTRALIA

- Implementation and application of Health Facility Guidelines <http://www.health.sa.gov.au/Default.aspx?tabid=156>
- SA OHS&W Act 1986 & OHS&W Regulations 1995 - <http://www.legislation.sa.gov.au/index.aspx>
- Government Office Accommodation guidelines - <http://www.buildingmanagement.sa.gov.au/as/about/whatwedo/office/standards.html#PC018>
- Infection Control Guidelines 2007 <http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?tabid=157>
- Human Rights and Equal Opportunity Commission Access to buildings and services: guidelines and information http://www.hreoc.gov.au/disability_rights/buildings/good/Guidelines.doc

POLICIES AND GUIDELINES - WESTERN AUSTRALIA

- WA Disability Services Act 1993.
- WA Equal Opportunity Act 1984.
- WA Department of Health Disability Access and Inclusion Plan 2007-2010.
- The Western Australia Public Patients Hospital Charter.
- WA Guidelines on the Application of the Health (Public Buildings) regulations 1992.

POLICIES AND GUIDELINES - VICTORIA

- Victorian Department of Human Service, Design Guidelines for Hospitals and Day Procedure Centres, 430 Main Entrance Unit.
- Victorian Department of Human Services, Design Guidelines for Hospitals and Day Procedure Centres, 590 Public Amenities Unit.

ARTICLES

- Model Plan for Chaplaincy and Pastoral Care Services in Hospitals, Civil Chaplaincies Advisory Committee, 1997.
- Salvaterra, T & Queensland University of Technology, 2008, Design for multifaith spaces within a hospital context, School of Design, Queensland University of Technology, [Brisbane].