



Australasian Health Facility Guidelines

HPU 630 Transit Lounge

Health Facility Briefing, Planning and Design

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Australasian Health Facility Guidelines

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



Acknowledgement of Country

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

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

Acknowledgement of Te Tiriti o Waitangi

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

Terminology and Language in the AusHFG

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

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Acronyms

Acronym	Definition
AHIA	Australasian Health Infrastructure Alliance
AS	Australian Standard
AusHFG	Australasian Health Facility Guidelines
BCA	Building Code of Australia
DDA	Commonwealth Disability and Discrimination Act
ED	Emergency Department
FF&E	Fittings, Fixtures and Equipment
HITH	Hospital in the Home
ICT	Information, Communications and Technology
IPC	Infection Prevention and Control
IPU	Inpatient Unit
HPU	Health Planning Unit
MPS	Multipurpose Service
NZS	New Zealand Standard
PAS	Patient Administration System
PPE	Personal Protective Equipment
RFID	Radiofrequency Identification
RITH	Rehabilitation in the Home
SC	Standard Components
SC-D	Standard Components–Derived
WHS	Work, Health and Safety
WOW	Workstations on Wheels

1 Introduction

1.1 Preamble

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

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

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

This AusHFG Health Planning Unit (HPU) has been developed by AHIA following an extensive consultation process completed in 2026.

1.2 Introduction

This HPU outlines the specific requirements for the planning and design of a Transit Lounge.

It should be read in conjunction with the following AusHFG overarching guidance:

- Part A: Introduction and Instructions for Use
- Part B: Section 80: General Requirements
- Part B: Section 90: Standard Components
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control.
- Pandemic Preparedness – Health Infrastructure Planning and Design Guideline
- Key Sustainability Guidance
- Arts in Health Framework

For information relating to discharge (stage 3) recovery lounges associated with day surgery units refer to HPU 270 Day Surgery / Procedure Unit.

Further information regarding Patient Transport Services is provided within HPU 700 Logistics / Back of House Services.

1.3 Policy Framework

Before undertaking a project, planners and project personnel should familiarise themselves with jurisdictional plans, policies, service specific guidelines and reports. Relevant reference documents are listed in the Appendices in the References section.

1.4 Description

Transit Lounges are widely supported across Australia and New Zealand as a key strategy to improve hospital patient flow. They are used to support the:

- **outward flow of patients** on the day of discharge to free up a patient bed or treatment space while discharge tasks are being completed or patients are waiting for transport or transfer to another facility, and the

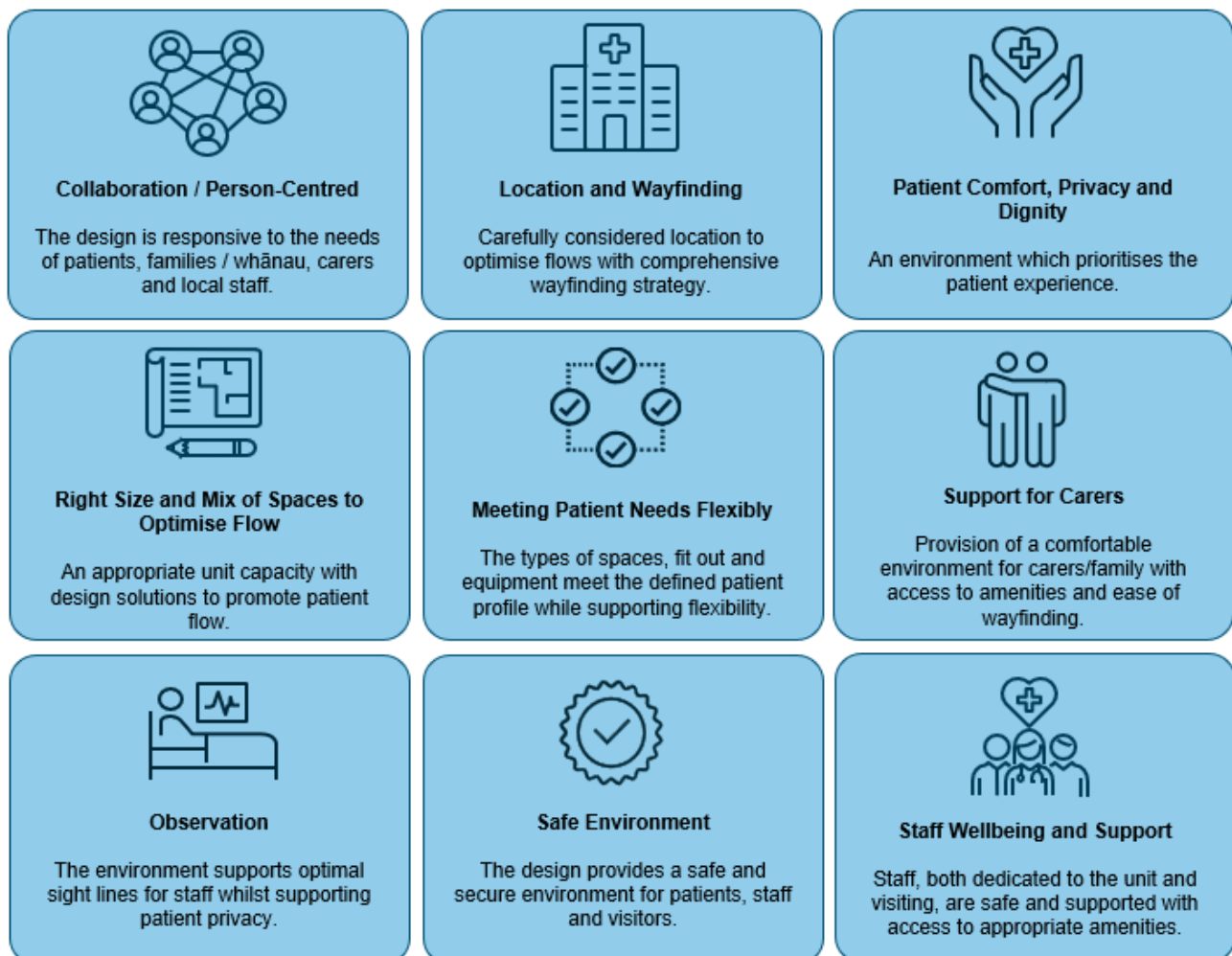
- **inflow of patients** such as those being admitted to hospital from another health facility or awaiting an outpatient appointment or medical or surgical day only service e.g. renal dialysis following arrival via patient transport.

Activities that may delay discharge from a clinical unit and can occur on a Transit Lounge include non-clinical activities such as waiting for discharge medications / records to be completed, waiting for transport home via family / carers or patient transport services, or waiting for transfer to another facility. It may also extend to clinical activities such as a final dose of intravenous antibiotics or other infusions. Completing these low acuity activities in the Transit Lounge enables acute inpatient beds to be vacated earlier allowing more rapid admission of other patients from the Emergency Department (ED) or from inter-hospital transfers.

Transit Lounges support patient flow throughout the hospital and are often referred to as Discharge Lounges. In some jurisdictions Transit Lounges may also be referred to as Transfer Lounges, Transfer Units or Transit Care Hubs. They should not be confused with unit specific Discharge Lounges such as those provided as part of a Day Surgery Unit. These services are covered in HPU 270 Day Surgery / Procedure Unit.

1.5 Overarching Planning and Design Principles

Overarching planning and design principles for Transit Lounges are outlined below as developed through consultation with clinical and consumer representatives. These should underpin the detailed planning and design process.



Design Principle	How this may be achieved
Collaboration/ Person-Centred	- Involve patients, family/whānau, carers, cultural representatives and relevant community stakeholders as partners in the planning and design process. - Consult with frontline Transit Lounge staff, clinical and support services staff, and hospital management representatives familiar with the proposed patient profile and model of care for the unit.
Location and Wayfinding	- Ensure the location of the Transit Lounge: - supports ease of access to transport including direct access to patient drop off/pick up areas and short-term parking for patient transport and private vehicles (a ground floor location should be prioritised). - is separated from ED patient and ambulance flows. - promotes ease of patient transfer to and from clinical units - patient transfer routes, particularly for bed and trolley movements, should be separated from major public circulation areas where feasible - Wayfinding strategies should incorporate plain language, visual cues and intuitive design approaches that support diverse cultural, cognitive, sensory and language needs. - The wayfinding strategy should promote clearly visible external access by family/carers and patient transport, and clearly visible internal access for patient transfers and to encourage use of the unit.
Patient Comfort, Privacy and Dignity	- Transit Lounges are a critical point of transition in the patient journey where patients, families/carers and staff may experience uncertainty, heightened information needs and increased emotional demands. - Design should support culturally safe, person-centred transitions of care that promote dignity, autonomy, comfort and effective communication throughout the patient journey. - Comfort, privacy and culturally safe environments should be recognised as key contributors to patient dignity, trust and wellbeing, particularly where patients experience extended waiting periods or uncertainty regarding transport and discharge arrangements. - Patients may be accommodated within the unit for varying lengths of time. The provision of comfortable furniture, access to amenities, refreshments, food and medications, as required, is essential. - Engage and consult with local Indigenous and other cultural representatives to ensure cultural practices, community values and local needs are appropriately reflected in the design of the facility. - Incorporate neuroarchitecture principles into the design, including consideration of unit scale, access to views of nature or green spaces, artwork and other strategies that promote a calm, restorative environment for patients, staff and visitors. - Promote patient privacy and confidentiality through appropriate planning, design and acoustic treatments, particularly where sensitive personal or clinical information may be discussed. - Ensure spaces are accessible and inclusive for people with mobility challenges, sensory impairments, neurodiversity and other disabilities. - Consider opportunities to zone the unit to provide low-stimulus areas with reduced noise, lower lighting levels and fewer environmental distractions. - Promote opportunities for health education and health promotion within the unit to support patient engagement, self-management and ongoing wellbeing.
Right Size and Mix of Spaces to Optimise Flow	- The capacity of the unit should reflect the anticipated patient volume, clinical mix and throughput requirements, including average length of stay. - Consider future service expansion plans, operational adjacencies, associated patient flow paths and opportunities for shared spaces and resources. - Design the unit to optimise patient flow from clinical units to the Transit Lounge and onward to patient pick-up, transport or transfer locations while supporting efficient operational workflows. - Consider flexible spaces that accommodate varying privacy, family support and cultural requirements.

Design Principle	How this may be achieved
Meeting the Needs of the Patient Profile while Promoting Flexibility	- Patients within the Transit Lounge are actively receiving care. Appropriate observation, reassurance, accessibility and responsive support should be maintained regardless of discharge or transfer status. - The design and operation of the Transit Lounge should support patients with diverse cultural, cognitive, sensory and social support needs through accessible, inclusive and adaptable environments. - Ensure the proposed patient profile is clearly defined early in planning, including requirements to accommodate bariatric patients, patients requiring isolation, immunocompromised patients, patients requiring a high level of care, patients with behaviours of concern and paediatric patients. - Align the types of spaces, furniture and equipment with the proposed patient profile while ensuring flexibility to accommodate daily variations in the mix of patients using the service.
Support for Carers	- Considers accommodation of family, carers and support persons recognising diverse cultural and kinship structures. - Considers opportunities to support carers and support persons through access to information, timely updates, education and appropriate waiting amenities during discharge and transfer processes. - For many patients particularly frail, older or culturally diverse patients, carers may actively assist with personal items and belongings. - Incorporate seating and access to amenities for carers/family members. - Ensure optimal wayfinding to locate the Transit Lounge and ease of access to pick up a patient.
Patient Observation	- Locate the staff station within the unit to support direct oversight of patients and (where possible) observation of the patient drop off / pick up area. - Provide a balanced response to supporting patient privacy and minimise perceptions of unnecessary surveillance while supporting safe care delivery.
Safe Environment	- Adopt a risk-based approach that seeks to minimise risks to patients, staff and visitors and support the delivery of safe care. - Ensure the design supports patient, staff and visitor safety through appropriate environmental, operational and security measures. - Ensure the design promotes spiritual and cultural safety. - Implement design features to minimise the risk of falls, such as slip resistant flooring, handrails, well-lit and clutter free environments and weatherproof level access to patient drop off/pick up areas. - Ensure the design does not create entrapment or concealment points. - Support appropriate provision of manual handling equipment in line with Work Health and Safety (WHS) requirements. - Ensure that emergency and security response systems are integrated into the design to provide a quick and effective response in case of emergencies. - Access to security should be considered, particularly where the Transit Lounge is located at a distance from the main security department. - The ability to control access to the unit and lock the unit down after hours is required. - Support infection prevention and control through appropriate hand hygiene facilities, access to PPE, and consideration of any isolation requirements.
Staff Wellbeing and Support	- Provide appropriate staff work areas with consideration of the high volume of visiting staff to these units including pharmacy, medical staff and allied health. It is essential that appropriate amenities are provided to support visiting staff and encourage attendance. - Achieve minimum clearances around the patient bays and through doorways to ensure staff can safely transfer patients and operate equipment. - Provide access to attractive, secure and appropriately sized staff break spaces and amenities.

2 Planning

2.1 Operational Models

2.1.1 Models of Care

Transit Lounges provide facilities for medically stable patients who are transiting out of or into the hospital. This will include patients who have been discharged from a clinical unit and are awaiting ambulance, patient transport or private transport to home, residential care or another health facility. It will also include patients that are waiting for pharmacy, allied health, medical review or other final low acuity clinical activities prior to same day discharge.

Depending on the model of care provided, the Transit Lounge may also be used to accommodate patients who:

- are being admitted to hospital, usually via transfer from other health facilities or outpatient clinics. Some units will support transfers of select patient admissions from the Emergency Department (e.g. ED Short Stay Unit) awaiting transfer to an inpatient unit, or
- are waiting for patient transport prior to or following an outpatient appointment or medical or surgical short stay admission.

The typical patient pathways to be supported must be confirmed early in the planning process, as well as the proposed patient profile. This will include confirmation of whether the Transit Lounge will admit patients with complex nursing care needs (e.g. patients from residential care), paediatrics, bariatric patients, patients with infections requiring isolation, immunocompromised patients and patients with behaviours of concern. It is important to confirm the types of patients to be accommodated given this will inform the associated staffing profile, facility and equipment requirements. The unit should be adaptable to future changes to the patient profile and support optimal utilisation of the unit to promote patient flow.

Patients may be accommodated on chairs, recliners or trolleys/beds with appropriate amenity for an accompanying carer/support person.

2.1.2 Patient Flows

Clinical units that are intended to be high-priority users of the Transit Lounge should be identified to inform the optimal location of the Transit Lounge. This will typically include acute/subacute inpatient units but may also include the Emergency Department, Ambulatory Care / Outpatient Clinics and Medical / Surgical Day Stay Units.

Patient flow processes should be supported by clear and timely communication between clinical teams, Transit Lounge staff, patients, families/carers and transport providers to maintain continuity of care during transfers and discharge processes.

Patients will depart or arrive to the Transit Lounge via a patient pick up / drop off area or short-term parking area.

2.1.3 Staffing / Operational Models

Appropriate staffing ratios and workforce models should be assessed as part of the decision-making process for establishing a Transit Lounge. Staffing requirements should inform unit capacity, admission criteria, operational hours and patient eligibility.

Nursing staff will be based on the unit. For some larger units a dedicated pharmacist may be based on the unit. A range of visiting staff will attend the unit including pharmacy, medical and allied health staff. Volunteers also frequently provide support on Transit Lounges.

Transit Lounges are intended to support same-day patient transitions and are not generally designed or operated as overnight accommodation units.

The operational approach used to identify and transfer patients to the Transit Lounge will influence workforce, equipment and space requirements. Models may vary between organisations and should be determined based on local operational requirements, patient flows and staffing arrangements.

For example, a “pull model”, whereby Transit Lounge staff identify appropriate patients to be transferred to the Transit Lounge, versus a “push model”, whereby staff from clinical units identify appropriate patients, will impact the volume of orderlies, porters, patient services assistants etc that are based on the unit.

2.2 Operational Policies

2.2.1 General

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

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

2.2.2 Hours of Operation

The hours of operation of a Transit Lounge will vary but they typically operate extended business hours and should align with the hospital demand profile to optimise patient flow. Services usually operate a minimum of 5 days per week, and some may provide a 7 day service.

Operating hours should support the goal of early morning discharges and to free up acute inpatient capacity through afternoon discharges. Consultation should be undertaken with patient transport and ambulance services to appropriately support those services.

Operational policies should define escalation and transfer arrangements for patients whose discharge or transport is delayed beyond Transit Lounge operating hours.

2.2.3 Patient Property

Patient belongings are typically kept with the patient, so no separate property store is required.

2.2.4 Management of Special Patient Groups

Bariatric Patients

The management and handling of bariatric patients requires appropriately trained staff, specialised equipment and suitable environmental design features. Workforce requirements and clinical safety considerations should be assessed during planning to ensure safe patient care and transfer practices.

Appropriate facilities and equipment to safely accommodate bariatric patients will require consideration and may not be supported on some units.

Where supported, the number of bays required should be confirmed and appropriate furniture, fittings and equipment provided. The requirement for lifters to support the transfer of bariatric patients will require consideration depending on the admission criteria.

Patients with Infections

A risk assessment should be undertaken to determine whether patients requiring transmission-based precautions can be safely accommodated within the Transit Lounge. Where isolation capacity is proposed, the suitability of the physical environment, staffing model and operational processes should be confirmed in consultation with Infection Prevention and Control (IPC) representatives. Patients requiring specialised isolation facilities may need to be managed in an alternative clinical setting.

Patients Requiring High Levels of Care

It is essential that the requirement to accommodate patients requiring high levels of nursing care on the Transit Lounge is confirmed early in planning as there will be significant implications for the staffing profile,

space and equipment requirements. These may be patients that are being transferred in or out from residential care and may be managed on a bed / trolley rather than recliner chair. Access to a hoist for patient transfers and a dirty utility room with pan washer/sanitiser will be required.

These patients may be frail, have a range of impairments e.g. relating to mobility, hearing and vision, and cognitive impairments such as dementia. Design strategies to support older patients is included in HPU 340 Adult Acute Inpatient Unit and HPU 350 Small Rural Hospitals / Multipurpose Services (MPS).

Paediatrics

Paediatric patients are not commonly accommodated on Transit Lounges given paediatric units often have areas where patients and families can await discharge, separate to the bedroom area.

For some Transit Lounges, paediatric patients are not excluded but would typically be on the unit for a short duration. Parents/Carers would be anticipated to be in attendance for the entire duration of the patient's stay on the Transit Lounge and appropriate space and access to amenities will require consideration. Refer to local jurisdictional policies regarding the safe management of children and requirements relating to physical/visual and acoustic separation.

2.2.5 Clinical Support Services

Medication Management

The provision of discharge medications may be completed after a patient has been transferred to the Transit Lounge. Access to workspace for pharmacists, as part of the staff station, may be required as well as access to an interview room for confidential patient consultations and education, subject to the local pharmacy service model.

Consider arrangements for the secure delivery, storage and administration of medications in consultation with pharmacy staff. A medication store will be required on the unit. The preferred approach for clinical pharmacists and nursing staff to access electronic medication management systems will require confirmation to inform ICT requirements. Security and control of access to medication stores should comply with local legislative / jurisdiction requirements.

Consideration should be given to the provision of pneumatic tube systems for the transport of medications where appropriate, whilst ensuring the location of stations must only be accessed by authorised staff.

Allied Health

Allied health staff will frequently attend to finalise discharge aids for mobility and Activities of Daily Living (ADL) aids. Allied health staff may require access to workspace depending on the service model, scope of services provided and frequency of attendance to the Transit Lounge.

Trials of aids / education regarding use of aids will typically be performed at the patient bedside and unit corridor areas. All essential assessments would typically be undertaken on the clinical unit prior to transfer to the Transit Lounge.

Transit Lounges should have convenient access to allied health equipment storage areas if provided; to support the timely provision of mobility aids and Activities of Daily Living (ADL) equipment required for discharge.

Other Services

Access to cultural support staff and services should be considered where available.

Community based services such as Hospital in the Home (HITH) or Rehabilitation in the Home (RITH) may attend the Transit Lounge for final interventions and patient education prior to discharge. These are also typically provided at the patient bedside.

Access to medical imaging and pathology services from the Transit Lounge may only occasionally required.

2.2.6 Non-Clinical Support Services

Food Services

Access to a beverage bay on the Transit Lounge is required to support the provision of light meals, snacks and refreshments. This will include a fridge, cupboards, sink and beverage making facilities.

Patients who have been discharged from a clinical unit or are awaiting admission to a clinical unit typically have access to the full meal service so access to a meal trolley bay may be required on the Transit Lounge depending on the food services model / how meal trolleys are delivered.

Consideration should be given to patients that may be fasting pre-surgery.

Linen

The delivery and collection of clean and dirty linen will be operationally separated to reduce infection control risks.

Linen bays will be provided to store clean linen and dirty linen will be placed in dirty linen skips in the dirty utility / disposal rooms.

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

Waste Management

Operational policies for waste management, waste minimisation and recycling should be supported, particularly regarding:

- waste flows
- types of sizes of various containers for waste
- provision and location of the dirty utility room / disposal room
- provision and location of recycling bins
- location of sharps containers and clinical waste bins
- Flexibility to add future waste streams.

It is essential that the design of the unit supports waste recycling processes at all stages. The type and quantity of bins to be accommodated within these areas will depend on the case mix, jurisdictional approaches to waste management and the frequency of waste collection.

The management of clinical and related wastes should be in accordance with:

- AS 3816:2018 Management of Clinical and Related Wastes (Standards Australia)
- NZS 4304:2002 Management of Healthcare Waste (Standards New Zealand)
- Part D Infection Prevention and Control.

2.2.7 Information Communications and Technology

ICT systems necessary to support clinical and operational requirements should be assessed during the planning and design process to ensure an appropriate level of capability is provided, that supports future flexibility.

All units should be designed to support electronic clinical information systems and digitally enabled operational workflows, even if this will be part of a future transition. Consideration needs to be given to the method and location of entering and retrieving patient information. This may occur at the bedside via workstations on wheels (WOWs) or other mobile devices, fixed PCs, and/or at staff stations.

ICT planning must also address patient needs relating to accessing information and meaningful stimulation, acknowledging that these must be accessible for people with physical and cognitive disabilities.

Opportunities may be considered for the provision of patient education, discharge information and health promotion content through centrally located display screens. These systems should support visual information delivery and accessibility requirements and align with local organisational policies.

The ability for patients to charge their personal devices and access Wi-Fi is important. This may be through access to power outlets at the patient bay or provision of a central charging station with appropriate staff oversight.

2.3 Planning Models and Functional Relationships

2.3.1 Unit Location and External Functional Relationships

The Transit Lounge must be located to facilitate efficient patient flow from the clinical units and ED to discrete access to transport arrangements following discharge, and also for patients being admitted. Access to outdoor areas, courtyards or views of nature should be considered where feasible.

A ground floor location should be prioritised for ease of access to undercover patient drop off/pick-up areas and short-term parking for patient transport and private vehicles.

Flooring should be as level as possible from entry to the Transit Lounge to the car (no steps or falls at kerb) to minimise the risk of patient falls. These areas must be accessible for people with mobility challenges and visual impairments.

Ease of wayfinding to the unit must be prioritised. Some units report that proximity to 'Front of House' areas including main entry and retail areas is advantageous to support ease of wayfinding. This also supports units accommodating a high volume of incoming patient admissions. However, for other units a location with 'Back of House' areas may provide better access to short term parking and patient pick up whilst avoiding conflict with emergency and other flows.

Principal relationships with other hospital areas / units include:

- direct access to patient drop off/pick up areas and short-term parking for patient transport and private vehicles.
- ready access from Inpatient Units
- ready access from Pharmacy
- easy access from the Main Entry / Front of House areas
- easy access from the Emergency Department
- easy access from Ambulatory Care (subject to Transit Lounge admission criteria)
- easy access for delivery of food, linen, supplies and removal of waste.

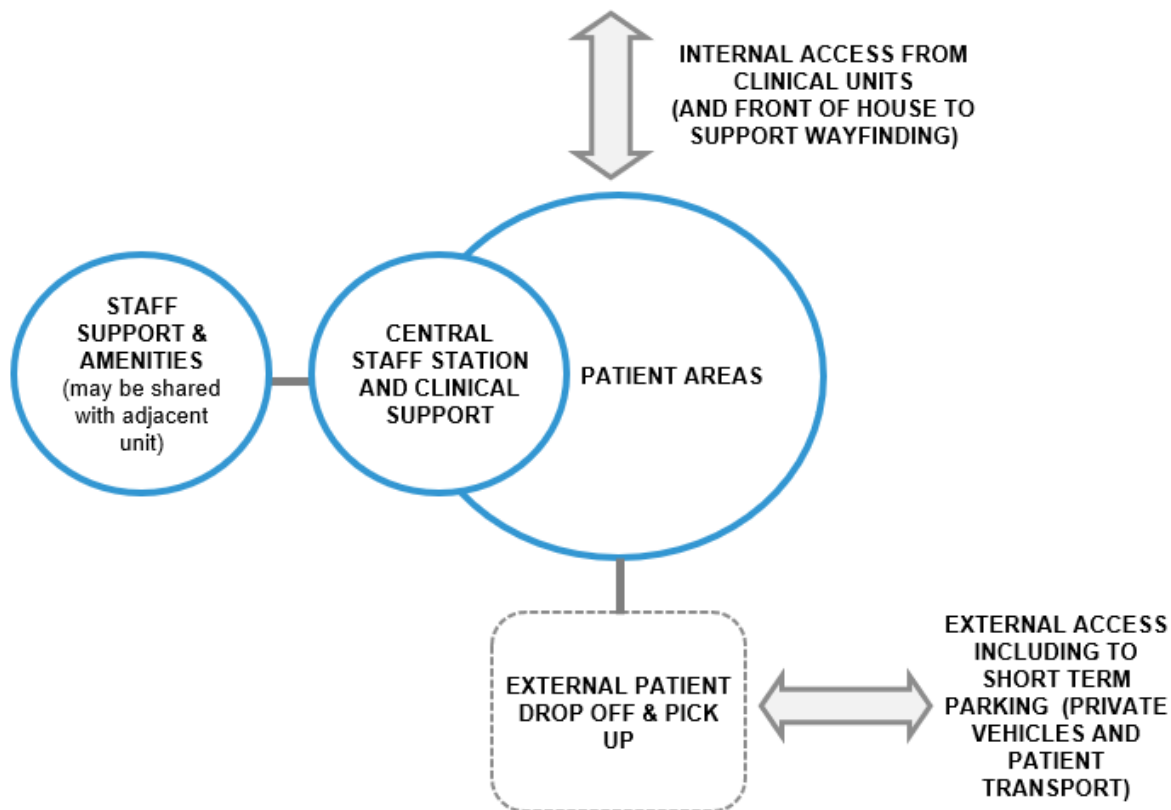
2.3.2 Unit Configuration and Internal Functional Relationships

The ability to achieve optimum relationships between component spaces depends on many factors including the nominated site, available space, shape of the available space and specific operational requirements.

Optimal internal relationships to be achieved include those between:

- patient occupied areas forming the core of the unit
- staff station(s) and associated support areas that need direct access and observation of patient areas. Visibility across the unit must be maximised given often small staffing numbers.
- direct access to an external patient drop off and pick up area
- ease of access with minimal travel time to staff support and amenities that may be shared with an adjacent unit depending on the size of the unit.

2.3.3 Functional Relationships Diagram



2.3.4 Unit Size

Transit Lounges should have accommodation for at least eight to ten patients to be operationally viable.

The capacity of the unit should be informed by clinical services planning that considers the projected volume of patients and average length of stay. Consideration should also be given to nurse-to-patient ratios and future clinical expansion plans.

2.4 Functional Areas

2.4.1 Functional Zones

Transit Lounges typically comprise the following functional areas:

- Patient areas
- Central staff station and clinical support
- Staff support and amenities
- External patient drop off and pick up

2.4.2 Patient Areas

To optimise observation Transit Lounges are typically designed as open patient bay areas located around a central staff station.

The allocation of patients to chair/recliner bays or bed/trolley bays should be based primarily on clinical condition, mobility, comfort requirements and level of care required. As a general guide, chair/recliner bays are suitable for medically stable, low-acuity patients with a short anticipated length of stay, while bed/trolley bays are more appropriate for patients with reduced mobility, higher care needs, extended waiting periods or

those requiring transport by stretcher. Local admission criteria should define patient selection requirements and anticipated lengths of stay to inform the mix and configuration of bays.

Open patient bays will be separated via curtains for patient privacy.

Depending on the admission criteria, consideration will need to be given to bariatric and isolation capacity.

Some units may provide smaller chair bays for patients that are low acuity, self-caring, do not require an accompanying carer and have an anticipated short length of stay. The smaller bays may assist to optimise patient throughput; however, consideration must be given to falls risks associated with patient belongings being accommodated in the area and access to meals and snacks. Where this model is provided comfortable chairs should be provided with a high back and armrest.

Interview rooms support confidential discussions between patients, family members, carers and healthcare staff. Where appropriate and privacy can be maintained, patient discussions and education may also occur at the bedside. Interview rooms are primarily intended for ambulant patients and accompanying support persons.

Access to medical gases should be determined at a project level and will guide the patient admission criteria. It is common for oxygen, suction (and medical air depending on local requirements) to be provided in the patient trolley/bed bays for use by patients requiring domiciliary oxygen, patients awaiting hospital transfers and during medical events. For the recliner bays it may be appropriate to share gases between two bays or for portable gases to be provided as required.

Patients will require access to the following:

- Table / tray for access to meals/snacks and drinks. This may be integrated with the recliner chairs.
- Device charging function either within the bay (power outlet) or via a central charging station with staff oversight.
- Appropriate area for patient belongings and walking aids.

Access to visible screens for all patients regarding health promotion and education opportunities may be considered.

Toilets and ensuites are to be dispersed for easy access by all patients. Refer to Section 1 Schedule of Accommodation for indicative requirements for varying sized units.

Given the high volume of patients coming in and out of the unit, careful consideration should be given to accessing the unit, including frequent turning circles for beds/trolleys and appropriate wall protection to prevent damage.

2.4.3 Central Staff Station and Clinical Support Areas

Staff Station

A central staff station is required with clear sightlines to patient bays and, where possible, the access area for patient pick up and drop off. The number of workstations provided will depend on the size of the unit (refer to Section 1 Schedule of Accommodation for indicative requirements). Consideration must be given to workspace for visiting staff.

A clean store and medication room will be required and should be directly accessed from the staff station. This may be a combined space depending on local jurisdictional policies. The size of the medication room will depend on the admission criteria and will require consideration of basic imprest medications, returns, standard drug fridge (optional depending on size of unit and access from pharmacy), small fridge for infusions (optional where provided) and drug safe for patient discharge bags.

The following additional clinical support areas will be required:

- Hand washing bays, are to be evenly distributed throughout the unit. One Type B handwash basin is to be provided for every six open patient bays subject to the unit layout and ease of access from each bay
- Dedicated storage and charging facilities for workstations on wheels (WOWs), mobile clinical devices and associated peripherals to support operational efficiency and equipment availability.

- Clean linen bay
- Resuscitation trolley bay
- Beverage bay including fridge for accommodating light meals/refreshments
- Meal trolley bay depending on the local food services model
- Dirty utility/ disposal room to be located adjacent to the staff exit point for ease of access by back of house staff. The requirement for a pan sanitiser will depend on the proposed patient profile.

2.4.4 Staff Support and Amenities

Staff will require access to a staff room including beverage bay and amenities including toilets and property bay / lockers. This will typically be shared with other adjacent units.

An office for a Unit Manager is typically located with the unit, with other office/workstation areas provided subject to local requirements.

2.4.5 External Patient Drop Off and Pick Up

Direct access to an undercover patient drop off and pick up area for access by patient transport services and private vehicles is required.

Access to this area from the unit should be as level as possible to minimise the risk of patient falls.

Support people attending the unit to pick up a patient may access the unit via a doorbell / intercom system.

3 Design

3.1 Access

Access arrangements should support discreet patient transfer between the Transit Lounge and transport services while minimising conflict with public and emergency department circulation routes.

External public access to the unit will be via a patient drop off / pick area. This needs to be easily identifiable, universally accessible, safe and separate from ED / ambulance flows. The area should have weather protection and have large, clear signage to assist wayfinding for first time attendees.

Patients may access the Transit Lounge via transfer on a bed / trolley or may be ambulant. Travel distances must be considered to encourage use of the Transit Lounge. Clear signage from the main hospital corridors and clinical units is essential.

The Transit Lounge must be able to be locked down after hours.

3.2 Parking

The planning and design of Transit Lounges must consider:

- the provision of adjacent drop off/pick up areas with capacity aligned to the size of the unit
- access to short term parking for patient transport and private vehicles.
- safe pedestrian access with good lighting from the car park to the entry.

For staff parking requirements, refer to Part C: Design for Access, Mobility, Safety and Security.

3.3 Disaster Planning

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

For further information refer to local jurisdiction disaster management plans and AusHFG:

- Part B: Section 80 General Requirements
- Part C: Design for Access, Mobility, Safety and Security.

3.4 Infection Prevention and Control

The following aspects contribute to effective infection prevention and control (IPC) and are relevant within the context of Transit Lounges:

- hand hygiene facilities
- linen handling
- separation of clean and dirty work flows
- storage
- waste management
- surface finishes
- ventilation and air handling requirements, including consideration of airborne infection risks where applicable.

It is important to ensure that IPC experts are consulted throughout the planning and design process.

Where isolation capacity or management of patients requiring transmission-based precautions is proposed, consultation should also include engineering and ventilation specialists.

Refer to Part D Infection Prevention and Control and the AusHFG Pandemic Preparedness – Health Infrastructure Planning and Design Guidance for further information

3.4.1 Hand Hygiene Facilities

Hand hygiene facilities should be provided in accordance with current AusHFG Part D: Infection Prevention and Control and local jurisdictional requirements. The location and quantity of hand hygiene facilities should support safe clinical workflows and ease of access at the point of care.

Each patient bay will have access to alcohol-based hand rub (ABHR). At a minimum, ABHR dispensers will be located as close to the point of care as possible, using either a fixed or removable bracket.

Personal protective equipment (PPE) dispensing stations should not be collocated with the hand basins as this can result in contamination of the PPE.

Facility requirements to support hand hygiene will need to align with local IPC policies and guidelines.

3.4.2 Isolation Rooms

Patients requiring standard contact isolation may be accommodated on the unit if supported by the provision of enclosed bays. Patients requiring management in a Class N isolation room to minimise the risk of airborne transmission of disease are not typically appropriate to be accommodated on Transit Lounges, however the provision of negative flow capability to an enclosed room may be considered at a project level.

3.5 Environmental Considerations

3.5.1 Acoustics

Acoustic solutions are essential to minimise noise transmission across the unit and to promote confidentiality of patient information.

Solutions to be considered include:

- selection of sound absorbing materials and finishes
- use of sound isolating construction
- planning separation of quiet areas from noisy areas
- consideration of providing white noise
- changes to operational management.

Refer to Part C for further information.

3.5.2 Natural Light and Views

Natural lighting (through windows, glass walls or skylights) and views to the exterior should be maximised throughout the unit as it contributes to a sense of wellbeing and assists users in wayfinding and orientation.

In areas where glare from the sun may impact the visual comfort of occupants, operable blinds with low visual light transmission should be provided.

Greater use of natural light may also reduce energy usage in terms of reducing the need for artificial lighting. However, the provision of daylight and outlooks must be balanced with optimising the thermal envelope to reduce the energy required to heat and cool the space.

3.5.3 Interior Considerations

Some colours and patterns can be disturbing to some patients. The colour scheme should be attractive, non-institutional and assist with wayfinding. It should not negatively impact on clinical observation in consultation and treatment areas.

Soft furnishing selection should be considered carefully to ensure they meet clinical and IPC requirements whilst contributing to the overall attractiveness and amenity of the facility.

The requirements of local Indigenous peoples and other cultural groups must be considered to ensure the provision of a welcoming and culturally safe space. This will require consultation with representatives from the local Indigenous community and other cultural groups. Key design strategies may include the use of artwork, signage in relevant languages providing a welcome to the unit and appropriate provision of spaces to support family/carers.

Biophilic design and calming visual elements such as natural scenes or view to outside may also be incorporated into the design of the facility.

3.5.4 Arts Integration

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

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

3.5.5 Signage and Wayfinding

Clear signage and wayfinding are essential particularly given many family members / carers will be visiting the Transit Lounge for the first time.

Consideration must be given to people who have mobility issues and other disabilities, language barriers, people with special needs or neurodiversity and younger people.

Refer to:

- AusHFG Part C: Design for Access, Mobility, Safety and Security, and
- NSW Health Infrastructure, 2022, Wayfinding for Healthcare Facilities

3.6 Space Standards and Components

3.6.1 Human Engineering and Ergonomics

The design of the unit will ensure patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

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

3.6.2 Accessibility and Mobility

The facility must comply with the Commonwealth Disability and Discrimination Act (DDA) and the following standards where applicable:

- Disability (Access to Premises – Buildings) Standard
- National Construction Code
- NZ Building Code
- AS1428 (SET) Design for access and mobility
- NZS 4121: Design for access and mobility: Buildings and Associated Facilities.

A mobile or ceiling mounted hoist may be required in a selected number of patient bays to assist in the movement of immobile patients.

The management of bariatric patients will need to be considered to ensure a safe and dignified environment is provided.

Refer to AusHFG Part C: Design for Access, Mobility, Safety and Security.

3.7 Safety and Security

3.7.1 Safety

The unit should provide a safe and secure environment for patients, staff and visitors while retaining a non-threatening and supportive atmosphere. Patients may have cognitive impairments resulting in unpredictable behaviours. They may be weak or frail, unsteady or affected by medication.

Design and construction of the facility and selection of furniture, fittings and equipment should ensure that users are not exposed to avoidable risks of injury.

Facility planners and designers should enhance safety by means of the design, the methods of construction and the materials chosen, including the selection of fittings, fixtures and equipment

3.7.2 Security

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 Transit Lounges the following specific security issues should be considered:

- the need for fixed and/or personal duress alarms with rapid access for security
- control and monitoring of visitors
- the design must not create entrapment or concealment points, e.g. at staff stations
- the ability to lock the unit and control access.

CCTV will generally be required at entries and car parks. Consult relevant jurisdictional regulations concerning the use of cameras throughout the unit, with particular attention to clinical areas.

Also refer to Part C: Design for Access, Mobility, Safety and Security.

3.7.3 Risk Management

The physical environment has a significant impact on the health and safety of end users. A risk management approach ensures risks are managed systematically utilising a process that supports the anticipation, identification and avoidance of risks that may have an impact on users and services.

Broad consultation with all stakeholders and other identified processes may be utilised to identify risks according to the availability of expertise to ensure security, health and safety risks are proactively managed.

Work Health and Safety (WHS) legislation requires designers to identify, assess and control risks in order to provide an optimal ergonomic design and to do this in consultation with stakeholders.

Safety considerations need to address the health and safety of end users, including staff, maintenance personnel, patients and visitors.

3.8 Finishes

3.8.1 General

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

Refer to Part C Design for further details.

3.8.2 Wall Finishes

Adequate wall protection should be provided to areas regularly subjected to damage. Particular attention should be given to areas where bed or trolley movement occurs, such as corridors, doorways, bed head walls, treatment areas, equipment and linen trolley bays.

For further information relating to wall protection, refer to the AusHFG Standard Components and Part C: Design for Access, Mobility, Safety and Security.

3.8.3 Floor Finishes

Floor finishes should be appropriate to the function of the space. Consideration must be given to the appearance and quality of environment required e.g. non-institutional, acoustic performance, slip resistance, IPC suitability, the movement of trolleys and maintenance.

Selection of floor finishes should consider manual handling issues, including the impact of the flooring on push/pull forces for wheeled equipment, and be adequate to avoid the potential for slips and trips caused by joints between flooring.

Refer to local jurisdictional policies and to:

- AusHFG Standard Components
- AusHFG Part C: Design for Access, Mobility, Safety and Security.
- AusHFG Part D: Infection Prevention and Control

3.8.4 Ceiling Finishes

Ceiling finishes should be selected with regard to appearance, cleaning, acoustics and access to building services. In most areas, acoustic ceiling tiles will be used.

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

3.9 Fixtures, Fittings and Equipment

3.9.1 Definitions

The Room Data and Room Layout Sheets in the AusHFG define Fixtures, Fittings and Equipment. Refer to:

- Part C: Design for Access, Mobility, Safety and Security
- AusHFG Part D Infection, Prevention and Control
- AusHFG Standard Components.

Room Data and Room Layout Sheets in the AusHFG specify furniture, fittings and equipment (FF&E). The FF&E specified for each clinical space should consider generic approaches where possible to increase utilisation and flexibility.

Refer to the AusHFG Room Data Sheets (RDS) and Room Layout Sheets (RLS) as well as Part C: Design for Access, Mobility, Safety and Security.

3.10 Building Service Requirements

3.10.1 General

Refer to local jurisdictional requirements relating to building and engineering services. A list of relevant jurisdictional guidelines is included on the AusHFG website: [AusHFG External Resources](#)

3.10.2 Air Handling Systems

Air conditioning shall be provided to the entire department to provide heating, cooling and ventilation to meet the temperature and outside air needs of the spaces. In some regions active humidity control may also be required.

The design of ventilation systems should be undertaken in conjunction with infection prevention and control requirements and relevant engineering standards.

Refer to AusHFG Part D: Infection Prevention and Control and the AusHFG Isolation Rooms – Engineering and Design Requirements for additional guidance relating to ventilation, airborne transmission risks and isolation requirements.

The outside air and exhaust ventilation provisions shall meet the requirements of AS 1668.2:2024 – The Use of Ventilation and Airconditioning in Buildings, Part 2: Mechanical Ventilation in Buildings and any applicable jurisdictional engineering services guidelines or health facility requirements.

3.10.3 Electrical Services

All patient areas must be wired at least as body-protected electrical areas in accordance with AS/NZS 3003:2018.

3.10.4 Nurse Call Systems and Duress Alarms

Patient to nurse call at each patient bay will be required.

Operational arrangements to respond to medical events in the Transit Lounge should be confirmed. Emergency call is typically required at each clinical space so staff can summon urgent assistance.

Duress alarms are typically located at the staff station and interview room and staff may carry mobile duress alarms. A risk assessment should be undertaken to inform the appropriate duress system requirements and location.

Staff assist is generally not required unless it is a very large unit.

Refer to the relevant AusHFG Standard Components for further detail regarding call systems.

3.10.5 Information Technology and Communication

ICT systems should support safe and efficient service delivery, communication between staff and departments, patient monitoring where required, access to clinical information systems and future technological adaptability. Transit Lounges will manage a diverse range of patients/clients and will have functional links to many other departments.

Unit design should address information technology and communications issues including:

- electronic health care records
- wireless technology – Wi-Fi and Mobile In-Building coverage
- unified communications systems including fixed telephony, mobile communications, hands-free communication devices and associated digital communication platforms.
- radiofrequency identification (RFID) for access control, locks, etc
- duress alarm systems - fixed and personal as required
- nurse and emergency call systems
- e-medication management and e-storage systems, e.g. automated dispensing systems
- patient flow management systems and electronic journey boards where implemented as part of hospital-wide patient flow strategies
- Patient Administration System (PAS)
- logistics systems such as pneumatic tube systems
- bar coding for supplies
- digital display of health promotion and education communications (optional in line with hospital wide approaches)

All clinical rooms will need to be equipped or made ready for the equipment necessary to support electronic health records, prescribing and booking systems.

3.10.6 Hydraulic Services

The hydraulic services design shall comply with the National Construction Code (Australia), NZ Building Code and local health engineering services guidelines.

3.10.7 Medical Gases

Medical gas systems shall be designed and installed in accordance with relevant Australian and New Zealand Standards, including AS 2896:2021 – Medical Gas Systems – Installation and Testing of Non-Flammable Medical Gas Pipeline Systems and applicable jurisdictional engineering services requirements.

Requirements for oxygen, suction and medical air should be determined at a project level based on the proposed patient profile, admission criteria and model of care. Access arrangements may vary between patient bays and should support safe patient management and operational flexibility.

3.10.8 Fire Services

The fire services design shall comply with the National Construction Code (Australia) / NZ Building Code's performance requirements or deemed to satisfy reference standards, and the local health engineering services guidelines.

4 Components of the Unit

4.1 Standard Components

Rooms / spaces are defined as:

- standard components (SC) which refer to rooms or spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed
- standard components – derived rooms (SC-D) are rooms based on a SC however 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: [AusHFG Standard Components](#).

4.2 Non-Standard Components

Non-Standard Components are generally unit specific and provided in accordance with specific operational policies and service demand.

4.2.1 Patient Waiting – Chair

Description and Function

This area per patient chair would be part of an optional open waiting space to support higher patient throughput. These bays are only appropriate for low acuity, self-caring patients that do not require support of a carer and have an anticipated short length of stay.

The area includes space for a comfortable high back chair with arm rests and associated circulation for patient belongings pre or post admission and a walking aid for some patients.

Work health and safety (WHS) must be considered relating to patient belongings in this area and access to patient snacks / beverages. The approach to storage of patient belongings is to be determined at a project level.

Where provided the associated impact on workforce requirements must be determined to inform staff station and support area requirements, as well as access to sufficient patient toilets.

Location and Relationships

This chair bay is part of an open waiting area with the number of patients to be accommodated to be informed by the projected volume of self-caring patients with a short length of stay.

Staff oversight of the area is required.

5 Schedule of Accommodation

The application of the schedule of accommodation below will require confirmation of the capacity of the Transit Lounge including the number of bed / trolley bays and recliner bays.

Final unit capacity, patient bay configuration and support space requirements should be informed by project-specific service planning, operational policies, patient profile and model of care.

The schedule of accommodation provided is based on the following two indicative scenarios:

- 12 bed Transit Lounge with four bed/trolley sized bays (including one enclosed room and one bay sized to accommodate bariatric patients) and eight chair/recliner bays
- 24 bed Transit Lounge with eight bed/trolley sized bays (including two enclosed rooms and two bays sized to accommodate bariatric patients) and 16 chair/recliner bays

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/SC-D' column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room / Spaces are described as 'Optional'. The inclusion of the optional areas is dependent on the service scope, local clinical and/or operational requirements and opportunities to share with adjacent areas. The requirement for each area should be confirmed on a project-by-project basis and included where it is essential to meet the service need.

5.1 Patient Areas

Room Code	Room Name	SC/ SC-D	Scenario 1 12 Beds		Scenario 2 24 Beds		Comments
			Qty	m ²	Qty	m ²	
PT-HOLD-A	Patient Bay - Holding, Chair	SC	8	6.5	16	6.5	The mix of bed bays and recliner/chair bays to be confirmed at project level to suit service requirements and patient profile.
PT-HOLD-B	Patient Bay - Holding, Bed	SC	2	9	4	9	For patients to be accommodated on a trolley/bed. The mix of bed bays and recliner/chair bays to be confirmed at project level to suit service requirements and patient profile.
PT-HOLD-B	Patient Bay - Holding, Bed, Enclosed	SC-D	1	12	2	12	Optional. Provision of enclosed patient bed bays in lieu of standard open bed bays will depend on service requirements and patient profile. If provided and intended for use as a standard isolation (S Class) room, a dedicated toilet is required.
PT-HOLD-B	Patient Bay - Holding, Bed, Bariatric	SC-D	1	12	2	12	Optional. Provision of bariatric patient bed bays in lieu of standard bed bays will depend on service requirements and patient profile. If provided and intended for use as a standard isolation (S Class) room, bays would need to be enclosed and a dedicated toilet is required.

Room Code	Room Name	SC/ SC-D	Scenario 1 12 Beds		Scenario 2 24 Beds		Comments
			Qty	m ²	Qty	m ²	
	Patient Bay - Waiting, Chair	NS		2		2	Optional. For low acuity, self caring patients with short anticipated length of stay. Provision and quantity dependent on model of care and availability/proximity of alternative locations for waiting. Area allocation per chair larger than typical waiting areas to account for patient belongings and walking aids. If provided, considerations relating to storage of patient belongings and access to snacks/beverages are to be confirmed at project level. Selection of comfortable chair, e.g. with high back and armrests, is recommended.
BHWS-B	Bay - Handwashing, Type B	SC	2	1	4	1	Quantity to support one basin for every six patient bays. Final quantity subject to the unit layout and ease of access from each bay. ABHR will be located in each patient bay either on the end of the bed or on wall using either a fixed or removable bracket.
INTV	Interview Room	SC	1	12	1	12	Room to be designed with dual egress.
WCPT	Toilet - Patient	SC	1	4	2	4	
WCAC	Toilet - Patient, Accessible	SC	1	6	1	6	Designed to AS1428. For independent wheelchair users.
ENS-ACC	Ensuite - Patient, Accessible	SC	1	7	1	7	Optional. Requirement for access to a shower on the unit to be confirmed at project level. If not located in unit, close access to accessible shower should be provided. Designed to AS1428. For independent wheelchair users.
Discounted Circulation			38%		38%		

5.2 Clinical Support

Room Code	Room Name	SC/ SC-D	Scenario 1 12 Beds		Scenario 2 24 Beds		Comments
			Qty	m ²	Qty	m ²	
SSTN-14	Staff Station	SC	1	12	1	20	Sized to support both core unit staff and visiting staff.
BMFD-3	Bay - Multifunction Device	SC	1	3	1	3	Collocate with Staff Station.
MED-14	Medication Room	SC	1	8	1	10	Area may be combined and provided as a Clean Store / Medication Room depending on jurisdictional policies. Consider future proofing requirements for automated medication dispensing if not being provided in short term.
CLN-10	Clean Store	SC	1	6	1	10	Area may be combined and provided as a Clean Store / Medication Room depending on jurisdictional policies.

Room Code	Room Name	SC/ SC-D	Scenario 1 12 Beds		Scenario 2 24 Beds		Comments
			Qty	m ²	Qty	m ²	
STEQ-14	Store - Equipment	SC	1	6	1	10	Area is dependent on type and quantity of equipment to be stored, frequency of equipment use and number of mobile equipment bays within the unit.
BMEQ	Bay - Mobile Equipment	SC-D	1	3	1	5	Quantity and area of bays is dependent on type and quantity of equipment to be stored, and frequency of equipment use. May be utilised for storage of mobile patient lifter or lifter equipment, mobile observation equipment, and IV stands.
BMEQ	Bay - Mobile Equipment, Workstations on Wheels	SC-D	1	1.5	1	3	Access to data and power required (unless rechargeable batteries used). Requirements will be informed by local ICT strategies and policies, and operational model for patient information management. Consideration should be given to support for future technology requirements. Assume one WoW per nursing staff and 1-2 for visiting teams.
BWC	Bay - Wheelchair Parking	SC-D	1	3	1	6	For storage of wheelchairs and transport chairs to transport of patients to and from the unit. Area depends on local operational models ('push' or 'pull' model, portage/wardsperson base location and arrangements); refer to HPU 700 for more information.
BRES	Bay - Resuscitation Trolley	SC	1	1.5	1	1.5	
BLIN	Bay - Linen	SC	1	2	2	2	
BBW	Bay - Blanket / Fluid Warmer	SC	1	1	1	1	Optional.
BPTS	Bay - Pneumatic Tube Station	SC	1	1	1	1	Optional. Provision will depend on facility-wide approach to medication transport. If provided, locate to ensure secure, staff-only access.
BBEV	Bay - Beverage	SC	1	4	1	4	To support provision of light meals, snacks and refreshments.
BMT	Bay - Meal Trolley	SC	1	2	1	2	Optional. Provision will depend on food services model.
DTUR-S DTUR-10	Dirty Utility / Disposal Room	SC-D	1	8	1	10	Requirement for pan sanitiser to be confirmed at project level to suit service requirements and patient profile. Area allocation to be reviewed against local waste streaming requirements.
CLRM	Cleaner's Room	SC	1	5	1	5	May be shared with or accessed via a collocated unit.
Discounted Circulation			38%		38%		

5.3 Staff Areas

Room Code	Room Name	SC/ SC-D	Scenario 1 12 Beds		Scenario 2 24 Beds		Comments
			Qty	m ²	Qty	m ²	
OFF-1P-9	Office - 1 Person	SC	1	9	1	9	For unit manager. Other office and workstation requirements to be confirmed at project level to suit staff profile and jurisdictional approaches to staff work areas.
SRM-15	Staff Room	SC	1	12	1	16	May be shared with a colocated unit, with area adjusted to suit combined staffing numbers. Includes a beverage bay.
BPROP	Bay - Property, Staff	SC	1	1	1	2	
WCST	Toilet - Staff	SC			1	3	
WCAC	Toilet - Staff, Accessible	SC	1	6	1	6	Designed to AS1428. For independent wheelchair users. May be shared with or accessed via a colocated unit. Quantity depends on staffing.
Discounted Circulation			25%		25%		

6 References and Further Reading

6.1 References

- Australasian Health Infrastructure Alliance (AHIA), 2016, [AusHFG Part A: Introduction and Instructions for Use](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2016, [AusHFG Part B: Health Facility Briefing and Planning](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2018, [AusHFG Part C: Design for Access, Mobility, Safety and Security](#), Sydney, St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2025, [AusHFG Part D: Infection Prevention and Control](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2023, [Pandemic Preparedness - Health Infrastructure Planning & Design Guidance](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2023, [Key Sustainability Guidance](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2022, [AusHFG Arts in Health Framework](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2022, AusHFG [HPU 270 Day Surgery / Procedure Unit](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2025, [HPU 340 Adult Acute Inpatient Unit](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2021, [HPU 350 Small Rural Hospitals / Multipurpose Services](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2022, [HPU 700 Logistics / Back of House Services](#), St Leonards, Australia.
- Australasian Health Infrastructure Alliance (AHIA), 2026, [Isolation Rooms – Engineering and Design Requirements](#), St Leonards, Australia.
- National Construction Code Australia
- New Zealand Building Code
- New Zealand Standards, NZS 4304:2002 Management of Healthcare Waste, NZ
- New Zealand Standards, NZS 4121: Design for access and mobility: Buildings and Associated Facilities, NZ
- NSW Health Infrastructure, 2022, Wayfinding for Healthcare Facilities, St Leonards, Australia
- Standards Australia, AS 3816:2018, Management of clinical and related wastes, Sydney, NSW
- Standards Australia. AS1428 (SET), Design for access and mobility, Sydney, NSW
- Standards Australia. AS1668.2:2024 – The Use of Ventilation and Airconditioning in Buildings, Part 2: Mechanical Ventilation in Buildings
- Standards Australia. AS 2896:2021 – Medical Gas Systems – Installation and Testing of Non-Flammable Medical Gas Pipeline Systems
- Standards Australia, AS/NZS 3003:2018, Electrical installations patient areas, Sydney, NSW

6.2 Further Reading

- Queensland Department of Health [Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033](#)