View related documents on the AusHFG website

1 Bed Room - Isolation, Negative Pressure

Room Code	1BR-ISO-N
Briefed Area	16.50 m²
Ceiling Height	2.7 m
Occupancy	1 patient; 1-2 visitors; 1-2 staff intermittently (with up to 4 additional staff as required)
Hours of Operation	24 hours

Description

The 1 Bed Room - Isolation, Negative Pressure (N-Class) provides space and amenities for accommodating one patient requiring respiratory isolation to prevent the transmission of infection, and supporting the delivery of clinical care and treatment. This Standard Component is used in conjunction with the Anteroom (ANTE) and Ensuite - Nested (ENS-NE), and the anteroom, ensuite and bedroom should be planned as a unit.

Electrical

PROTECTION: body protected	☑
PROTECTION: cardiac protected	☐

Lighting

LIGHTING: general	☑
LIGHTING: colour corrected	☑
LIGHTING: dimmable	☐
LIGHTING: indirect	☐

Nurse Call and Duress

NURSE CALL SYSTEM: buttons / handset	☑
NURSE CALL SYSTEM: annunciator	☐
DURESS: fixed	☐
DURESS: wireless coverage	☑

Security

ACCESS CONTROL: to door	☐
ACCESS CONTROL: to item / joinery	☐
INTERCOM: service communications	☐
INTERCOM: security and access control	☐
CCTV: camera coverage within room	☐
INTRUSION DETECTION: door monitoring	☐
INTRUSION DETECTION: spatial monitoring	☐

ICT and Audio Visual

AUDIO VISUAL: patient entertainment system	☑
AUDIO VISUAL: visitor experience system	☐
AUDIO VISUAL: virtual collaboration system	☐
AUDIO VISUAL: clinical support system	☐
AUDIO VISUAL: digital operating room system	☐

Accessibility

AUDIO: hearing augmentation	☐
VISUAL: luminance contrast	☑
SIGNAGE: accessible, statutory	☐

HVAC

AIRCONDITIONING: general	☐
AIRCONDITIONING: HEPA filtered	☐
AIRCONDITIONING: positive pressure	☐
AIRCONDITIONING: negative pressure	☑
VENTILATION: exhaust	☑
VENTILATION: supply	☐
VENTILATION: natural	☐

Medical Gas

MEDICAL GAS: general anaesthesia	☐
MEDICAL GAS: special care	☐
MEDICAL GAS: special care, neonatal ventilation	☐
MEDICAL GAS: birthing	☐

Hydraulic

WATER: drinking	☑
WATER: specialty	☐
DRAINAGE: sanitary	☑
DRAINAGE: specialty	☐

Fire

DETECTION: smoke	☑
DETECTION: heat	☐

Shielding

SHIELDING: ionising radiation	☐
SHIELDING: magnetic and radio frequency	☐

Acoustics

SPEECH PRIVACY:
not private ····· ▼ moderate ····· private ····· confidential

NOISE SENSITIVITY:
not sensitive ····· low ····· ▼ medium ····· high

NOISE GENERATION:
low ····· ▼ moderate ····· high ····· very high

Additional Considerations

● Air distribution systems must provide highly effective ventilation to promote containment. Patient comfort must also be a primary consideration (i.e. room temperature, humidity, noise and air flow). The ventilation system should be designed to ensure the air flows from less contaminated areas to more contaminated areas and supply air should be provided so that air turbulence is minimised near the patient. The exhaust air flow however should be maximised near the patient to capture contaminated air.

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

● It is no longer recommended that exhaust is indicated at a low level behind the bed, and it is best located over the patient on the ceiling. Locating the exhaust on the ceiling above the patient at the head of the bed with the supply air diffuser located on the ceiling close to the wall at the foot of the bed (with air directed to the walls and away from the door rather than directed towards the patient) has been shown through Computational fluid dynamics (CFD) analysis to be effective in capturing aerosols rising from a patient. Refer to 'AusHFG Isolation Rooms - Design and Engineering Requirements' and 'Part D: infection Prevention and Control'.
- The recommended supply and exhaust locations indicated in this Standard Component are based on expert mechanical engineering advice and evidence established through CFD studies. It is acknowledged that this does not align with that suggested in AS1668.2 2024'. It is recommended that designers seek updated advice in line with the evidence noted in this guideline and pursue a performance solution where required.
● An interlock system has been indicated to the anteroom, requiring one door to be closed before the next door is able to be opened. This reduces the potential for escape of infectious respiratory particles. This should not impact staff workflows given the time required to don or doff PPE. An emergency break glass release switch is provided to mitigate the risk of staff being entrapped within the anteroom.
● Spatial allowances accommodate equipment and staff working at either side of the bed, however it is assumed that nursing care will predominately occur at the side of the bed closest to the entry door. The arrangement of the medical services panel reflects this assumption. Clearances for use of mobile patient lifting equipment must be considered on both sides of the patient bed. It is recommended that a minimum of 1100mm clear is provided to both sides of the patient bed.
● This room may be utilised as a standard pressure (S-Class) isolation room. On these occasions, provision of appropriate personal protective equipment (PPE) such as gloves, masks, face shields, gowns, etc. will be required close to the entry of the room. Proximity to existing PPE bays, provision of clear area for parking a PPE trolley or the ability to temporarily hang additional PPE holders on the wall adjacent to the door should be considered during planning. A document frame to hold isolation precaution signage when it is needed may be attached to the wall or door to alert staff to isolation precaution requirements. For additional information on standard pressure (S-Class) rooms, as well considerations and requirements for positive pressure (P-Class) and negative pressure (N-Class) rooms, refer to 'AusHFG Isolation Rooms - Design and Engineering Requirements' and 'Part D: infection Prevention and Control'.
● Alcohol-based hand rub (ABHR) may be provided in a wall mounted dispenser or in a holder that can be attached to the end of the patient bed. The location of ABHR is to be confirmed at project level to support staff to comply with the ‘5 Moments of Hand Hygiene’ practices and local IPC policies.
● The handwashing basin is to be located at least 1.2m from patient beds; refer to Part D Section 4.1.2-5 for more information. Clear access for bed movement must also be considered when determining basin location.
● The content and configuration of the medical services panel (MSP), including type and quantity of medical gases, power and data, will be dependent on clinical service requirements and is to be confirmed at project level. This includes confirming any increase/ change in services where this Standard Component is used in specific clinical settings and/or high acuity settings.
● Access to natural light and outlook is essential; patients are to have access to an external outlook from either the bed or the chair, preferably both.
● Requirements for staff notetaking/write-up at the bedside, including use of electronic medical records, are to be confirmed at project level to suit clinical service requirements and local ICT policies. This may include the use of workstations on wheels (WOWs) that are kept with staff members and require parking areas and charging facilities in central locations within the unit, or provision of fixed wall mounted computers in each bedroom, requiring tap-on login capability. Facilities with paper-based medical record systems or hybrid paper/digital systems may require provision of a document holder within the bedroom (typically hung on the end of the bed) or just outside the bedroom to hold patient records.
● Additional ICT requirements within high acuity settings or in remote facilities (e.g. for patient monitoring, virtual patient consultation/monitoring, etc.) are to be confirmed at project level to suit clinical service requirements. Where a patient monitor is provided, appropriate structural support in the wall/bedhead joinery is required for mounting the monitor.
● Mobile duress coverage is to be assessed and planned at a department level and coverage of all patient areas is to suit local security and WHS policies and operational service requirements.
● A patient lifting track is shown as optional in this Standard Component. Provision of a lifting track, and the type and quantity of bedrooms they are provided in, is to be confirmed at project level to suit clinical service requirements and local WHS policies for patient handling. Configuration (fixed track or traverse track), installation (ceiling mounted or recessed), weight rating/safe working load (SWL) requirements, and extent (i.e. for bed to chair/wheelchair/commode transfer only, full room coverage, full transfer to ensuite, etc.) must also be considered and confirmed by project teams. Selected equipment is to meet local IP&C policies and cleaning requirements. Charging and storage of patient lifter cassette motors is to be confirmed at project level. Cassette motors may be stored within the patient room, or a small number of cassette motors may be shared between multiple rooms that have patient lifer tracks and are predominantly stored in a central equipment store. Requirements for charging and storage within the patient bedroom are dependent on operational models and product specifications/operating requirements.
● A wall mounted sharps bin is indicated in this Standard Component. Depending on clinical service requirements and local waste management policies, sharps bins may alternatively be trolley or cart mounted and brought in as required for treatment.
● Provision of kits/bags containing emergency airway equipment/consumables and associated storage methods (e.g. hook, basket, etc.) is to be confirmed at project level to suit clinical service requirements.

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

● Patient property storage facilities, including provision and configuration of a wardrobe and configuration of the bedside locker, are to be confirmed at project level to suit operational models and clinical service requirements, including considerations for anticipated length of stay.
● This Standard Component shows the entry door swinging outwards into the corridor into a niche created by the arrangement of the bedroom with an inboard ensuite. An inward swinging door is also acceptable.
● The extent of glazing provided to the door (i.e. size of the vision panel) is to be confirmed at project level based on clinical service requirements for patient observation, balanced with patient privacy requirements. Paediatric, maternity and other settings where small children are regularly patients/visitors may consider lowering the bottom of the vision panel to support visibility of children behind the door before opening. Provision of integral blinds to door glazing may be considered, however, this must be assessed in relation to other workflows, e.g. use of mobile imaging equipment through glazing of observation panels for infectious patients under standard isolation precautions, where an integral blind could interfere.
● Provision of an additional power outlet located on the wall at the foot of the bed for mobile equipment (e.g. mobile x-ray machines) or fall detection monitoring devices is to be confirmed at project level to suit clinical service requirements.
● Patient entertainment systems may be mounted on the wall, ceiling or bedhead. Configuration of the patient entertainment system (type, size, mounting and location) is to be confirmed at project level to suit local ICT policies and operational models. Services (power, data and/or AV connection) are to be confirmed to suit selected systems. Appropriate structural support in the wall, ceiling or bedhead joinery is required for mounting the patient entertainment system.
● Nurse call indicator lights are noted to be located in the corridor outside the bedroom door, location to ensure clear line of sight along paths of travel.
● The type, materiality and cleaning requirements of window coverings to external windows is to be confirmed at project level to suit local infection prevention and control (IPC) policies and risk assessment. Refer to Part D Section 6.4 for more information.
● Notes applied to floor finish ratings relate to AS4586 and associated HB198 requirements. Compliance with current regulations must be verified by project teams on each project.

Doors and Windows

CODE	DESCRIPTION	COMMENT
DOHI-114.02	DOOR: hinged, 1 1/2 leaves, 1400 clear opening, solid, standard vision panel, with integral blind	
AFDPR-006.01	*DOOR PROTECTION: plate, to 900H*	*to both sides*
AFDPR-056.01	*DOOR FRAME PROTECTION: full wrap, to 900H*	*[DWPR-010] optional, provision and extent dependent on frame material/finish and movement of beds and mobile equipment in adjacent area*
DOHI-003.01	DOOR: hinged, 1 leaf, 900 clear opening, solid	to ensuite (see ENS-NE)
AFDPR-006.01	*DOOR PROTECTION: plate, to 900H*	*to both sides*
AFDPR-056.01	*DOOR FRAME PROTECTION: full wrap, to 900H*	*[DWPR-010] optional, provision and extent dependent on frame material/finish and movement of beds and mobile equipment in adjacent area*
DOHI-043.02	DOOR: hinged, 1 leaf, 900 clear opening, solid, wide vision panel, with integral blind	to anteroom (see ANRM)
AFDPR-006.01	*DOOR PROTECTION: plate, to 900H*	*to both sides*
AFDPR-056.01	*DOOR FRAME PROTECTION: full wrap, to 900H*	*[DWPR-010] optional, provision and extent dependent on frame material/finish and movement of beds and mobile equipment in adjacent area*
WIFX-058.04	WINDOW: fixed, internal, double glazed, sill at 1050H, with integral blind	
WIOP-255.02	WINDOW: operable, jockey sash, external, double glazed, sill at 600H, with integral blind	

Finishes

CODE	DESCRIPTION	COMMENT
FLVY-101	FLOOR FINISH: vinyl, seamless, standard slip resistance	minimum slip rating R10/Pendulum P3 or agreed equivalent to extend under basin or an inset section of non-slip vinyl is required

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

CODE	DESCRIPTION	COMMENT
FLSK-021	SKIRTING: vinyl, integral with floor vinyl, coved	[FLSK-010]
WLFI-002	WALL FINISH: paint, clinical areas	
WLFI-101	SPLASHBACK: vinyl	to basin
CLFS-011	CEILING: flush set, suspended	finish to be suitable for clinical environments, refer to local engineering services guidance for acoustic performance requirements (i.e. reverberation time control, sound absorption class, etc.); drop-in ceiling tiles may also be acceptable depending on local IPC policies and patient cohort requirements
CLFI-002	CEILING FINISH: paint, clinical areas	
CLCN-031	CORNICE: square set	[CLCN-008]
WLPR-006.01	WALL PROTECTION: corner guards, to 900 AFFL	



Joinery

CODE	DESCRIPTION	GROUP	QTY	COMMENT
JOBH-021	BEDHEAD: full height	1	1	wall protection panel with in-wall medical services panel is also acceptable
JOCU-413	WARDROBE: built-in, single door, fixed shelves, clothing rail	1	1	size and configuration to be confirmed at project level; may be provided at a height that allows for a cleanable shelf on top for gifts/cards or patient property (maximum 1500 AFFL); where the height is increased a bulkhead is to be provided over the joinery unit



Fittings, Furniture and Equipment (FF&E)

CODE	DESCRIPTION	GROUP	QTY	COMMENT
FIBM-019	WHITEBOARD: fixed, magnetic	2	1	for patient care information
FIDI-106	DISPENSER: PPE, disposable gloves, wall mounted	2	1	
FIDI-231	DISPENSER: paper towel, wall mounted	2	1	to basin
FIDI-241	DISPENSER: alcohol-based hand rub, wall mounted	2	1	may alternatively be provided in a holder on the end of the patient bed
FIDI-256	DISPENSER: soap, wall mounted	2	1	to basin
FIDI-261	DISPENSER: soap, antimicrobial, wall mounted	2	1	to basin
FIDI-386	FRAME: document, A4, wall mounted	2	1	optional; outside room to wall or door, for infection control precaution and/or patient needs information; provision dependent on operational models
FIHR-029	HOOK: equipment, wall mounted	1	2	optional; for emergency airway kit if provided; an alternative storage solution may be required depending on use of bag or box kits
FIHR-101	BRACKET: suction bottle, wall mounted	2	1	
FIHR-111	BRACKET: sharps bin, wall mounted	2	1	optional; sharps bin may alternatively be provided on a dedicated cart or clinical trolley that is shared across the unit and brought to the patient bay as required; solution to suit clinical service requirements and local IPC policies
FIHR-353	BRACKET: patient entertainment system, fixed, ceiling mounted	2	1	
FIRT-051	TRACK: curtain, privacy	1	1	to entry door and anteroom door
FQBS-101	CHAIR: visitor, clinical areas	3	1	

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

CODE	DESCRIPTION	GROUP	QTY	COMMENT
FQGE-101	CURTAIN: privacy screen	3	1	to entry door
FQSN-101	BEDSIDE TABLE: floor standing, patient locker	3	1	
FQTA-091	TABLE: overbed, mobile, height adjustable	3	1	
FQWS-003	BIN: sharps, clinical, medium	3	1	optional; may alternatively be provided on a dedicated cart or clinical trolley that is shared across the unit and brought to the patient bay as required; solution to suit clinical service requirements and local IPC policies, size to suit clinical requirements and operational models for frequency of disposal
FQWS-051	BIN: general waste, 20L	3	1	
HYBA-121	BASIN: type B, handwashing	1	1	location of thermostatic mixing valve to be determined based on ability to share with nearby basins
HYTP-067	TAPWARE: basin, tap set, wall mounted, lever handles	1	1	selection of basin and tapware to be coordinated to ensure compatibility
ITCL-301	DISPLAY SCREEN: patient entertainment system	2	1	configuration to be confirmed to suit local ICT policies and operational models; services to be confirmed to suit selected system
ITNE-071	TELEPHONE: handset, desktop	3	1	optional, provision dependent on operational models
MMBE-101	BED: patient, electric, with mattress	3	1	
MMBE-211	TRACK: patient lifter, fixed, ceiling mounted	1	1	optional; provision, type, weight rating/SWL and extent to be confirmed at project level to suit clinical service requirements and local WHS policies for patient handling
MMBE-251	CASSETTE MOTOR: patient lifter, for ceiling mounted system	1	1	optional; for patient lifter track where provided; may be shared between multiple rooms with lifting tracks and stored in a central equipment store; where it is dedicated to a room, configuration of the lifting track should consider extension to a 'parking' location that allows the cassette motor to be stored out of the way
MMBE-261	SLING: patient lifter	3	1	optional; for patient lifter track where provided; may be shared between multiple rooms with lifting tracks and stored in a central equipment store
MMGE-019	CHAIR: patient	3	1	
MMGE-191	CANNISTER: suction bottle	3	1	with tubing storage/management accessories as required
MMGE-436	KIT: emergency airway equipment, portable	3	1	optional; provision is dependent on clinical service requirements; use of bag or box kit is to be confirmed to inform storage solution requirements

Engineering Services

CODE	DESCRIPTION	GROUP	QTY	COMMENT
ELGP-101	GPO: single, wall mounted	1	1	optional; may be included for patient lifter track where provided if storage and charging of patient lifter cassette motor required in room, provision dependent on clinical requirements and operational models for sharing and storing lifting equipment, product selection, and local WHS policies.
ELGP-105	GPO: single, wall mounted, cleaner	1	1	
ELGP-206	GPO: double, ceiling mounted	1	1	to patient entertainment system; services to be confirmed to suit selected system
ELGP-211	GPO: double, joinery mounted	1	1	to bedhead, for patient/visitor use

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

CODE	DESCRIPTION	GROUP	QTY	COMMENT
ELGP-211	GPO: double, joinery mounted	1	1	to bedhead; low height for bed and mattress
ELSW-001	SWITCH: light	1	2	1 to general room lights, 1 to night light
HYDR-201	DIRECT CONNECTION: wastewater, general	1	1	to basin
HYTP-451	DIRECT CONNECTION: water, cold	1	1	to basin tapware
HYTP-453	DIRECT CONNECTION: water, warm	1	1	to basin tapware
ITCL-111	LIGHT: nurse call indicator, ceiling mounted	1	1	outside bedroom door, placement to ensure visibility along paths of travel
ITCL-181	BUTTON: nurse call, staff assist, with cancel, wall mounted	1	1	may be combined on a single face plate with patient to staff call button; placement to support quick access by staff
ITCL-191	BUTTON: nurse call, emergency, with cancel, wall mounted	1	1	
ITCL-254	HANDSET: nurse call, patient to staff call, with light control, with patient entertainment system control, with intercom and speaker	1	1	with holder and cable management items as required; inclusion of intercom function to be confirmed to suit clinical service requirements
ITIN-021	OUTLET: data, double RJ45, ceiling mounted	1	1	to patient entertainment system; services to be confirmed to suit selected system
ITIN-026	OUTLET: data, double RJ45, wall mounted	1	1	optional; to telephone if provided
ITIN-071	OUTLET: MATV, ceiling mounted	1	1	to patient entertainment system; services to be confirmed to suit selected system, may be replaced with data outlet or alternate AV outlet depending on system requirements and local ICT policies
LIFX-151	LIGHT: night, wall mounted	1	1	control to entry door and patient handset
LIFX-161	LIGHT: reading, wall mounted	1	1	control to bedhead and patient handset

Medical Services Panels and Pendants

CODE	DESCRIPTION	GROUP	QTY	COMMENT
Panel 1				
MMSP-051	MEDICAL SERVICES PANEL: wall mounted	1	1	to clinical side (closest to entry door); content and configuration to be confirmed based on clinical service requirements and medical equipment selection
ELGP-146	*GPO: single, emergency power, on services panel*	1	*4*	*quantity and type of power outlets to suit clinical service requirements*
ELPR-083	*RCD: residual current device, emergency power, on services panel*	1	*1*	
ELSW-001	*SWITCH: light*	1	*1*	
ITIN-025	*OUTLET: data, double RJ45, on services panel*	1	*1*	
MGAS-022	*OUTLET: medical air, on services panel*	1	*1*	
MGAS-042	*OUTLET: oxygen (O2), on services panel*	1	*1*	
MGAS-062	*OUTLET: suction, on services panel*	1	*1*	
MGFP-021	*FLOWMETER: medical air*	3	*1*	
MGFP-041	*FLOWMETER: oxygen*	3	*1*	
MGFP-061	*ADAPTER: suction*	3	*1*	
Panel 2				
MMSP-051	MEDICAL SERVICES PANEL: wall mounted	1	1	to patient/visitor side; content and configuration to be confirmed based on clinical service requirements and medical equipment selection

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)

CODE	DESCRIPTION	GROUP	QTY	COMMENT
ELGP-116	*GPO: single, on services panel*	1	*2*	*quantity and type of power outlets to suit clinical service requirements*
ELGP-146	*GPO: single, emergency power, on services panel*	1	*2*	*quantity and type of power outlets to suit clinical service requirements*
ELPR-073	*RCD: residual current device, on services panel*	1	*1*	
ELPR-083	*RCD: residual current device, emergency power, on services panel*	1	*1*	
ITCL-173	*BUTTON: nurse call, patient to staff call and staff assist call, with cancel, with handset connection point, with assistive device connection points, on services panel*	1	*1*	*requirements for assistive device connection point to be confirmed at project level; may be combined on a single face plate with staff assist call button; placement to ensure quick access by staff*

For guidance on how to use the Room Data Sheet, please visit the AusHFG website.

Copyright © 2026 Australasian Health Infrastructure Alliance (AHIA)