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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CULTURAL ACKNOWLEDGMENT AND TERMINOLOGY

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

Acknowledgement of Country

We acknowledge the Aboriginal people as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islander people as the traditional owners and continuing custodians of the land throughout the Torres Strait Islands. We acknowledge their connection to land, sea and community and pay respects to Elders past, present and emerging.

Acknowledgement of Te Tiriti o Waitangi

We acknowledge Māori as tangata whenua in Aotearoa New Zealand; Te Tiriti o Waitangi obligations have been considered in developing these resources.

Terminology and Language in the AusHFG

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

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01 INTRODUCTION

1.1 PREAMBLE

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA) This revision has been informed by an extensive consultation process that was completed in 2023.

The document is intended to be used by design teams, project managers and end users to facilitate the process of planning and design.

1.2 INTRODUCTION

This HPU outlines the specific requirements for planning and designing a group of functions which are usually located at or near the entry to a health facility and described as 'Front of House' services and facilities.

The mix and extent of the Front of House facilities will vary according to the size and service profile of the proposed hospital facility.

This document should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

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

Additional AusHFG resources that complement this HPU include:

- HPU 155 Ambulatory Care and Community Health, which can be used to plan preadmission clinics
- HPU 700 Logistics / Back of House Services, Section 09 Security Services
- HPU 350 Small Rural Hospitals / Multipurpose Services (MPS)
- Arts in Health Framework
- Culturally Sensitive Planning and Design.

1.3 POLICY FRAMEWORK

Before undertaking a project, planners and project staff are encouraged to familiarise themselves with jurisdictional plans, policies and guidelines relating to front of house services.

Some key references include:

- Australian Standard 1428.1:2021: Design for access and mobility
- Crime Prevention Through Environmental Design (refer to jurisdictional police departments / websites for information)
- Changing Places design resources (2020) https://changingplaces.org.au/build-a-facility/build-a-toilet/
- NSW Health Wayfinding for Healthcare Facilities (2022)
- He Korowai Oranga, New Zealand's Māori Health Strategy (2014)

- National Aboriginal and Torres Strait Island Health Plan (2013-2023).

1.4   DESCRIPTION OF UNIT

1.4.1   Definition of Health Planning Unit (HPU)

A range of services and amenities are provided to support visitors, patients and staff attending a healthcare facility. For the purposes of this document, seven broad areas are detailed including:

- drop off / pick up area
- main entry
- information / concierge
- public amenities
- multi-faith space
- admissions unit
- cultural space.

The main entry will provide an easily identifiable, universally accessible entrance to the hospital with a main arrival point, reception, and waiting space. The main entry should be a culturally inclusive, safe, and welcoming space.

The range of public amenities (e.g., public toilets, retail outlets) provided for patients, visitors, and staff in the main entry, or in close proximity to the main entry, will vary according to the size and nature of the facility.

The multi-faith space is a quiet space for reflection, retreat, spiritual, and religious observances. Accredited pastoral care workers will usually attend the health facility to visit patients, families or staff. Patient visits will usually occur in clinical areas. In larger hospitals, workspace may be provided for pastoral care workers. This will be located in an administrative area of the facility.

An admissions unit may be located as part of, or in close proximity to, the main entry. Increasingly, a large percentage of patients are admitted to hospital at the point of care (e.g., emergency department, pre-admission clinics, day of surgery / procedure units, or an inpatient unit) or treated as outpatients. The need for a dedicated admissions unit needs to be assessed on a project by project basis.

Other services that may be located in close proximity to the main entry depending on project requirements include:

- a cashier
- workspace (for key services such as compliments and complaints, nursing support services to manage sign on and allocation of casual pool and agency staff, and generally part of the admissions unit or reception back of house)
- volunteer services
- switchboard services
- Aboriginal / Torres Strait Islander Liaison Service or the Māori Health Liaison

02   PLANNING

2.1   OPERATIONAL MODELS

Reception

A universally accessible reception counter is routinely provided at the main entry to a hospital to welcome and direct visitors and patients to their required destination.

The reception area may also include electronic wayfinding, self-registration kiosks and health promotion facilities.

The reception point may be occupied by staff and/or volunteers, depending on the size and scale of the hospital. In smaller hospitals, the reception may provide multiple functions (e.g., reception for outpatients, a cashier service, etc).

Information / Concierge

Inclusion of information / concierge services is determined on a project by project basis. Some facilities may include information and concierge services at the main entry, separate from the reception area. Generally, this service will be the first point of contact for patients and visitors on entry to the facility. This area may be staffed by administrative staff or volunteers, providing a welcoming and helpful presence and assisting with wayfinding, which is an important component of this service.

Security

Security staff are responsible for the safety and security of patients, visitors, staff, and property on the health care campus.

Where a security service is provided on site, the security room is generally located near the emergency department as this operates as a 24-hour zone.

A security room may also be provided in the main entry area, particularly for larger hospitals. Refer to HPU 700 Logistics / Back of House for further information relating to security services.

Retail Services

A comprehensive retail strategy should be developed to determine the needs of patients, visitors, and staff for food and beverages and the purchase of other items related to their stay, visit, or work in a health facility.

The extent and composition of the retail offering recommended by the retail strategy will be dependent on the size and location of the hospital and the proximity of other retail outlets. Visiting hours should also be considered.

Where customer and organisational commercial drivers are well understood, an effective retail strategy will define the retail space type and ownership models that will best meet these drivers. For example, retail food offerings have changed from cafeteria style amenities to cafés and coffee carts.

The retail strategy should consider a range of commercial mechanisms for the lease and ownership of retail spaces and provision of retail services and offerings so that the right mix of services is provided over time.

The retail space may provide a range of food and beverage options for staff, reducing the need for, and scale of, staff only amenities.

Larger health services will be able to support a broader range of amenities / services that may include cafés, other retail (e.g., retail pharmacy, newsagency, florist, a hairdresser and a post office), and self-service machines to validate parking.

2.2   OPERATIONAL POLICIES

2.2.1   Main Entry Operating Hours

The opening hours for the main entry will vary according to the size and scale of the facility.

Typically, the main entry will be open from early in the morning and close after evening visiting hours. After-hours access will be considered on a project by project basis and will be dependent on local policy. An intercom system may be located outside the main entry if out of hours visitors access the hospital via the main entry. In some facilities, out of hours visitors may access the hospital via the emergency department. This may reduce security and staffing issues associated with maintaining two separate access points out of hours. Sites that include maternity services may also consider an after-hours intercom for labouring women.

2.3   PLANNING MODELS

The size of the main entry should consider and allow for future service expansion in line with projected or planned growth for the facility.

For projects providing internal and external cultural spaces and elements, planning should consider these as part of the Front of House design. Project teams should consider the Front of House as a culturally inclusive, safe, and welcoming space. It is recommended that the local cultural context is considered when undertaking planning and design processes through engagement with local cultural groups to ensure their needs are incorporated and/or reflected within the design of the facility. This will include arts and local Indigenous language integration.

In addition, the types of vehicles planned to drop off and pick up at the main entry should be explored to ensure that sufficient space is provided. Some services may 'park' mobile services (e.g., BreastScreen, mobile Blood Donor Centre) near entry points.

2.4   FUNCTIONAL AREAS

Functional areas for Front of House services include:

- drop off / pick up area
- main entry including airlock, entry foyer, reception, and waiting
- information / concierge
- public amenities
- multi-faith space
- an admissions unit
- cultural space.

2.4.1   Drop Off / Pick Up Area

Early consideration should be given to the types of vehicles that will use this area to ensure that adequate space is provided.

The drop off / pick up area should provide safe entry and exit for pedestrians and vehicles. It should provide an external drop-off / pick up area with seating available to support individuals with mobility and accessibility needs.

2.4.2 Main Entry

An airlock is required for weather protection and to reduce the loss of heated and cooled air from the building.

The airlock should be:

- universally accessible as it will be used by a wide range of people

- capable of 'lockdown' by staff to prevent entry or exit in operational or emergency situations

- considered in the context of pandemic preparedness and flow of people entering and exiting the facility.

The reception should be centrally located and immediately visible when entering the building. It will:

- provide the first visual contact point of entry for patients and visitors

- be the area where patients and visitors are received and directed to their destination or a waiting area

- be a focal point for all wayfinding and general enquiries.

Services providing volunteers to assist with enquiries and wayfinding may provide a small desk adjacent to the reception to accommodate this service.

The layout of the main entry, reception, and waiting area should facilitate ease of wayfinding for visitors and staff and comply with Crime Prevention Through Environmental Design (CPTED) principles to ensure the reception point has oversight of the main entry (both inside and outside) and waiting areas.

The main entry waiting should provide a range of comfortable seating options to meet the needs of people of varying ages and mobility. The quantity of waiting space provided in this area should be determined by the availability of alternate options such as café seating.

In smaller facilities, seating may be grouped in smaller clusters to provide space close to a particular function (e.g., admissions).

Fire services panels are commonly provided in the main entry. Clear visibility and ease of access is required.

Where provided, the Aboriginal / Torres Strait Islander Liaison Service or the Māori Health Liaison Service depending on local requirements, may be located in the main entry of the facility. Proximity to cultural spaces should be considered when planning for the Liaison Service.

Front of house design should plan for a recognition of the traditional lands on which the health service is built. As it applies in Australia, this may be interpreted as part of wayfinding and signage or may be incorporated as an artistic response to Country within the main entry door or front of house in general.

2.4.3 Information / Concierge

For facilities that include information / concierge services, consideration early in planning should be given to the role of the service and the best location within the main entry to support the information / concierge service.

The information / concierge service is generally the first point of contact for patients and visitors to the hospital to assist in a comfortable transition into the hospital environment.

The information / concierge area may include a desk (fixed or portable) depending on local requirements and may be located near a wheelchair parking bay.

2.4.4 Public Amenities

The following amenities will routinely be provided:

- public toilets, including accessible and a Changing Places toilet
- store – consumables for the storage of consumables associated with public toilets
- parenting room
- telephone accessible to the public (depending on local requirements)
- bay – water fountain (depending on local requirements and infection control considerations)
- retail outlets including food and drinks, or vending machines where retail outlets cannot be supported.

Changing Places toilet amenities should be provided as part of commonly provided public amenities. While the Changing Places toilet space has been included in this HPU, it will not necessarily be physically located within the Front of House area. For projects that include the Changing Places toilet in planning, the location of this space should be considered for accessibility 24 hours a day.

Changing Places toilet amenities provide a purpose-built environment where carers can attend to the personal needs of those needing support. The location of this room should provide access from key areas of the hospital (e.g., main entry or emergency department). To add the Changing Places toilet to the Australian and New Zealand directories, which is currently optional, the facility is required to undergo an accreditation process, detailed on the following websites:

- https://changingplaces.org.au/
- https://www.changingplaces.org.nz/Home.htm

Projects should consider local policy / guidelines in planning of gender inclusive / neutral / universal toilet amenities. Amenities should address environmental, physical and social needs of all individuals who access the facility.

Self-registration and wayfinding kiosks, where used, must be clearly visible from the entry point. Commercial retail, Automated Teller Machine (ATM), and parking ticket machines should be clearly visible to 'through' pedestrian traffic.

A cashier may also be provided for cash transactions and/or point of service cashless payments depending on local operational policy.

2.4.5 Multi-Faith Space

While the multi-faith space has been included in this HPU, it will not necessarily be physically located within the Front of House area.

The multi-faith space will be available to visitors, patients, and staff. Access to this space will generally be consistent with the operating hours of the health care facility.

A quiet, discreet, and easily accessible location should be provided, ideally with access or views to an external area.

2.4.6 Admissions Unit

Where provided, the admissions unit may share waiting space with the main entry. A dedicated admissions unit may be provided in larger facilities, usually within close proximity of the main entry.

The area will contain:

- waiting space
- a universally accessible reception counter designed to provide a level of patient privacy
- an interview room (or access to a shared interview room)

- associated staff workspace areas

- self-registration kiosks, where used.

2.4.7   Cultural Space

For projects including a cultural space refer to section 4.2 Non-Standard Components for further information.

2.5   FUNCTIONAL RELATIONSHIPS

2.5.1   External

The main entry should have good linkages to public car parks and public transport nodes.

The main entry drop off / collection point should provide safe entry and exit for pedestrians and vehicles.

For projects providing external cultural spaces, planning should consider the relationship of these spaces to the Front of House.

For projects including flag poles within the landscape design, planning should consider the functional relationship to the Front of House. For further reading regarding flag protocol, refer to Appendices 5.4 Further Reading.

2.5.2   Internal

The main entry should be located to minimise travel distances to other parts of the building. As the main entry is a 'starting point' in terms of wayfinding, it should provide sight lines to circulation routes (e.g., lift banks, stairways, main thoroughfares, or major adjacent departments).

03   DESIGN

3.1   ACCESSIBILITY

3.1.1   External

The building should provide cover for people alighting from vehicles in inclement weather and be compatible with vehicles that may use the main entry (e.g., taxis, patient transport vehicles, couriers, private vehicles, motorbikes, and bicycles).

Vehicle approach to the main entry should be one-way and sufficiently wide to allow large vehicles to safely pass vehicles that are parked / stopped. Bollards should be installed to protect the main entry where vehicles come in close proximity to the front doors.

Patients, staff, and visitors often congregate outside the main entry for fresh air. Consideration should be given to the creation of discrete, pleasant outdoor seating areas within the design.

Crime Prevention Through Environmental Design (CPTED) principles should be considered in the Front of House design.

3.1.2   Internal

The design of the main entry should consider flows, efficiency, noise, light, security, and create a sense of place that reflects the community served and the quality of services offered. Where the concept of the 'hospital street' (e.g., main circulation corridor) is used, it should flow directly from the main entry.

3.2   PARKING

The planning and design of Front of House services should consider:

- limited time and use vehicle parking spaces provided near the main entry (e.g., short term parking bays, accessible parking)
- access to bicycle parking and storage on the site for both visitors and staff
- a taxi rank or telephone located within easy walking distance of the main entry
- operational policy regarding pick-up and drop off locations for ride share passengers
- short term parking for services such as couriers, pathology couriers, non-emergency patient transport vehicles and community transport vehicles. Parking for these services are typically planned away from Front of House traffic and parking.
- proximity to the emergency department for emergency vehicles.

For information regarding staff parking, refer to AusHFG Part C: Section 06 Security and Section 07 Safety.

Information on electric vehicle (EV) charging infrastructure considerations is found in HPU 700 Logistics / Back of House Services, Section 12.3.1 Electric Vehicles.

3.3   DISASTER PLANNING

Each unit will have operational plans and policies detailing the response to both internal and external emergency situations.

For further information refer to:

- jurisdictional disaster management and business continuity plans
- AusHFG Part B: Section 80 General Requirements.

3.4   INFECTION PREVENTION AND CONTROL

Considerations for the main entry / Front of House include:

- provision of highly visible, alcohol-based hand rub dispensers at entry points

- provision of sharps receptacles in public toilet cubicles

- compliance with food safety regulations where retail food outlets are provided

- location of garbage and recycling bins should be considered when planning Front of House internal and external spaces

- personal protective equipment (PPE) dispenser placement depending on local requirements.

Relevant standards are contained in the Further Reading section of this document.

Refer to AusHFG Part D: Infection Prevention and Control for further information.

3.5   ENVIRONMENTAL CONSIDERATIONS

3.5.1   Acoustics

Large volumes of people move through the main entry. The area therefore, should be acoustically treated to minimise ambient noise. This is particularly important where an admissions unit is located as part of the main entry.

The multi-faith space should also be acoustically private.

3.5.2   Lighting

Natural light should be provided to the main entry, multi-faith space, and selected public amenities such as the café / retail space, to create a pleasant introduction to the facility for patients, visitors, and staff.

Design teams should consider the organisation's preference to have the ability to control and dim lighting within Front of House areas.

Careful use of natural light beyond the main entry will promote wayfinding throughout the facility. The design should minimise or mitigate the impact of glare, light reflection, and heat.

Artificial lighting in the main entry should be non-institutional.

3.5.3   Amenity / Interior Décor

The main entry creates an overall initial impression of the facility with patients and visitors. The space should be inviting and non-threatening, providing a calm and non-institutional type setting. The main entry waiting area should consider the needs of disabled, mobility impaired, and bariatric patients and visitors in design.

From an early stage of planning, consideration should be given to the development of an artistic response informed by the local cultural context.

The selection of appropriate colours, lighting, and materials suitable to withstand heavy pedestrian traffic will help create a safe and high-quality environment.

Interior design, décor, and artwork should be used to create a focal point that assists orientation and wayfinding.

In addition, interior décor solutions materials and artworks should provide links with the local community in a culturally sensitive inclusive way, this may include cultural elements and spaces.

Public art in this context is site-specific, with the artistic vision of the project drawing from and adding to the meaning of a particular site or place, generally reflecting community accessing and/or environment in which the health service is situated.

3.5.4   Wayfinding

Wayfinding should go beyond directional signage, be immediately clear, and highlight access to the reception, public amenities, and other key areas of the building. Wayfinding should seamlessly integrate with the fabric of the Front of House through architectural design. Good wayfinding means less use of staff and volunteer time directing people, promotes a better experience, and alleviates stress and anxiety.

A wayfinding strategy should be developed at an early stage of planning and be informed by patients, visitors, and staff including special needs groups to ensure the Front of House design responds to the wayfinding strategy. Wayfinding should support deaf, blind, and vision or hearing-impaired persons, and this may include digital wayfinding technologies. Wayfinding should support information processing, decision making, and decision execution.

While signage is a fundamental component of wayfinding, a wayfinding strategy will encompass a range of elements and tools including people, technology, building elements, signs, information, art, sound, and interior finishes including colour and texture.

Wayfinding must be considered in the context of providing a culturally inclusive, safe, and welcoming facility and this may include displaying signs, symbols, and landmarks to acknowledge local cultures and support consumers to access services. The appropriate use of colour for culturally diverse groups should be considered in wayfinding.

Consideration should be given to the role of the volunteer service (if applicable) in wayfinding. Planning teams should understand early in the design process if a dedicated volunteer area is required within the Front of House to support wayfinding.

Wayfinding may include information kiosks such as digital touch screen directory boards and maps, with consideration of an alternative digital format that can be viewed / listened to on a person's personal device.

All signage must be visible, legible, and easily understood by the general public and staff and may include hard wearing floor signage. Where necessary, and as determined by the project, languages other than English such as local language and consistent symbols or pictograms may also be used. Languages should be used consistently across both fixed and digital signage across the facility. Signage must comply with statutory requirements and guidelines that promote access and inclusion for people with disabilities.

Clear signage is needed to direct visitors to the emergency department should they present to a main entry after hours and it is closed.

Refer to:

- NSW Health Wayfinding for Healthcare Facilities (2022)
- Jurisdictional policies relating to signage
- AS 1428.1:2021 Design for access and mobility
- NZS 4121:2001 Design for access and mobility - buildings and associated facilities

Wayfinding strategies should be developed through a curated approach, involving the professional coordination, selection and presentation of creative content as integrated with other design disciplines employed on site, including architecture, interiors, wayfinding and landscaping finishes. The engagement of a professional curator is encouraged, not mandatory.

3.6   SPACE STANDARDS AND COMPONENTS

3.6.1   Human Engineering

Human engineering covers those aspects of design that permit effective, appropriate, safe, and dignified use by all people, including those with disabilities. Refer to AusHFG Part C: Section 04 Human Engineering for further information.

3.6.2   Ergonomics

Refer to AusHFG Part C: Section 04 Human Engineering for further information.

3.6.3   Building Elements

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

Refer to AusHFG Part C: Section 03 Amenity, Safety and Design Tolerances.

3.7   SAFETY AND SECURITY

The design team should aim to enhance safety and security by incorporating the principles of CPTED including territorial reinforcement, natural surveillance, space management and access control into design decisions. Planning consideration should be given to jurisdictional safety and security regulation, policy, and service specific guidelines. Some key considerations may include:

- limiting the number of entries into the facility, especially at night

- strategically placed lighting

- landscape design that limits opportunities for concealment

- minimising external areas that provide opportunities for concealment

- locating entrances adjacent to car parks

- use of glazing at the main entry to provide reception and other staff with a view of entry areas and provide visitors with visual cues regarding the entry.

The design must allow the Front of House area to be appropriately secured after hours, in keeping with the service and operational policies of the facility. It is essential that gaining access to the main entry after hours does not allow unauthorised access to the whole facility.

Projects should consider early in planning how the facility will be accessed by out of hours visitors to ensure design supports operational policy in managing access.

A risk assessment must be undertaken relating to the reception counter. This should consider the volume of traffic within the main entry area, as large busy facilities will have a significant volume of natural surveillance, while staff working in receptions in smaller facilities may be isolated and vulnerable at times. The reception areas must be designed to ensure there are no opportunities for staff entrapment and a retreat space should be identified for staff needing to flee a high-risk situation. The counter may be designed with additional depth for staff security noting that physical barriers that inhibit ease of communication and contribute to an unwelcoming environment are to be avoided.

Additional security issues that should be considered for the main entry and Front of House include:

- CCTV at the main entry and any other high-risk areas such as cashier and ATM, as determined by a risk assessment. The location of these high risk areas within the facility should also be carefully considered

- lighting in the main entry (internal and external) and public amenities must be sufficient to avoid areas of excessive shadow which hamper oversight

- an emergency egress point and access to fixed duress alarms at reception

- the ability to secure materials and equipment at the reception counter when staff are not in attendance, particularly if the counter is open

- ability to lock down the main entry in response to a critical incident.

Requirements should be informed through a risk assessment.

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. To reduce recurrent resources required to maintain security, automatic electronic locking and unlocking of the main entry doors is strongly recommended with manual override provided.

Refer to AusHFG Part C:Section 06 Security and Section 07 Safety for further information.

For projects considering the provision of a whole of hospital electronic tracking device such as Radio Frequency Identification (RFID) / Real Time Location Systems (RTLS) that may be utilised on equipment, linen and in some facilities newborns, refer to HPU 700 Logistics / Back of House Services, Sections 03 and 010. Inclusion of electronic tracking device systems will be determined on a project by project basis.

3.8   FINISHES

3.8.1   General

Finishes in this context refers to walls, floors, windows, and ceilings. For further details refer to AusHFG Parts C and D.

For projects planning glazing as part of the main entry design, consideration should be given to light, glare to internal spaces, temperature control, and ongoing maintenance and cleaning of the facility.

3.8.2   Wall Finishes

Adequate wall protection should be provided to areas that will be regularly subjected to damage. Refer to Part C Section 03 Amenity, Safety and Design Tolerances for more information.

3.8.3   Floor Finishes

Recessed, fixed entry mats used within an airlock may be useful to reduce slip hazards, dirt and contaminants, particularly in wetter climatic environments. Product selection should be risk assessed for safety and ongoing cleaning and maintenance requirements for the facility are to be considered.

Slip resistant flooring will be used.

In floor finishes product selection, design teams should consider the reflective glare of the product and the potential visual discomfort the glare may create.

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

Tiling in public toilets should be considered given these areas are heavily used and a tile finish is more robust.

For further information refer to:

- AusHFG Part C: Section 03 Amenity, Safety and Design Tolerances
- AusHFG Part D: Section 04 Surfaces and Finishes

3.8.4   Ceiling Finishes

Refer to AusHFG Part C: Section 03 Amenity, Safety and Design Tolerances for more information.

3.9   FIXTURES, FITTINGS & EQUIPMENT

3.9.1   General

Room Data Sheets (RDS) and Room Layout Sheets (RLS) in the AusHFG specify Fixtures, Fittings and Equipment (FFE). The FFE specified for each space should consider:

- generic approaches where possible to increase utilisation and flexibility
- specialist requirements that will influence fixed equipment and minimum dimensions of rooms
- needs of disabled, mobility impaired and bariatric patients and visitors
- robustness of joinery in design
- garbage and recycling bins for both internal and external public spaces
- information / wayfinding kiosks and associated services
- depending on jurisdictional and local policy, internal Front of House waiting / public areas should consider mobile device charging and infrastructure requirements to assist in improving patient and visitor waiting experience.

Refer to the RDS and RLS as well as:

- AusHFG Part C: Section 03 Amenity, Safety and Design Tolerances
- AusHFG Part F: Section 680 Furniture Fittings and Equipment

3.9.2   Reception Desk / Counters

Reception desks and admissions counters must provide universal access and be designed to minimise risks identified through ergonomic and security risk assessments.

Ideally, the main reception counter will be open to facilitate easy communication.

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

A Hearing Augmentation Listening system may be required to assist people with a hearing impairment.

Refer to AS 1428 Design for Access and Mobility Part 2: Enhanced and additional requirements – buildings and facilities for more information.

3.10 BUILDING SERVICE REQUIREMENTS

3.10.1 Air Handling Systems

Refer to:
- AusHFG Part E: Building Services and Environmental Design, Section 06 Mechanical
- jurisdictional engineering guidelines.

3.10.2 Electrical Services

It is essential that equipment such as minimum lighting, telephones, surveillance systems, duress alarm systems, Radio Frequency Identification (RFID) / Real Time Location Systems (RTLS), wayfinding and information kiosks, and electronic locks are connected to the back-up power supply.

Electrical services to food outlets need to support specialist equipment (e.g., stoves and exhaust).

For projects including electric mobility aid charging infrastructure in planning, consideration should be given to weather protection in design.

3.10.3 Information Technology and Communication

Systems required to support Front of House activities may include:

- duress systems, generally fixed

- CCTV monitoring

- access control systems

- Wi-Fi

- self-registration kiosks. The location of self-registration kiosks need to be considered early in planning as the power and data requirements for these systems are provided in the floor and are difficult to relocate

- information, wayfinding systems, directory boards, and kiosks, including alternative digital format that can be viewed / listened to on a person's personal device

- assisted technology

- digital signage

- mobile device charging stations

- hearing augmentation listening system

- systems such as RFID and RTLS

- public announcement system

- early operational use of and design consideration should be given to the facilities use of technology and paging systems if the main entry waiting is planned to be utilised as a space for people attending appointments at the facility.

3.10.4 Fire Services

Fire services panels are commonly 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

4.1   STANDARD COMPONENTS

General

Rooms / spaces are defined as:

- *standard components* (SC) which refer to rooms and spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed

- *standard components – derived (SC-D) rooms* which are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement

- *non-standard components* which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at:
https://healthfacilityguidelines.com.au/standard-components

4.2   NON-STANDARD COMPONENTS

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. The non-standard components for Front of House are detailed below.

4.2.1   Main Lobby

Description and Function

This area will provide sufficient space to manage expected pedestrian traffic. It is a project specific space that will vary in size and function from project to project.

4.2.2   Changing Places Toilet

Description and Function

The intent of a Changing Places toilet is to provide a purpose-built environment where carers' can attend to the personal needs of those in their care. It is likely that only one room would routinely be provided for each hospital campus however, this decision will be site specific (e.g., after-hours access, hospital size, etc.).

Changing Places toilets are different from accessible toilets and will routinely include a height adjustable changing bench and a ceiling mounted hoist.

Location and Relationships

As part of Front of House amenities or an emergency department.

Other considerations

Refer to the layouts provided as part of the Changing Places design resources (2020). Space shown in Schedule of Accommodation is based on Design 2 and includes a shower.

For projects that include the Changing Places toilet in planning, the location of this space should be considered for accessibility. The Changing Places toilet should be accessible 24 hours a day. If this space is not accessible 24 hours a day to members of the general public there should be operational consideration as to how access will be managed.

4.2.3 Bay – Parking Machine

Description and Function

A unit that visitors will use to pay for parking, where required. This unit may supplement units placed within carparks. Power and data will be needed.

While the Bay – Parking Machine has been included in this HPU, it will not necessarily be physically located within the Front of House area.

4.2.4 Multi-faith Space

Description and Function

Multi-faith space is a space for:

- reflection and retreat
- religious and spiritual observances.

The purpose of this space is for people of all faiths or no religious association to be able to experience tranquillity aimed to be supportive of patients, visitors, carers, and staff.

Location and Relationships

Although described as part of the Front of House, the multi-faith space does not need to be physically located in the front entry. It will be located in a central, discreet location to be easily accessible to inpatients, outpatients, visitors, and carers. There should be clear wayfinding from the main entry to the multi-faith space.

Considerations

A multi-faith space is an all-gender facility that should be flexible to accommodate both small and larger groups and support a diverse range of spiritual and religious beliefs and practices.

It should be able to accommodate patient beds and wheelchairs.

The multi-faith space should be designed in a manner that facilitates prayer and reflection. The room should not highlight any one faith's religious iconography unless it is a chapel or prayer room that is dedicated to a particular faith.

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

For Muslim users, the room should include an immovable direction of the Qibla (direction of prayer), usually placed on the ceiling.

Access to an interview room is required and may be shared with adjoining services.

4.2.5 Retail Shops

Description and Function

Retail outlets are provided for the convenience of staff, patients, and visitors of the healthcare facility. Inclusion is dependent on the size of the facility.

Location and Relationships

Located adjacent to 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 that is to be established.

Responsibility for the fit out will vary according to the terms of the lease.

The inclusion of retail shops will be determined on a project-by-project basis, noting that in some smaller facilities the volunteer service may provide a retail service.

Consideration must be given to activity flows relating to the receipt of deliveries and management of waste given the high volumes associated with retail areas.

4.2.6 Cashier

Description and Function

A cashier service is provided in many hospital facilities and supports a range of functions such as accounts, petty cash etc. The room will include a counter that is secured to prevent theft and ensure the safety of staff.

The room requires a workspace, computer, some storage and a safe. The space should be able to be secured when not in use.

Location and Relationships

Located in the main entry or collocated with an admissions unit.

4.2.7 Cultural Space – Indigenous visitors

Note: For reference in the design of the cultural space - Indigenous visitors refers to:

- In Australia the local Aboriginal and Torres Strait Islander peoples

- In New Zealand the local Māori people.

Description and Function

A dedicated outdoor cultural space that provides amenity for Indigenous visitors. The outdoor cultural space should embed a 'Connecting with Country' vision that informs spatial outcomes for the future.

Project teams should engage with the local Indigenous community to ensure their cultural needs are incorporated within the design of the outdoor cultural space. The outdoor cultural space should be designed to support care across the hospital such as outdoor counselling, meetings, waiting, and respite.

The design team should ensure that the outdoor cultural space can accommodate large groups with the ability to comfortably and safely conduct, depending on local requirements, ceremonies that may include welcome to country, smoking ceremonies, kinship smoking for healing, blessings, cleansing, completion and grieving practices, and informal ceremonies.

Location and Relationships

The outdoor cultural space should be easy to find and located nearby the main entry. Ideally, the Aboriginal and Torres Strait Islander Liaison Service or the Māori Health Liaison Service will be located in workspace nearby.

Considerations

The area should be easily located, but those using the space should be provided with privacy from those passing by.

Consideration should be given to weather protection of the outdoor cultural space in design, depending on local requirements.

05   APPENDICES

5.1   SCHEDULE OF ACCOMMODATION

The requirements for Front of House services will vary depending on the size and scale of the health care facility.

A generic Schedule of Accommodation with two scenarios is shown below and lists generic spaces that may be combined to form a Front of House.

- Scenario 1: 200 bed hospital
- Scenario 2: 500 bed hospital

When planning smaller facilities HPU 350 Small Rural Hospitals / Multipurpose Services (MPS) can be referred to.

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 and/or clinical services planning.

Main Entry

AusHFG Room Code	Room / Space	SC / SC-D	Scenario 1 200 beds		Scenario 2 500 beds		Remarks
			Qty	m2	Qty	m2	
AIRLE-12	Airlock - Entry, 12m2	Yes	1	12	1	Project specific	Size may vary depending on volume of pedestrian traffic
	Main Lobby/ Display Space			Project specific		Project specific	Size will depend in scale of health facility and volume of traffic to be directed via the main entry. Services that may be considered for inclusion in the Main Lobby: Information / concierge desk, volunteers desk, power and data infrastructure for wayfinding / self-registration kiosks
WAIT-20	Waiting	Yes	1	20	1	40	Area recommendation is indicative and will depend on the no. of people to be accommodated. 1.2m2 recommended per seat, 1.5m2 per wheelchair space.
	Concierge / Information		1 (o)		1 (o)		Optional. Type, size and function of space may vary depending on size of service and local requirements
RECL-15	Reception / Clerical	Yes	1	15	1	20	Assumes separate admissions / cashier
BMFD-3	Bay - Multifunction Device	Yes	1	3 (o)	1	3 (o)	Optional
BWC	Bay - Wheelchair Park	Yes	1	2	1	4	
CLRM-5	Cleaner's Room, 5m2	Yes	1	5	1	5	Optional. May be shared with adjacent service. Add 1m2 if a scrubber is stored in this room
WCST	Toilet - Staff	Yes	1	3 (o)	1	3 (o)	Dependant on the number of people working in the Front of House
INTF	Interview Room	Yes	1	12	1	12	Multipurpose space to be bookable and used by a range of services (e.g. pastoral care, patient advocate, booking, Cultural Liaison Service). Dual egress to be considered depending on jurisdictional policies or local requirements
STGN	Store - General	Yes	1	9 (o)	1	9 (o)	Optional for volunteers to store trolleys and stock for sale. Area allocation will depend on local facility requirements.
	Volunteers Room		1	15 (o)	1	15 (o)	Optional. Room for Volunteers to meet, work and store belongings. Area allocation will depend on local facility requirements.
	Discounted Circulation		25%		25%		

Public Amenities

AusHFG Room Code	Room / Space	SC / SCD	Scenario 1 200 beds		Scenario 2 500 beds		Remarks
			Qty	m2	Qty	m2	
BATM-2	Bay - ATM	Yes	1	2 (o)	1	2 (o)	Optional
	Bay - Parking Machine		1	2 (o)	1	2 (o)	Optional. Include if visitors are charged for parking. May be located within carpark
	Bay - Telephone			1 (o)		1 (o)	Optional. Space for the provision of a telephone that is accessible to the public. May be a public telephone or a facility provided handset.
BVM	Bay - Vending Machine	Yes	1	2	1	2	Vending machines can provide items other than food and drink. Consider functional relationship of items within the vending machine when planning location
BWTR	Bay - Water Fountain	Yes	1	1 (o)	1	1 (o)	Optional
	Store - Consumables		1	2 (o)	1	2 (o)	Optional. For the storage of consumables associated with public toilets
PAR	Parenting Room	Yes	1	9	1	9	
WCAC	Toilet - Accessible, 6m2	Yes	1	6	1	6	
WCPU-3	Toilet - Public , 3m2	Yes		3		3	Number of toilets to align with Building Code of Australia / New Zealand Building Code requirements. Consider local policy / guidelines in planning of gender inclusive / neutral / universal toilet amenities
	Changing Places Toilet		1	14	1	14	Includes shower
	Discounted Circulation		10%		10%		

Retail Space

AusHFG Room Code	Room / Space	SC / SCD	Scenario 1 200 beds		Scenario 2 500 beds		Remarks
			Qty	m2	Qty	m2	
				Project specific		Project specific	Requirements are to be determined locally. The space allocation for the cafe 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.

Cultural Space

| AusHFG Room Code	Room / Space	SC / SCD	Scenario 1 200 beds		Scenario 2 500 beds		Remarks
			Qty	m2	Qty	m2	
	Cultural Liaison Service			9 (o)		12 (o)	Optional. Type and size of space may vary depending on size of service and local requirements
	Outdoor Cultural Space			Project specific		Project specific	Refer to 4.2.7 Non-Standard Component Outdoor Cultural Space - Indigenous visitors for further information
	Discounted Circulation		25%		25%		

Multi-Faith Space

AusHFG Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Remarks
			200 beds		**500 beds**		
			Qty	m2	Qty	m2	
	Multi-faith Room		1	30	1	45	
	Wash Room		1	4 (o)	1	4 (o)	Optional. For religious ablutions. Inclusion dependent on local jurisdictional requirements
	Discounted Circulation		25%		25%		

Admissions Unit

Assumes few if any use of hard copy files, therefore, no dedicated file storage provided.

AusHFG Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Remarks
			200 beds		**500 beds**		
			Qty	m2	Qty	m2	
WAIT-10	Waiting	Yes		Shared	1	10	Optional depending on operational model. May be shared with Main Reception in smaller health facilities. Area recommendation is indicative and will depend on the no. of people to be accommodated. 1.2m2 recommended per seat, 1.5m2 per wheelchair space.
RECL-10	Reception/ Clerical	Yes	1	10	1	15	Space for up to two staff. Counter to be configured to maximise privacy
OFF-WS	Office - Workstation	Yes		4.5		4.5	Number and area allocation will depend on staff profile and local jurisdictional policies. Cultural Liaison Officers and Pastoral Care staff may have workspace in this area and will reflect local jurisdictional requirements
OFF-S9	Office - Single Person, 9m2	Yes	0	0	1	9	Number and area allocation will depend on staff profile and local jurisdictional policies
BMFD-7	Bay - Multifunction Device, 7m2	Yes	1	7	1	7	
	Cashier		1	9 (o)	1	9 (o)	Optional. Dependent on local procedures
INTF	Interview Room	Yes	1	9 (o)	1	9 (o)	Optional. May be shared with bookable interview room in Main Entry. Dual egress to be considered depending on jurisdictional policy or local requirements
	Discounted Circulation		25%		25%		

5.2   FUNCTIONAL RELATIONSHIPS / DIAGRAMS
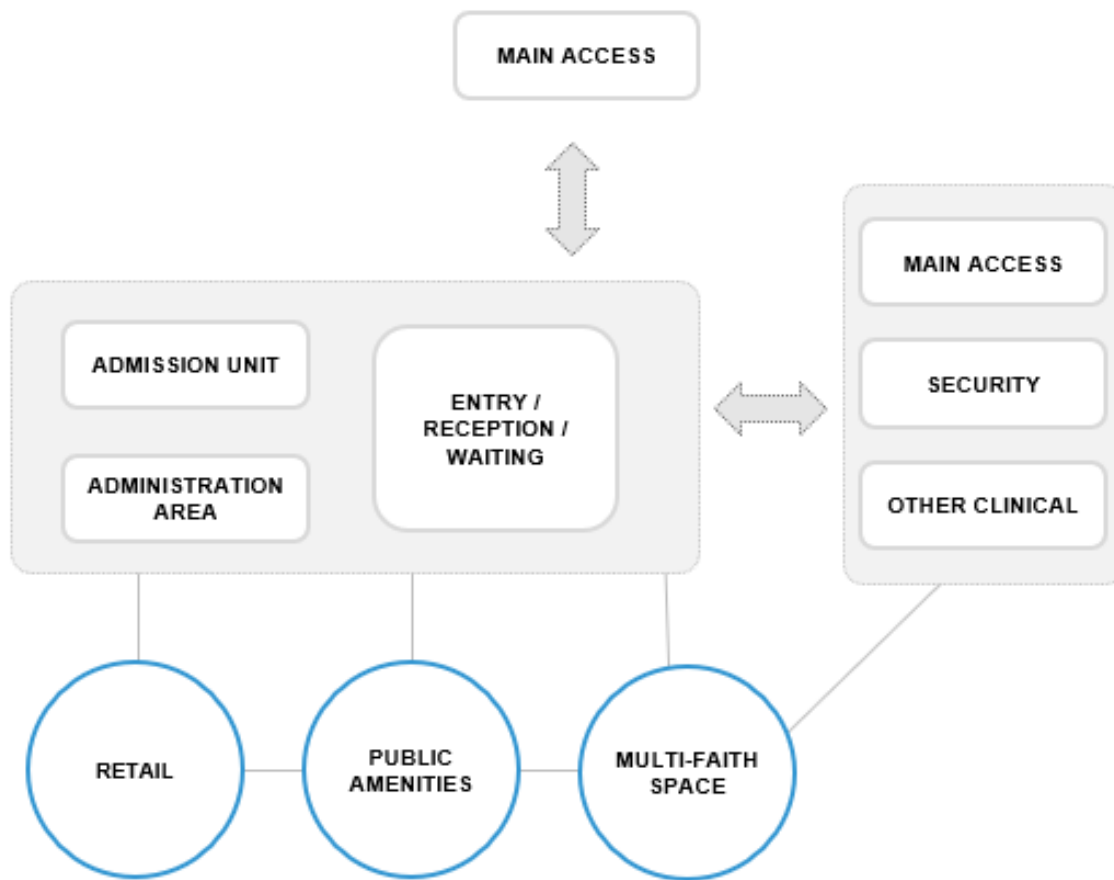
5.3 REFERENCES

References

- Australasian Health Infrastructure Alliance (AHIA), 2016, Part A: Introduction and Instruction for Use, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2016, Part B: Section 80 General Requirements, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2016, Part B: Section 90 Standard Components, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2018, Part C: Design for Access, Mobility, Safety and Security, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2016, Part D: Infection Prevention and Control, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2016, Part F: Section 680 Furniture, Fittings and Equipment, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2020, Part B: HPU 155 Ambulatory Care and Community Health, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2022, Part B: HPU 0700 Logistics / Back of House Services, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2021, Part B: HPU 0350 Small Rural Hospitals and MPS, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2022, Arts in Health Framework, Australasian Health Facility Guidelines, Sydney, NSW

- Australasian Health Infrastructure Alliance (AHIA), 2018, Culturally Sensitive Planning and Design, Australasian Health Facility Guidelines, Sydney, NSW

- Changing Places design resources (2020) https://changingplaces.org.au/build-a-facility/build-a-toilet/

- Crime Prevention Through Environmental Design (refer to jurisdictional police department website)

- He Korowai Oranga, New Zealand's Māori Health Strategy (2014)

- National Aboriginal and Torres Strait Island Health Plan (2013-2023)

- New Zealand Standards, 2001, NZS 4121: 2001 Design for access and mobility: Buildings and Associated Facilities

- NSW Health Wayfinding for Healthcare Facilities (2022)

- NSW Government Architect. Draft Connecting with Country Framework (2020)

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- Standards Australia, 2021, AS/NZS 1428 Design for Access and Mobility (Set) Sydney, Australia

5.4 FURTHER READING

- Australian Commission on Safety and Quality in Health Care, 2017, Improving Care for Aboriginal and Torres Strait Islander People, Section 4: Creating Safe and Welcoming Environments for Aboriginal and Torres Strait Islander Consumers

- Australia and New Zealand Food Standards 3.2.3 – Food Premises and Equipment

- Australia and New Zealand Food Standards 3.3.1 – Food Safety Programs for Food Service to Vulnerable Persons

- Australian Standards AS4674-2004 'Design, construction and fit-out of food premises'

- Legislation for Specification of Food Premises Fit out– Australian Federal Legislation

- National Association for the Visual Arts – Detailed Discussion

- NSW Health PD2011_004 Chaplaincy Advisory Committee NSW Memorandum of Understanding

- NSW Health PD2018_013 Work Health and Safety: Better Practice Procedures

- NSW Health, Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

- NSW Health GL2019_005 Public Toilet Safety Checks

- Victorian Health Building Authority, Changing Places design specifications (2020)

- Victorian Health Building Authority, Universal Design Policy (2021)

- For further reading regarding flag protocol refer to the following resources:

  o Australia: [Flying the Australian National Flag with state and other flags | Australian Flags Booklet | PM&C (pmc.gov.au)](#)

  o New Zealand: [Flags | Ministry for Culture and Heritage (mch.govt.nz)](#)