

Part B – Health Facility Briefing & Design

125 Inpatient Unit – Rehabilitation



*i*HFG

International Health Facility Guidelines
2025

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125 Inpatient Unit - Rehabilitation

1 Executive Summary

The Inpatient Unit – Rehabilitation, provides appropriate accommodation for the delivery of healthcare services including diagnoses, care and treatment of inpatients that are recovering from surgery or a medical incident, and require additional therapy or retraining to achieve complete independent recovery. The Unit must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff.

The Inpatient Unit - Rehabilitation will accommodate a variety of patient conditions under specialties such as medical, surgical, cardiac, neurology, neurosurgery, aged care and orthopaedics. These patients will have differing levels of mobility which need to be considered in the design of this Unit.

Patients will generally have a longer stay in Hospital therefore may require lockable storage for personal items. Other design considerations such as acoustic insulation, natural light and privacy requirements need to be addressed to ensure a comfortable and safe environment for patients and visitors.

This Unit needs to accommodate or have direct access to multiple treatment facilities such as a Gymnasium, Physiotherapy space and Hydrotherapy.

A form of Slow Stream Rehabilitation is known as Long Term Care (LTC), which is covered separately in these Guidelines.

Patients awaiting placement elsewhere post recovery and rehabilitation, may also be accommodated in this type of facility.

This FPU describes the minimum requirements for support spaces of a typical Inpatient Unit - Rehabilitation for all Role Delineation Levels. The Schedules of Accommodation are provided using references to Standard Components (typical room templates).

Refer to the further reading materials at the end of this FPU for supporting documentation.

2 Introduction

The primary focus of the Inpatient Unit - Rehabilitation services, is to help patients to recover from the impact of surgery or medical conditions, to return home safely and enable independence in basic activities of daily living.

The Unit must provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff.

3 Functional and Planning Considerations

Operational Models

Operational Models generally applicable to the Inpatient Unit – Rehabilitation include:

- Bedside Case management where consistent case management plans are implemented ensuring uniform treatment of patients with similar conditions
- Specialty rehabilitation such as neurology, head injuries, orthopaedics, etc
- Long Stay Rehabilitation Unit where patients are treated over an extended period for conditions such as spinal injuries

Models of Care

The Models of Care for the Inpatient Unit – Rehabilitation may vary dependent upon the patients' specialist requirements and acuity levels, and the skill levels and number of staff available. However, its' primary focus will be on restorative activities.

Examples of the Models of Care that may be implemented include:

- Multi-disciplinary case management, where a team of medical, nursing, and allied health staff manage the patient care. This model is most applicable to Rehabilitation Units where patient treatment including allied health specialties is a primary component
- Patient allocation, where nursing and allied health staff are allocated a group of patients to undertake their complete care and treatment. This model allows staff to become skilled with varying patient care acuities but requires the assignment of patients suitable to the experience and capabilities of the nursing staff
- Task assignment, where nursing and allied health staff are assigned patient care tasks that are undertaken on all patients. This model is efficient in the delivery of patient care where there are minimal staff resources, such as night shift
- Team nursing, where nursing staff are divided into teams and assigned a group of patients to whom they provide all required health care. Supplemental activities are provided by Allied Health staff who undertake specific rehabilitation patient management activities. This model allows for a differing skill mix of staff to work together, creating the opportunity for junior staff to be directly supervised by experienced staff
- Combinations of the above

The physical environment should permit a range of models of care to be implemented, allowing flexibility for future change.

A Rehabilitation Inpatient Unit may incorporate facilities such as Physiotherapy treatment, Gymnasium and even Hydrotherapy. It is also possible for the Rehabilitation Inpatient Unit to be physically linked to a separate Day Rehabilitation facility that provides resources for both Inpatients and Outpatients. It is common for Rehabilitation Patients who are discharged to return to the facility as outpatients and continue to use facilities for an extended period of time, as directed by the clinicians, in accordance with their treatment plan.

Levels of Care

The levels of care will range from acute rehabilitation nursing with specialist care, with a progression to intermediate care and self-care prior to discharge.

Planning Models

Bed Numbers and Complement

Each Inpatient Unit may contain up to 30 patient beds (± 2) and shall have Bedroom accommodation complying with the Standard Components included in the Schedule of Accommodation (SOA) in this FPU. However, considering the special requirements of this unit such as lounge, dining and special therapy areas, if the intention is to create a tower arrangement along with other General Inpatient units, then a smaller number of beds such as 25 beds, may be considered to leave room for such facilities.

Up to 15 additional beds as a direct extension of a standard 30 bed (± 2) Unit, are permitted with additional small sized support facilities for example, 1 extra Sub Clean Utility, Sub Dirty Utility and storage. The minimum provisions for the 15 bed extension are provided as part of the SOA in this FPU.

Any extension beyond 15 additional beds will be regarded as a separate unit requiring the full set of support rooms as per the SOA in this FPU.

The preferred maximum number of beds in an Inpatient Unit customised as a Rehabilitation Unit is 25 to 27 beds, in order to achieve vertical tower arrangement.

A minimum of 50% of the total bed complement shall be provided as Single Bedrooms in an Inpatient Unit used for overnight stay. However, it is recommended to increase the number of single bedrooms to a minimum of 80% of the total bed count, as providing a greater proportion of single bedrooms is largely for infection control and privacy reasons.

If the provision of a large number of single bedrooms is not possible (for example due to costs), then the best recommendation is to provide the shared bedrooms in a 2 bed configuration. This permits most of the 2 bedrooms to be used by a single patient until the occupancy level of the hospital demands require use of the second bed in the room.

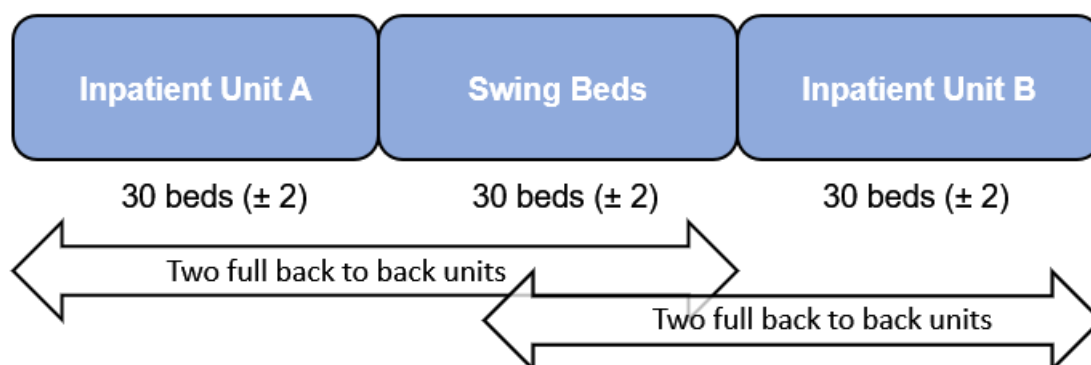
In existing facilities, larger shared bedrooms (4 or more beds) are permitted until they need to undergo major refurbishment. Any such facilities undergoing major refurbishment should reduce the beds to 1 or 2 per room.

Swing Beds

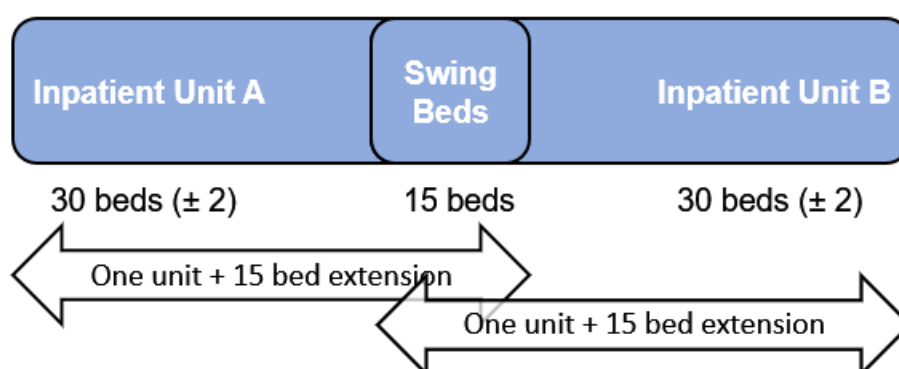
For flexibility and added options for utilisation, it may be desirable to include provisions for swing beds. This can be a single bed or a group of beds that may be quickly converted from one category of use to another. An example might be long-stay beds which may be temporarily used as acute beds at a time of high occupancy. Other examples may include a group of shared beds located between two adjoining Inpatient Units which may experience fluctuating utilisation rates.

At any given time, swing beds are part of an Inpatient Unit in terms of the total number of beds and the supporting components of the units whilst taking advantage of the additional 15 bed extension when required. Three typical permutations of swing beds are shown below:

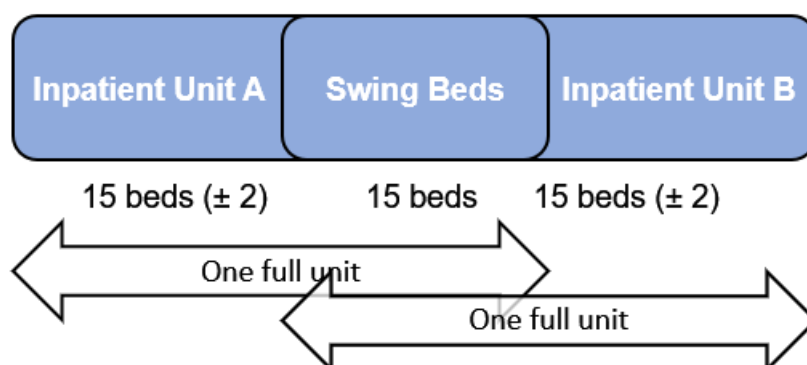
Example 1 – 3 full units back-to-back



Example 2 – Two full units and intermediate 15 bed swing bed unit



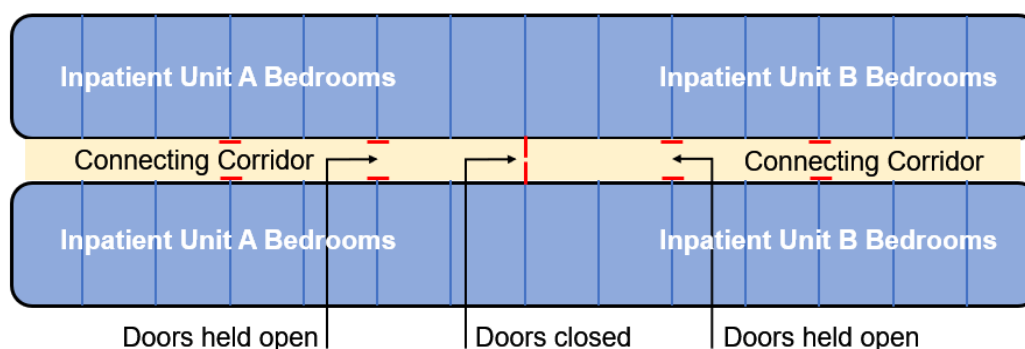
Example 3 – Two half units sharing a swing bed half unit



Facility design for swing beds is often enabled by adding wide doors within the connecting corridor. These doors may be closed or held-open depending on the swing bed numbers required by one side or the other.

By closing one set of doors whilst opening all other doors, the swing bedrooms may be shifted from one Unit to the adjoining Unit. This technique will also require provision for switching patient/ nurse call operation from the Staff Station in one Unit to the adjoining Unit. Security aspects of this arrangement should also be considered, for example in situations where access control is preferred between the Units.

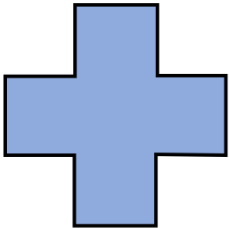
The diagram below shows the typical configuration of swing beds.



Unit Planning Geometric Options

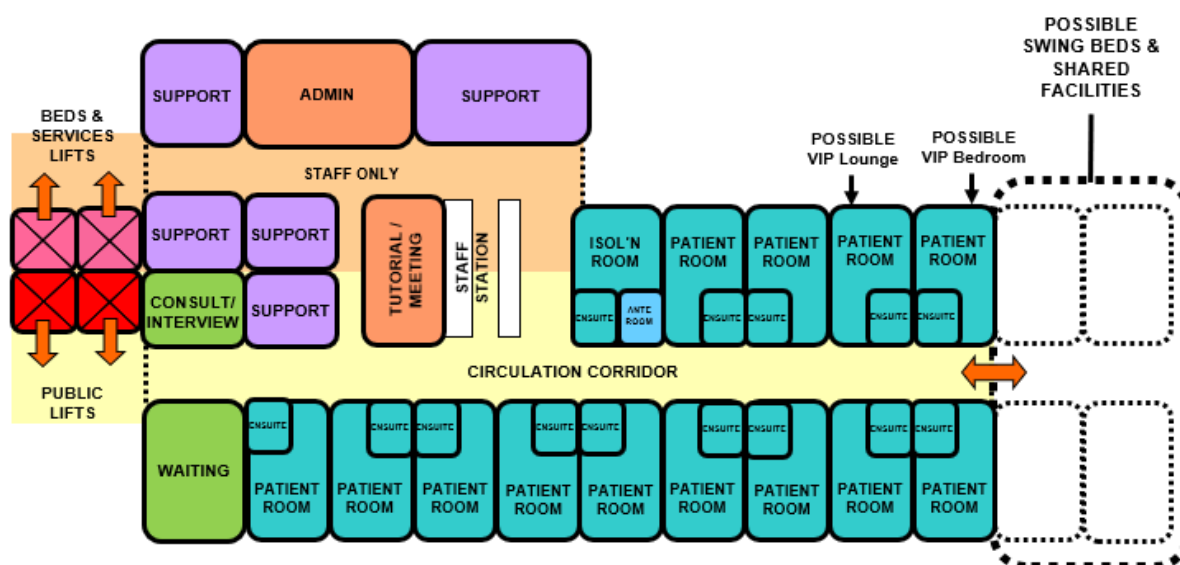
There are several common and acceptable planning models for Inpatient Units. Most plans can be categorised and diagrammatically reduced to one of the following geometric forms which are named for convenience. Each model has its own potential and should be studied thoroughly along with the particular local conditions to achieve the best results. The planning options include the following:

1		Linear	Single corridor configuration. Patient and support rooms are clustered along a single corridor.
2		Racetrack	Double corridor configuration. Patient rooms are located on the external aspects of the unit and support rooms are clustered in the central areas in a racetrack configuration.
3		L shaped	Single corridor configuration. A variation of the linear model where two linear wings are joined at 90 degrees to create the "L" shape.
4		T shaped	Single corridor configuration. A variation of the linear model, where two linear wings intersect to create a "T" shape.
5		Hybrid T	Combination of the Racetrack model and T model. The entrance wing has a racetrack configuration with support services in the centre. This splits into two wings at 90 degrees to form a "T" shape.

6		+ shaped	Single corridor configuration. A variation of the linear model, where two linear wings intersect approximately in the centre to create a “+” (plus) shape.
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The above geometric options are further expanded in the diagrams below:

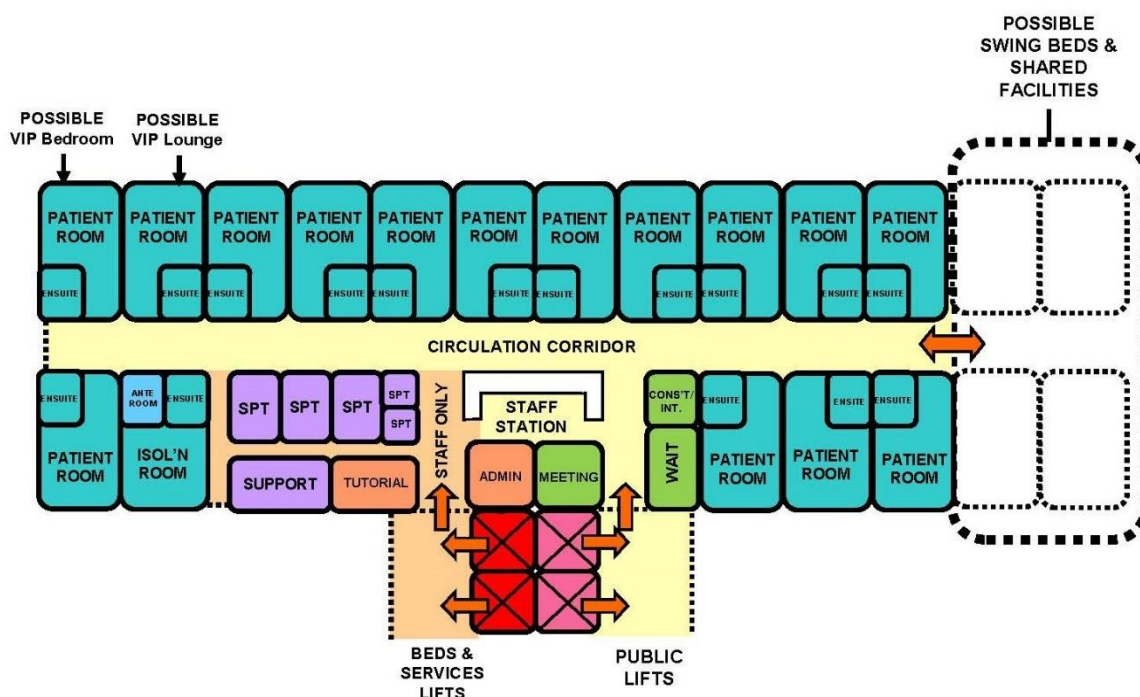
Linear (single corridor) Model 1a



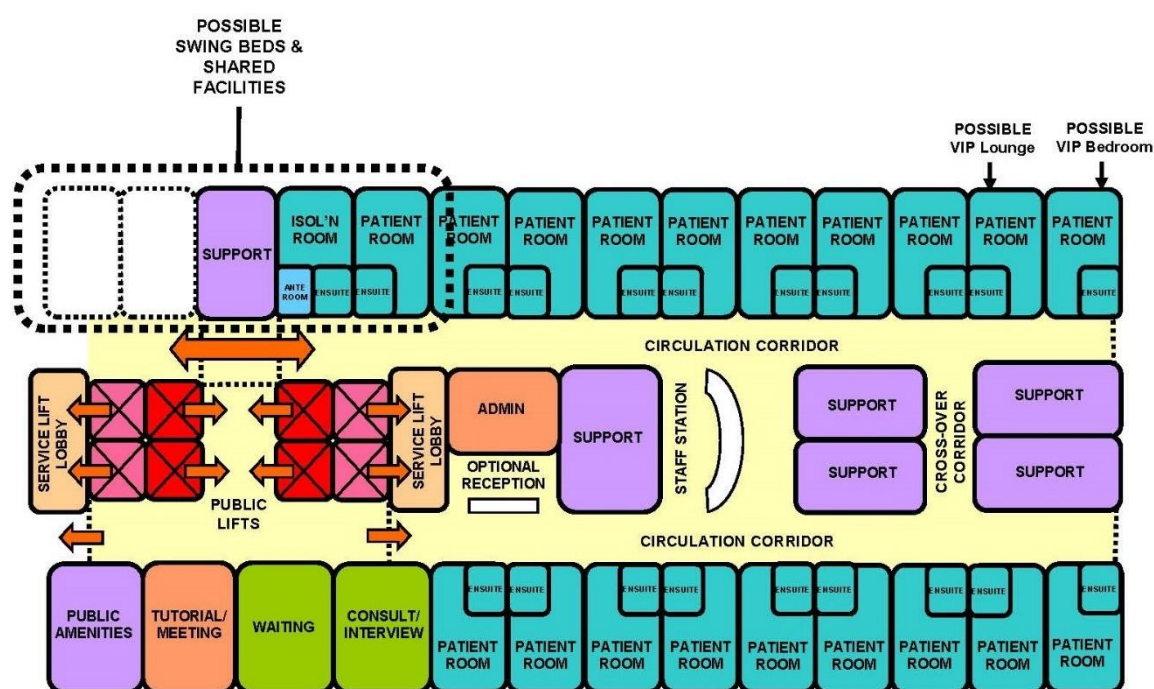
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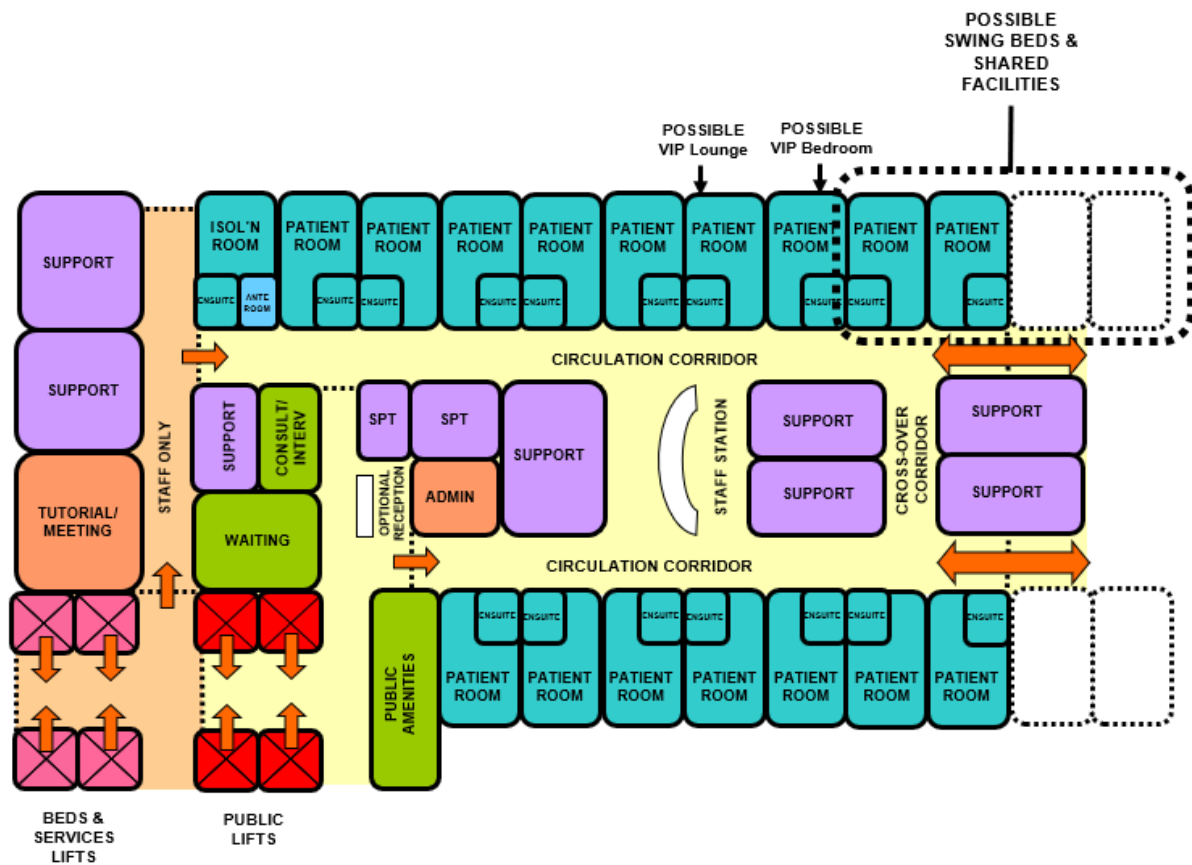
Linear (single corridor) Model 1b



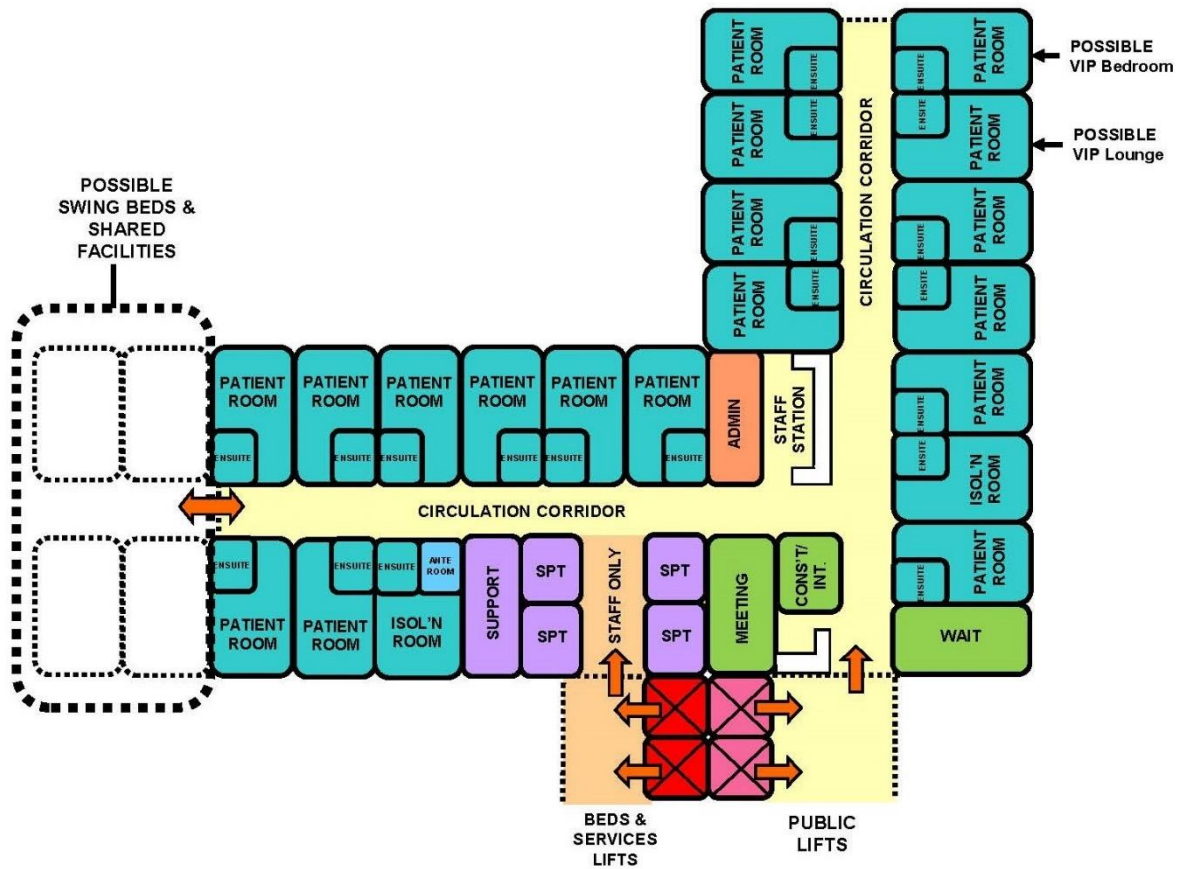
Racetrack (double corridor) Model 2a



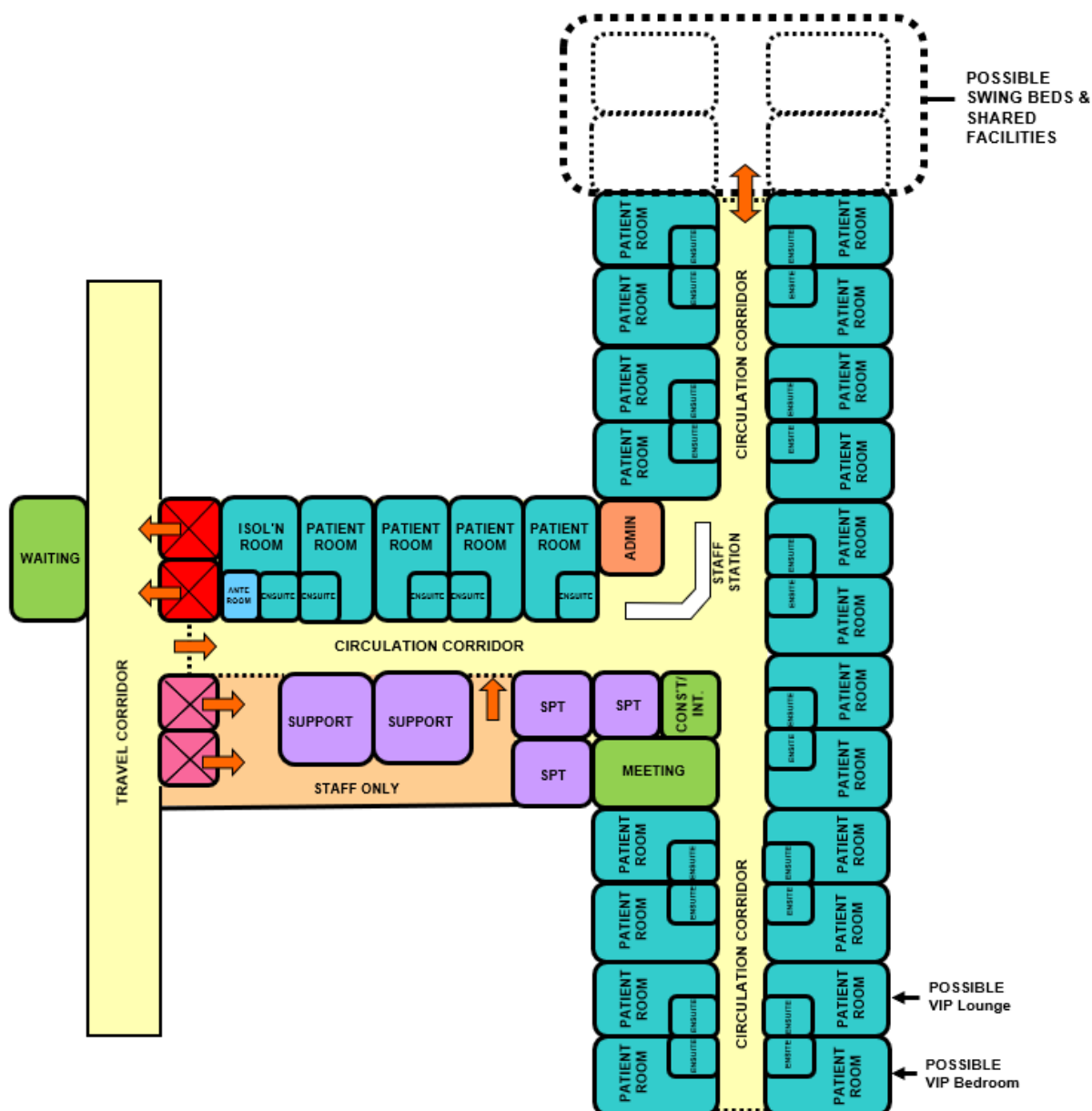
Racetrack (double corridor) Model 2b



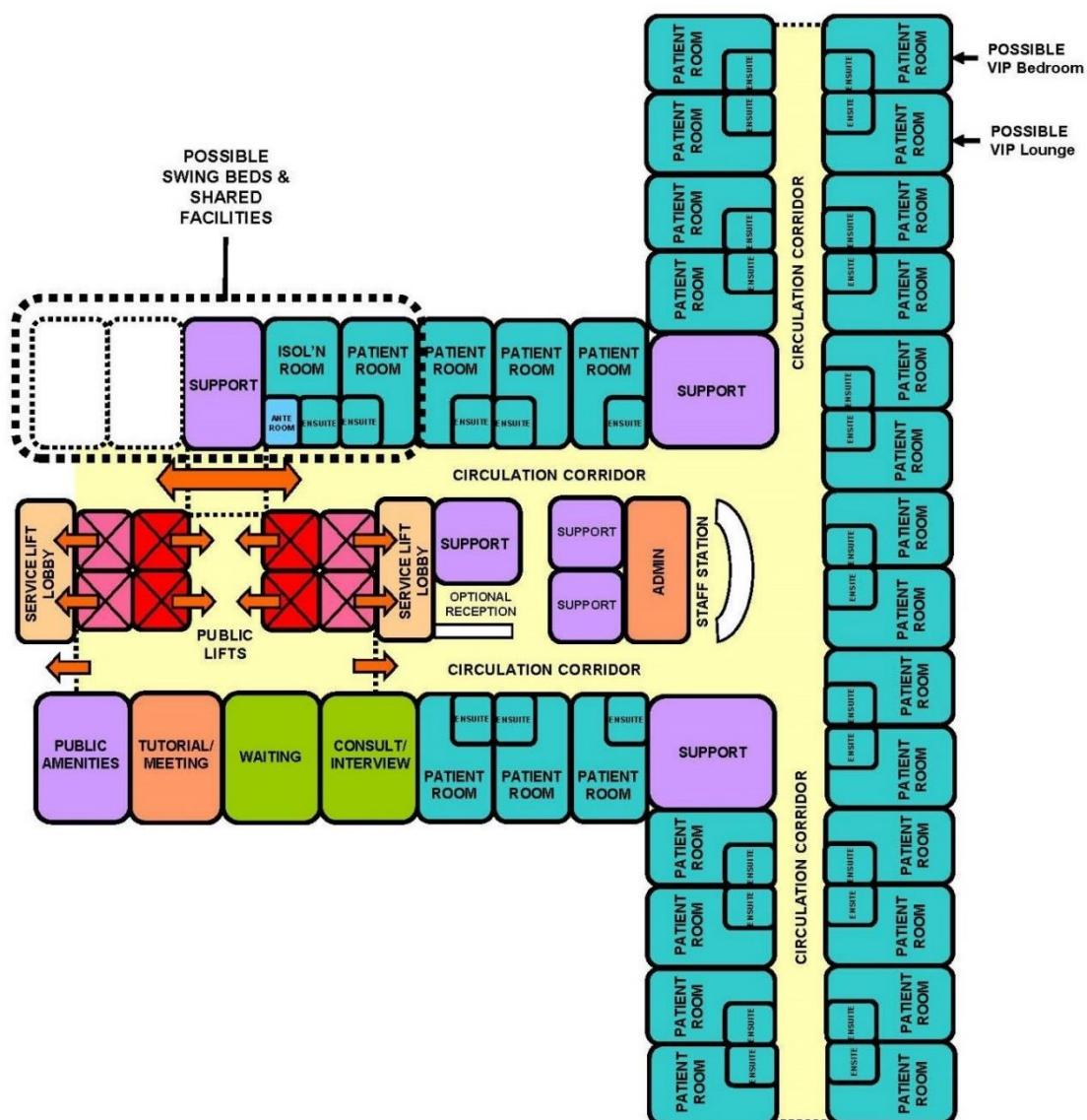
L shaped Corridor Model 3



T shaped Corridor Model 4



Hybrid T shaped Corridor Model 5



+ (Plus) Shaped Model 6



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Bed Configurations

In the above diagrams, the number and type of patient bedrooms are symbolic.

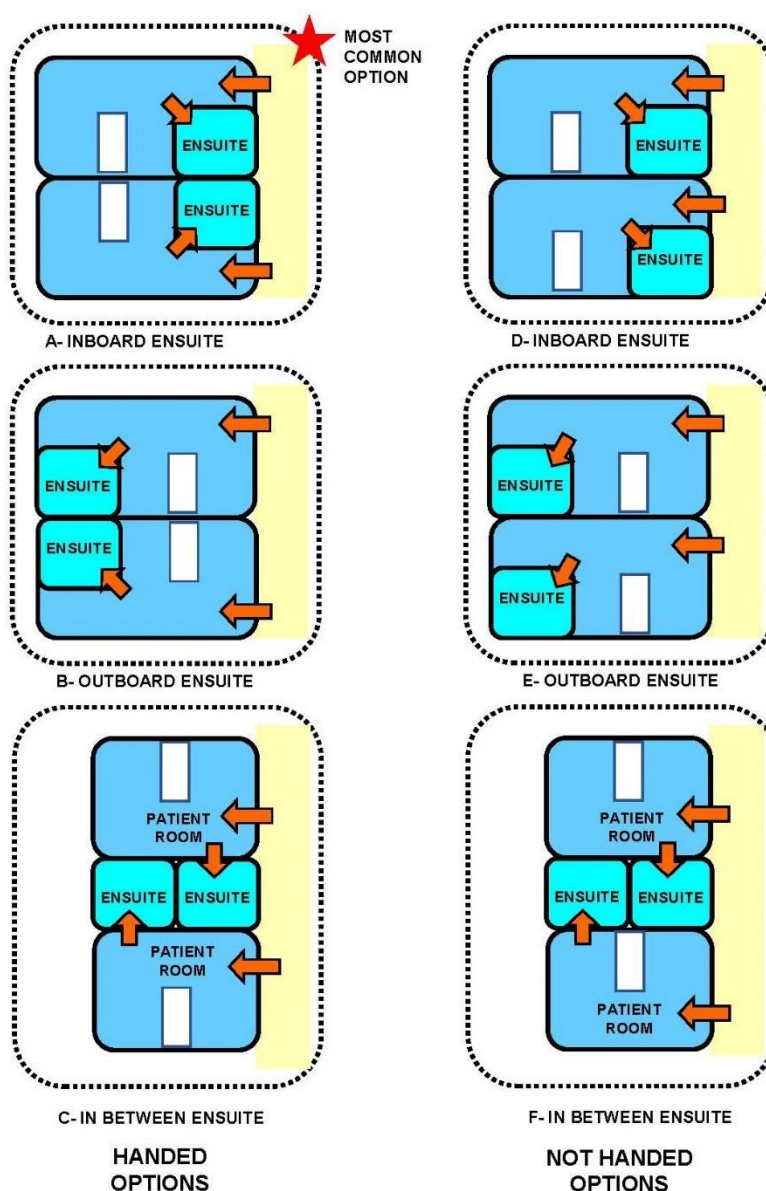
In actual design the recommended efficient bed number per unit is 30 (± 2).

The bedroom types may be:

- Single bedrooms
- 2 bedrooms
- 4 bedrooms
- 6 bedrooms

However, it is recommended that only single and 2 bedrooms are designed for new facilities, when this is possible and affordable.

The Ensuite (means attached) Bathrooms can be according to one of the following permutations:



Back-to-Back rooms may be handed or mirrored.

Mirrored configuration is most common due to the sharing of services risers.

If standardisation of the patient bedheads is preferred by the operators, this can be achieved even as the room itself is mirrored. This however is not mandatory.

Functional Areas

The Rehabilitation Inpatient Accommodation Unit will comprise of the following Functional zones:

- Entry/ Reception area (may also be a shared area or provided at the Main entrance to the Unit). Optionally, this area may incorporate a waiting area
- Patient Areas - where patients are accommodated, and for facilities that are specifically intended for patients
- Therapy areas - Gymnasium or multi-purpose room where unit-based therapy and activities may be undertaken such as physiotherapy, occupational therapy, speech therapy, etc
- Support Areas - areas used by staff to support the activities of the unit including utility rooms and stores
- Staff Areas - areas accessed by staff, including administration and rest areas
- Shared Areas - public and staff areas that may be shared by two or more Inpatient Units

These functional zones are briefly described below:

Entry/ Reception Area

The reception is the receiving hub of the unit and may be used to control the security of the Unit. Waiting areas may be shared between 2 or even 3 adjacent Inpatient Units. This area needs access to separate male/ female toilet facilities and prayer rooms (when provided). Optionally, a visitor and staff gowning and PPE (Personal Protective Equipment) area may be located immediately at the entrance for infection control requirements during ward isolation, if required.

Patient Areas

Patient Areas include:

- Bedrooms – These may include 1 or 2 bedrooms in new facilities. Existing facilities undergoing only minor refurbishment may retain 3 or 4 bedrooms. Five (5) or more beds in an inpatient room is not recommended
- 1 bedroom is referred to as Single or Private room. Two or more bedrooms are referred to as Shared bedrooms
- A minimum of 50% of the total bed complement shall be provided as Single Bedrooms in an Inpatient Unit used for overnight stay. However, it is recommended to increase the number of single bedrooms to a minimum of 80% of the total bed count, to provide a greater proportion of single bedrooms largely for infection control and privacy reasons.
- If the provision of a large number of single bedrooms is not possible (for example due to cost), then it is ideal to provide shared bedrooms in a 2 bed configuration. This permits most of the 2 bedrooms to be used by a single patient until the occupancy level of the hospital demands require the use of the second bed in the 2 bedroom.
- A variety of Patient Bedrooms will be required in each Inpatient Unit. These are listed in the Schedule of Accommodation within these FPU guidelines. These include Standard Rooms, Isolation Rooms, Bariatric Rooms and Optionally VIP rooms
- Ensuites – each ensuite includes a toilet, shower and wash basin. A minimum of one toilet and one shower must be provided per each shared room (ideal is one per 2 beds) and one toilet per private inpatient rooms. Optionally, in multi-bedrooms two separate ensuite rooms may be provided. One with a toilet and wash basin and the other with a shower and wash basin. Ensuites may only serve one room and cannot be shared between two separate rooms
- Lounge areas – may be optional if all rooms in the Unit are single rooms. However, patient lounges are required where the unit includes shared bedrooms
- On-ward Gym – depending on the operational policy of the hospital, on-ward gyms may be provided for immediate post-surgery rehabilitation in preference to transfer to (or in addition to) a central gym. These rooms may also be configured as multi-purpose rooms and used for a variety of purposes including therapy sessions, ad-hoc meetings, or patient education

All Patient areas are to comply with Standard Components included in these Guidelines.

Support Areas

Support Areas include:

- Handwashing, Linen, and Equipment bays
- Clean Utility, Dirty Utility and Disposal Rooms
- Beverage Bays and Pantries
- Meeting Room/s and Interview rooms for education sessions, interviews with staff, patients and families and other meetings

Staff Areas

Staff Areas will consist of:

- Offices and workstations
- Staff Room
- Staff Station
- Clinical handover room (if required)
- Toilets, Showers and Lockers

Note 1: The Offices/ workstations will be required for administrative as well as clinical functions to facilitate educational/ research activities as well as clinical functions such as patient care documentation and medication administration, as required.

Note 2: Staff Areas, particularly Staff Rooms, Toilets, Showers and Lockers may be shared with adjacent Units as is reasonably practicable.

Shared Areas

In addition to the shared Staff areas above, Shared Areas include:

- Patient Assisted Bathroom
- Treatment Room
- Public Toilets
- Visitors' Lounge
- Family Visiting Room (if required)
- Some Staff Areas

Functional Relationships

The Inpatient Unit – Rehabilitation requires good functional relationships to ensure the efficient delivery of services.

External

Principal relationships with other Units include:

- Ready access to/ from Rehabilitation Unit including Physiotherapy, Occupational Therapy, Hydrotherapy and Allied Health Services
- Ready access to/ from diagnostic facilities such as Medical Imaging
- Ready access to/ from Clinical Laboratories and Pharmacy (may be via Pneumatic Tube System)
- Ready access from the Emergency Unit, Critical Care Units (ICU and CCU)
- Ready access to/ from Materials Management, Housekeeping and Catering Units
- Ready and discreet access to the Mortuary

Principal relationships with public areas include:

- Easy access to/ from the Main Entrance of the facility
- Easy access to/ from public amenities

- Easy access to/ from parking for visitors

Principal relationships with Staff Areas:

- Ready access to/ from staff amenities which may be centrally located
- Note: Rehabilitation Inpatient Units must not be located so that access to one Unit is via another (except the Swing Bed components)

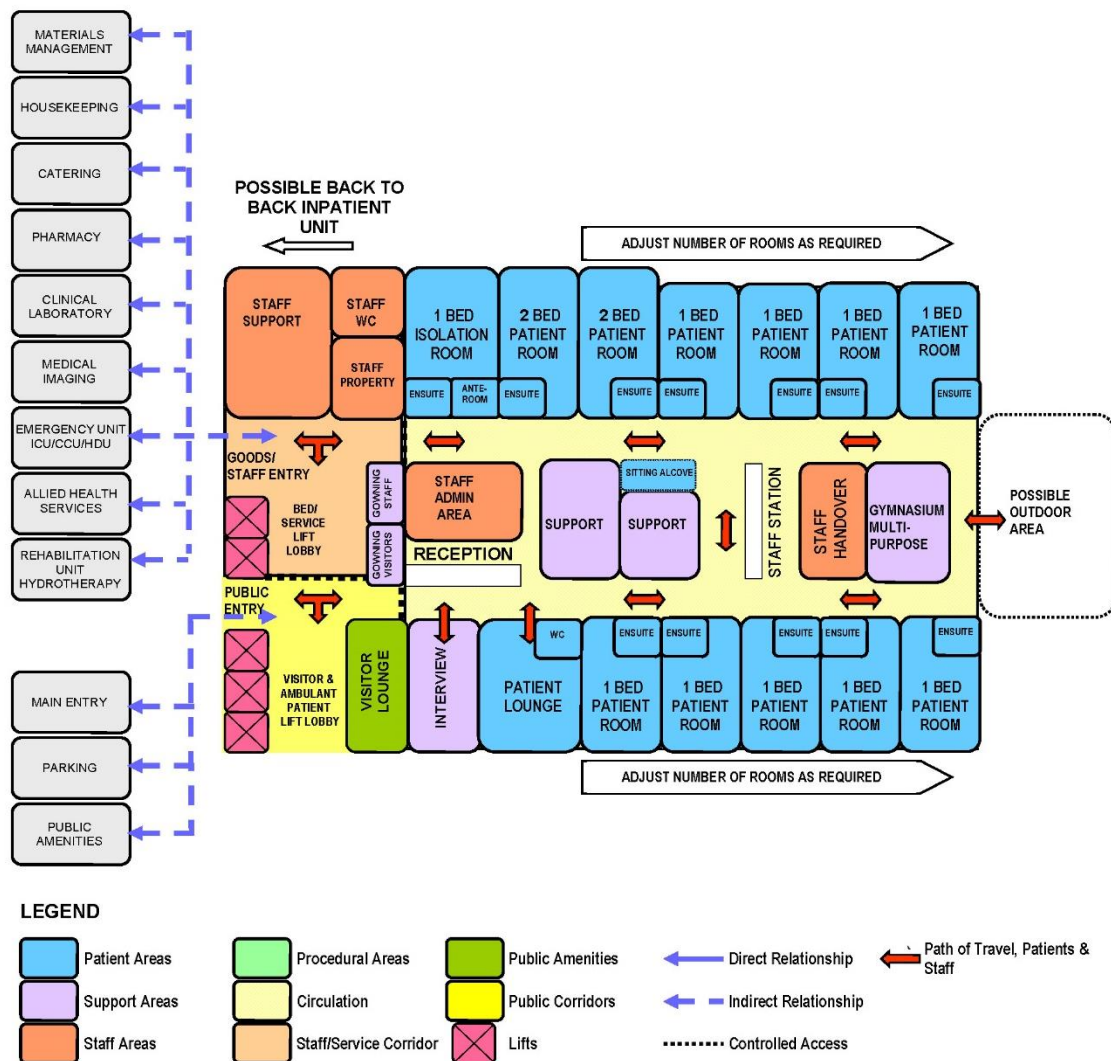
Internal

Optimum internal relationships include:

- Patient occupied areas as the core of the unit
- The Staff Station and associated areas need direct access and observation of Patient Area corridors
- The Staff Station to have reasonable observation of therapy areas such as the Gym, unless separate workstations are provided within such areas
- Utility and storage areas need ready access to both patient and staff work areas
- Public Areas should be on the outer edge of the Unit
- Shared Areas should be easily accessible from the Units served without passing through one unit to reach the other

Functional Relationship Diagram

The functional relationships of a typical Rehabilitation Inpatient Unit in the Racetrack Model are demonstrated in the diagram below. Other Models will need to have similar relationships but are implemented in different ways.



External relationships outlined in the diagram include:

- Clear Goods/ Service/ Staff Entrance
 - Access to/ from key clinical units associated with patient arrivals/ transfers via service corridor
 - Access to/ from key diagnostic facilities via service corridor
 - Entry for staff via the public or service corridor
 - Access to/ from shared staff break and property areas via service corridor
 - Access to/ from Materials Management, Catering and Housekeeping Units via service corridor
- Clear Public Entrance
 - Entry for patients and visitors directly from dedicated lift and public corridor
 - Access to/ from key public areas, such as the main entrance, parking and cafeteria from the public corridor and lift

Internal relationships outlined in the diagram include:

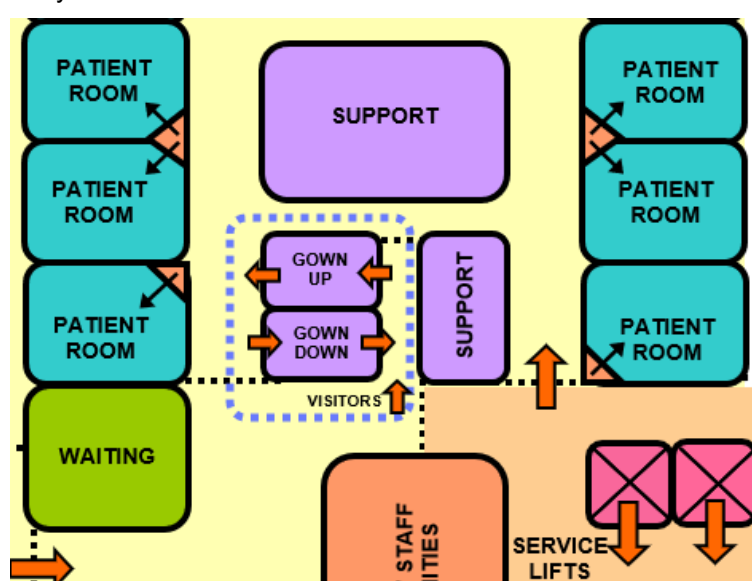
Part B: Health Facility Briefing & Design

Inpatient Unit – Rehabilitation

- Bedroom(s) on the perimeter arranged in a racetrack model (although other models are also suitable)
- Staff Station is centralised for maximum patient visibility and access
- Clinical support areas located close to Staff Station(s) and centralised for ease of staff access
- Administrative areas located at the Unit entry and adjacent to Staff Station
- Patient Lounge located close to the Unit entry allowing relatives to visit patients without traversing the entire Unit
- Reception located at Unit entry for control over entry corridor and security of the Unit
- Personal Protective Equipment Bays located at entry for both Staff and Visitors for infection control requirements during ward isolation

Optional PPE Entrance Module

In cases where the Unit is to be isolated due to an infectious disease outbreak such as a pandemic, there may be a requirement to include Gown-Up and Gown-Down rooms for visitors to access upon entry to and exit from the Unit.



4 Design Considerations

General

Patient Treatment Areas

The Inpatient Unit – Rehabilitation should be designed to accommodate a rehabilitation patients with varying levels of mobility and independence. Patients in the Rehabilitation Unit may be lower in acuity but have an increased requirement for ongoing therapy until discharge. All bedrooms will require access for lifting equipment.

Bedroom design needs to allow flexibility in placement of furniture such as lockers and chairs, particularly for patients with hemiplegia that may require room furniture to be placed on a particular side. Bedrooms should allow for a wheelchair to be parked adjacent to the bed.

As rehabilitation patients may have a longer stay than general inpatients, personal storage and lockable rooms may be provided.

Environmental Considerations

Acoustics

The Rehabilitation Inpatient Unit should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activities, preferably placing them away from quiet areas including patient bedrooms.

Acoustic treatment will be required to the following:

- Patient bedrooms
- Interview and meeting rooms
- Therapy and treatment rooms
- Staff rooms
- Toilets and showers

Natural Light

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and the psychological wellbeing of patients. Natural light must be available in all bedrooms and is desirable in other patient areas such as lounge rooms. An open and pleasant outlook, preferably to a landscaped area is highly desirable.

Rooms may be organised to face internal courtyards (open to the sky). However, care should be taken to prevent privacy issues.

Rooms may be organised to face an internal multi-storey atrium as long as the atrium itself receives natural light. Care should be taken to prevent any privacy issues if rooms face an internal atrium.

Privacy

The design of the Rehabilitation Inpatient Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy. This is largely influenced by patient acuity including high dependency, elderly or intermediate care.

Each bed shall be provided with bed screens to ensure privacy of patients undergoing treatment in both private and shared inpatient rooms. Refer to the Standard Components for examples.

Other factors for consideration include:

- Use of windows in internal walls and/ or doors, provision of privacy blinds
- Location of sanitary facilities to provide privacy for patients while not preventing observation by staff
- Location of an external/ internal courtyard or atrium facing bedroom windows to prevent others from looking into the bedrooms

Space Standards and Components

Accessibility

A Bedroom and ensuite should comply with accessibility requirements in accordance with all relevant standards. Accessible bedrooms and ensuites should enable normal activity for patients who are wheelchair dependent, as opposed to patients who are in a wheelchair as a result of their hospitalisation.

Doors

Door openings to inpatient bedrooms shall have a minimum of 1350mm clear opening (1400mm is recommended) to allow for easy movement of beds and equipment.

Ergonomics / OH&S

Design of clinical spaces including Bedrooms, Therapy Rooms, Treatment rooms, Dining rooms, Activity Rooms and Lounge areas must consider Ergonomics and OH&S issues for the welfare of the patients, visitors and staff.

Refer to Part C - Access, Mobility, Safety and Security of these Guidelines for more information.

Size of the Unit

All patient rooms should be single bedrooms or have 2 beds only in new, refurbished or expanded facilities. Although 4 bedrooms are permitted in existing facilities or those undergoing very minor upgrades, they are not recommended and should be avoided if possible.

Minimum dimensions, excluding such items as ensuites, built-in robes, alcoves, entrance lobbies and floor mounted mechanical equipment shall be as follows:

ROOM TYPE	WIDTH	LENGTH
Single Bedroom	4200 mm	3600 mm
Two Bed room	4200 mm	6400 mm
Four Bed room	8400 mm	6400 mm

Depending on the operational policy, patient bedrooms may be equipped with comfortable furniture for one or two family members/ carers without interfering staff member access to patients.

Minimum room dimensions are based on overall bed dimensions (buffer to buffer) of 2200mm long x 1050mm wide. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements.

Bed Spacing/ Clearances

Bed dimensions become a critical consideration in ascertaining final room sizes. The dimensions noted in these Guidelines are intended as a minimum and do not prohibit the use of larger rooms where required.

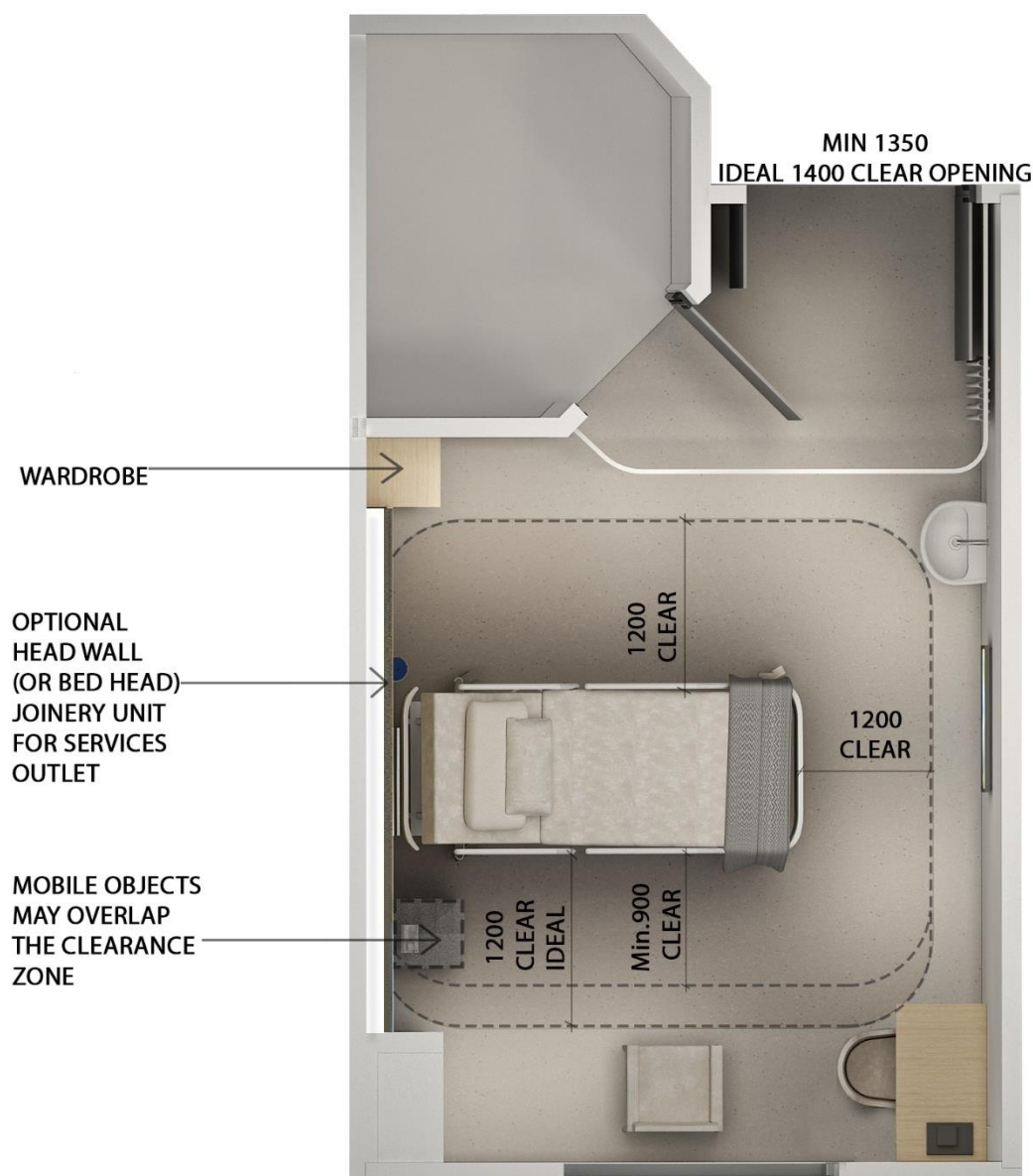
The design and arrangement of all patient beds, in relation to fittings, furniture, mechanical and electrical services, and staff call systems, must comply with the standard components as well as the clearances that they imply.

Refer to the diagrams below for required clearances. These are intended to indicate the clearance around beds and are not design suggestions of the room.

Typical Single Bedrooms

In single bedrooms there shall be a minimum clearance of 900mm (1200mm recommended) to both sides of the bed and a clearance of 1200mm available at the foot of the bed to allow for easy movement of equipment and beds.

The clearance required around a bed in a single room is represented diagrammatically below:

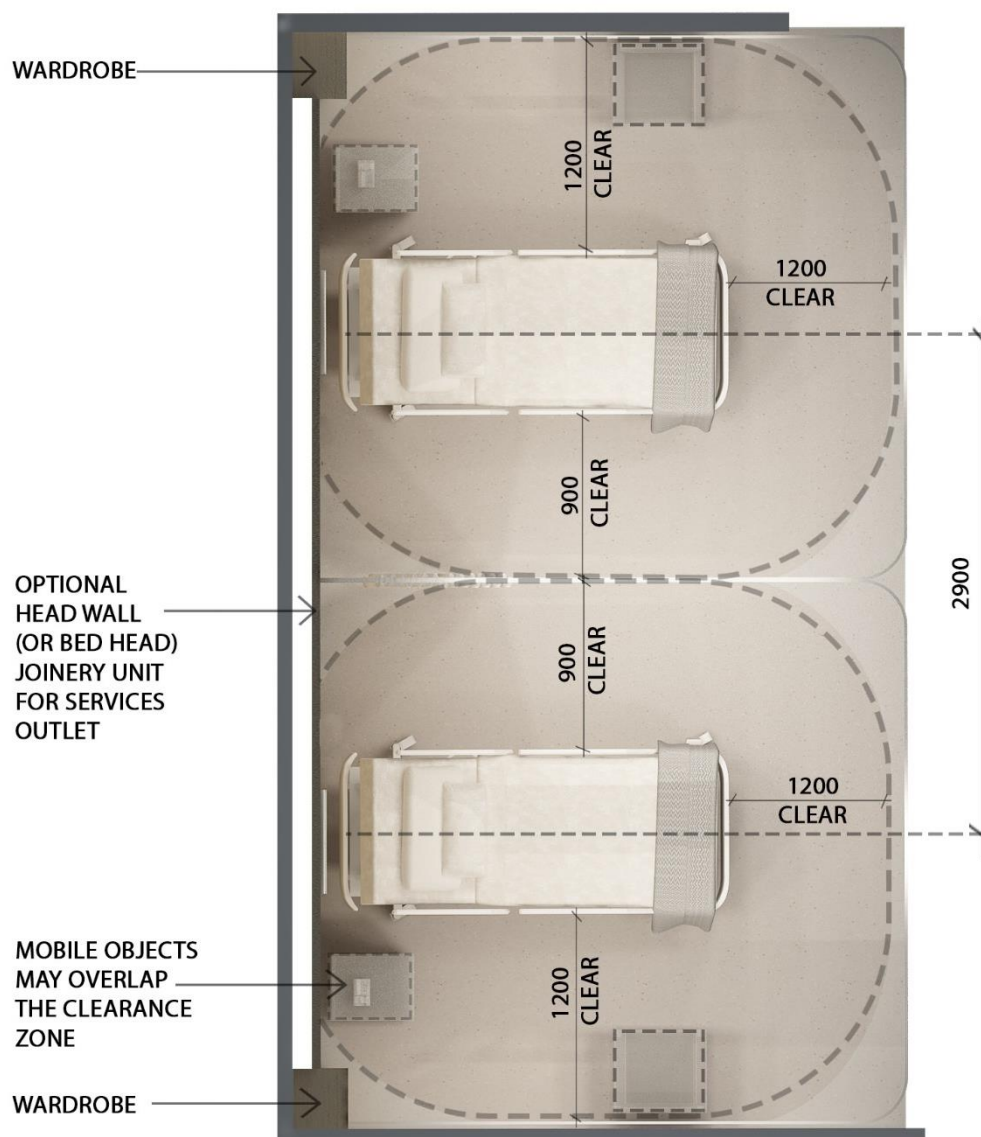


Typical 2 Bedrooms

In 2 bedrooms, the minimum distance between beds shall be 900mm to each side of each bed and 1200mm at the foot of each bed and between the side of a bed and a wall. The distance between bed centrelines must not be less than 2900mm.

Paediatric bedrooms that contain cots may have reduced bed centres, but consideration must be given to the spatial needs of visiting relatives. To allow for more flexible use of the room the above clearances are still recommended. Consider allowing additional floor area within the room for the children to play.

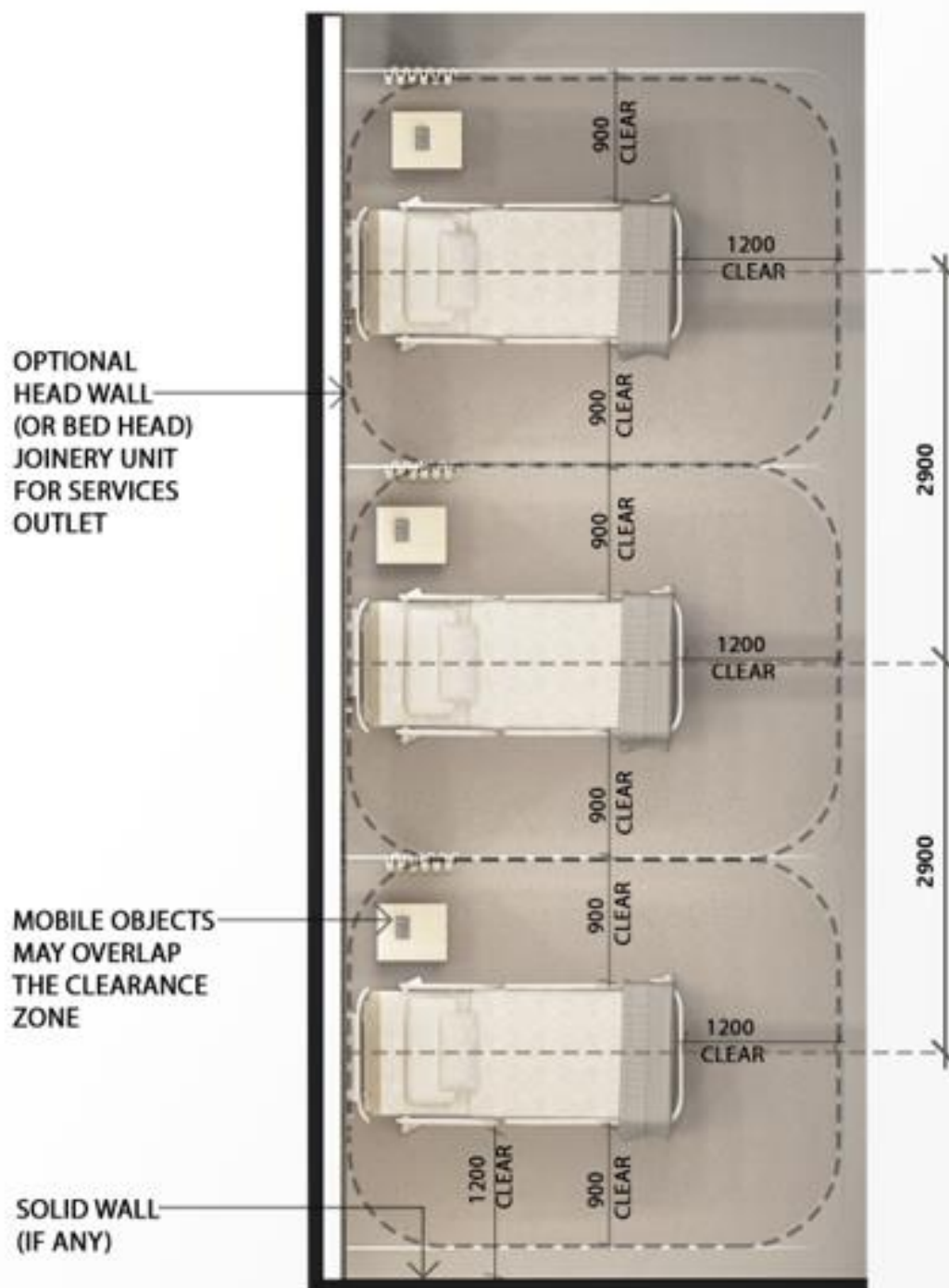
The clearance required around beds is represented diagrammatically below:



Multiple Bed Bays

In multiple-bed bays, the minimum distance between beds shall be 900mm to each side of each bed. 1200mm clearance shall be provided at the foot of the bed and between the side of a bed and a wall. The distance between bed centrelines should not be less than 2900mm.

The clearance required around beds in multiple-bed areas is represented diagrammatically below:



Drug Storage

Drugs prescribed at the hospital must not be stored in patient bedrooms. All drugs should be managed by the responsible nurses within a Medication Room.

Optionally, a Medication Room may be combined with a Clean Utility room as long as the requirements of both functions are accommodated.

Medications may be manually stored and managed or alternatively, automated Medication Management systems may be utilised.

Controlled or dangerous drugs must be kept in a secure cabinet/ safe within the Medication Room.

A refrigerator, as required, to store restricted substances, it must be lockable or housed within a lockable storage area.

The Medication Room must have space for parking a medication trolley.

Safety and Security

The Rehabilitation Inpatient Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to recovery. Longer term patients may require access to lockable storage for personal items and a lockable room.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

Security issues are important due to the increasing prevalence of violence and theft in healthcare facilities.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications.

Finishes

Finishes including building fabric, floor, wall and ceiling, should create an environment that is relaxing and has a non-institutional appearance. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control
- fire safety
- movement of equipment
- occupational health and safety
- compliance with relevant standards and guidelines

In areas where clinical observation is critical such as bedrooms and treatment areas, lighting and colour selections must not impede the accurate assessment of skin tones.

Walls are to be painted with lead free paint and wall protection shall be provided where bed and trolley movement occurs such as corridors, patients' bedrooms, equipment and linen storage, and treatment areas.

Refer to Part C of these Guidelines.

Fittings, Fixtures & Equipment

Window Treatments

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime.

Window curtains and privacy bed screens must be washable, fireproof and cleaned often, according to the Infection Control policy of the facility. Disposable bed screens may also be considered.

If blinds are to be used instead of curtains, the following will apply:

Vertical blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.

Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side.

Patient Entertainment Systems

Patients may be provided with the following entertainment/ communications systems according to the Operational Policy of the facility:

- Television
- Telephone
- Radio
- Internet (through Wi-Fi)

A single patient handset may combine the entertainment system, nurse call system and lighting control all in one unit.

Building Services Requirements

Mechanical Services (HVAC)

The air temperature in inpatient areas should be capable of being maintained along with relative humidity. A local thermostat in the patient room should be provided from which room temperature can be adjusted by the occupant.

All HVAC units and systems are to comply with services identified in Standard Components and Part E – Engineering Services in these guidelines.

Medical Gases

Medical gas is intended for administration to a patient during anaesthesia, therapy, treatment or diagnosis. Medical gases shall be installed and readily available in each patient room.

Medical gases shall be installed, readily available and dedicated for each patient. They must not be shared between two patients even in a shared Inpatient room.

Oxygen, medical air and suction must be provided to all Inpatient beds. Medical gases will be provided for each bed according to the quantities noted in the Standard Components.

Hydraulics/ Water Treatment

Warm water supplied to all areas accessed by patients within the Unit should be maintained at 38°C and must not exceed 43 °C. This requirement includes all staff handwash basins and sinks located within patient accessible areas.

Refer to Part E - Engineering Services for details.

Information Technology (IT) and Communications

Unit design should address the following Information Technology/ Communications factors:

- Health Information System (HIS)
- Electronic Health Records (EHR)
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies and X-rays/ Records
- Data and communication outlets, servers and communication room requirements
- Wi-Fi access for staff and patients

Nurse Call / Emergency Call / Staff Call

Hospitals must provide an electronic call system next to each inpatient bed, that allows patients and staff to alert nurses and other health care staff in a discrete manner at all times.

Patient calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utility and Dirty Utility rooms. If calls are not answered the call system

should escalate the alert accordingly. The Nurse Call system may also use mobile paging systems or SMS to notify staff of a call.

Pneumatic Tube Systems

The Rehabilitation Inpatient Unit may include a pneumatic tube station, as determined by the facility's Operational Policy. If provided, the station should be located in close proximity to the Staff Station or under direct staff supervision. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters
- Wall protection should be installed to prevent wall damage from canisters

Dialysis Stations

The Rehabilitation Inpatient Unit should provide one Bedroom with a dialysis outlet and drain. This is in addition to the negative pressure isolation room which must also have a dialysis outlet.

Infection Control

Handbasins

Hand washing facilities will be required in the corridors, patient bedrooms and other rooms as specified in the Standard Components.

Hand washing facilities shall not impact on minimum clear corridor widths.

At least one hand washing bay is to be conveniently accessible to the Staff Station. Hand basins are to comply with Standard Components - Bay - Handwashing and Part D of these guidelines.

Hand Basins in patient bedrooms should be used solely for infection control purposes and utilised only by staff. Hand basins are available in the ensuites for patients and their visitors which shall not be used by Staff.

Antiseptic Hand Rubs

Antiseptic hand rubs should be provided in areas where they can be used frequently, such as at points of care, near patient beds and in high-traffic areas. The placement of antiseptic hand rubs should be consistent and reliable throughout facilities.

Antiseptic hand rubs are necessary and essential for safe patient care delivery, however they should be provided in addition to Handwash Bays and not as a substitute.

Antiseptic hand rubs are to comply with Part D in these Guidelines.

Isolation Rooms

Standard Single (1 bed) patient rooms are regarded as Class S isolation. At least two 'Class N - Negative Pressure' Isolation Rooms shall be provided for each 30 beds. These isolation rooms may be used for acute care when not required for isolation. Each isolation room must have a Renal Dialysis outlet. This is in addition to the room allocated for Renal Dialysis.

Entry to each Isolation room shall be through an airlock (or anteroom). Handwashing facilities, gown and mask storage, and waste disposal shall be provided within the airlock.

The pressurisation of the isolation room and the airlock must be monitored and displayed on a device on the corridor side. The monitor must have an audible and visible alarm.

The pressure regime for the negative pressure isolation room and airlock should be based on the following:

Corridor	(N) Neutral
Airlock	(-) Negative
Inpatient room	(--) Negative
Ensuite	(---) Negative

An Ensuite - Special, directly accessible from the Isolation Room, shall be provided for every isolation room, negative or positive.

For further details relating to the Infection control refer to Part D – Infection Control of these Guidelines.

5 Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes briefed areas, occupancy, room description and relationships, and special room requirements.
- Building Fabric and Finishes; identifies the fabric and finishes required for the room, ceiling, floor, walls, doors, and glazing.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room. Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data, and hydraulics. Fixtures and Equipment are also identified with a group number as above indicating who is responsible for the provision of these items.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting, along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLSs) are indicative plan layouts and elevations illustrating an example of good design. The RLSs indicated are designed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Inpatient Unit - Rehabilitation will consist of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

Non-Standard Components

Non-standard rooms are identified in the schedules of accommodation as NS and are identified below.

Sitting Alcove

The sitting alcove is a small recess along the corridor for the patient to rest quietly and for staff to conduct informal discussions. The Sitting Alcove should consider and include the following:

- Readily accessible Nurse Call system
- Accessibly placed grab rail
- Appropriate depth to ensure Sitting Alcove does not encroach on corridor space

6 Schedule of Equipment (SOE)

The Schedule of Equipment below lists the major equipment required for the key rooms in this FPU.

Room Name		
1 Bed Room - Standard, Room Code (1br-st-18-i), 1 Bed Room - Isolation, Room Code (1br-is-n-18-i), 1 Bed Room - Large, Room Code (1br-lg-30-i), 1 Bed Room - VIP, Room Code (1br-vip-36-i), 2 Bed Room - Standard, Room Code (2br-st-30-i)		
Air flowmeter	Locker: bedside	Suction adapter
Bed: inpatient, electric	Oxygen flowmeter	Table: overbed
Treatment Room, Room Code (trmt-14-i)		
Air flowmeter	Light: examination	Refrigerator: drugs (optional)
Diagnostic set (optional)	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Gymnasium, Room Code (gyah-45-i)		
Exercise bicycle	Parallel bars: floor mounted	Table: mat, 1200mm
Exercise mat	Pulley weights	Treadmill: exercise, automatic
Exercise stairs: static	Table: examination/ treatment, rehabilitation	Resuscitation equipment (optional)

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided in the Appendices of this FPU represents the generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the sub-total of the Net Area. The total area comprises of the sub-total areas of these rooms plus an additional percentage of the sub-total applied as the circulation (corridors within the Unit). Circulation which is represented as a percentage, is the minimum recommended target area. Any external areas and optional rooms/spaces are not included in the total areas in the SOA.

Within the SOA, room sizes are indicated for typical units and are organised into functional zones. Not all rooms identified are mandatory, therefore, some rooms are found as optional in the corresponding remarks. These guidelines do not dictate the size of the facilities, and the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by the Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and are numbered from 1 to 6. Applicable RDL's are noted in each SOA provided in the appendices. Not all six RDL's are necessarily applicable. Refer to Part A for a full description of the RDLs.

The Schedule of Accommodation for a 25 bed Rehabilitation Inpatient Unit at all RDL levels is as follows. Quantities and sizes of some spaces will need to be determined in response to the service needs of the facility.

Inpatient Unit - Rehabilitation

Room/ Space	Standard Component Room Codes	All RDLs Qty x m ² 25 Beds			Remarks
Entrance/ Reception		Qty x m2			
Reception	recl-10-i	1	x	10	
Lounge - Visitor	wait-30-i	1	x	30	Area may be enlarged to increase seating capacity
Meeting Room - Small	meet-9-i similar	1	x	12	Interviews with patient/ family
Toilet - Public	wcpu-3-i	2	x	3	Separate Male and Female. Minimum 1 pair per floor
Toilet - Accessible	wcac-i	1	x	6	Minimum 1 per floor
Patient Areas					
1 Bed room - Standard	1br-st-18-i	17	x	18	Mix and number depend on service demand
1 Bed room - Isolation	1br-is-p-18-i 1br-is-n-18-i	2	x	18	Class N rooms are mandatory according to the ratios nominated in this FPU. Minimum size is 18m ² . Any isolation room may be combined with the mandatory Bariatric room to form an Isolation Bariatric room at 28m ² (1br-is-p-28-i or 1br-is-n-28-i). Class P isolation rooms according to the clinical services plan.
1 Bed room - Large	1br-lg-30-i	1	x	30	Minimum 1 per unit of 30 beds required. Include Dialysis outlet in all Bariatric rooms and follow minimum Bariatric Standards. This room may also be combined with any Isolation room to form an Isolation Bariatric room at 28m ² .
1 Bed room - VIP	1br-vip-36-i	1	x	36	Provide according to service demand
2 Bed room	2br-st-30-i	2	x	30	Mix and number depend on service demand
Anteroom	anrm-i	2	x	6	For 1 Bed room - Isolation
Ensuite - Standard	ens-st-i or ens-st-a-i	21	x	5	Directly accessible from each 1 Bed, 2 Bed, Isolation
Ensuite - Super	ens-sp-i	1	x	6	For 1 Bed room - Large. Special fittings required for bariatric patients
Ensuite - VIP	ens-vip-i	1	x	8	For 1 Bed room - VIP
Dining / Activities Room	dinr-i similar	1	x	50	Based on 2m ² per patient
Gymnasium/ Multi-purpose Room	gyah-45-i	1	x	45	Size to suit service
Laundry - Patient	laun-pt-i	1	x	6	Optional. As required by service demand.
Lounge - Patient	lnpt-20-i	1	x	20	Patient communal space modify size to suit service
Sitting Alcove	NS	2	x	2	Optional. Locate along Corridors
Toilet - Patient	wcpt-i	1	x	4	Optional. Locate adjacent to communal areas
Bathroom (Assisted)	bath-i	1	x	16	1 per 60 beds or may be shared between 2 units
Treatment Room	trmt-14-i	1	x	14	Optional. Provide according to service demand
Support Areas					
Bay - Beverage, Enclosed	bbev-enc-i	1	x	5	
Bay - Handwashing, Type B	bhws-b-i	4	x	1	In addition to basins in patient rooms; 1 at entry, 1 near staff station; Refer to Part D
Bay - PPE	bppe-i	1	x	1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Control
Bay - Linen	blin-i	2	x	2	Quantity and location to suit each facility
Bay - Meal Trolley	bmt-4-i	1	x	4	Optional. Depends on catering/ operational policies
Bay - Mobile Equipment	bmeq-4-i or bmeqe-4-i	1	x	4	Quantity and size dependent on equipment to be stored, open or enclosed
Bay - Resuscitation Trolley	bres-i	1	x	1.5	
Bay - Pneumatic Tube	bppts-i	1	x	1	Optional. Locate at Staff Station or under staff supervision
Clean Utility	clur-12-i	1	x	12	May be interconnected with Medication Room
Medication Room	medr-10-i	1	x	10	May be interconnected with Clean Utility room
Clean Utility / Medication	clum-14-i	1	x	14	Optional if Clean Utility and Medication Room provided.
Dirty Utility	dtur-14-i	1	x	14	2 may be required to minimise travel distances
Disposal Room	disp-8-i	1	x	8	
Pantry	ptry-i	1	x	8	Optional if Beverage Bay is provided
Store - Equipment	steq-20-i	1	x	20	Size dependent on equipment to be stored
Store - General	stgn-10-i	1	x	10	Size as per service demand and operational policies

Part B: Health Facility Briefing & Design
Inpatient Unit – Rehabilitation

Room/ Space	Standard Component Room Codes	All RDLs Qty x m ² 25 Beds			Remarks
Cleaner's Room	clrm-6-i	1	x	6	Includes storage for dry goods
Staff Areas					
Staff Station	sstn-14-i	1	x	14	May include ward clerk. Size dependant on quantity of staff
Office - Clinical Handover	off-cln-i	1	x	15	May be co-located with Staff Station
Office - Single Person	off-s12-i similar	2	x	12	NUM office and clinical personnel as needed
Meeting Room - Medium / Large	meet-l-20-i	1	x	20	Meetings, Tutorials shared between 2 units
Staff Lounge (Male/ Female)	srn-15-i	2	x	15	Includes food preparation area
Property Bay - Staff	prop-2-i	2	x	2	May be separated for male and female. Number of lockers depends on staff complement per shift
Toilet - Staff	wcst-i	2	x	3	Separated by Male and Female
Sub Total				1007	
Circulation %				35	
Total Area				1360	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation Level nominated.
- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- All the areas shown in the SOA follow the '4 Floor Area Measurement Methodology, Definitions and Diagrams' as described in these Guidelines. Refer to Part B, Complete Part.
- Class N Isolation rooms are not subject to Clinical Services Plan or demand. They are mandatory and must be provided in accordance with this FPU

8 References and Further Reading

In addition to Sections referenced in this FPU, i.e. Part C - Access, Mobility, Safety and Security, Part D - Infection Control and Part E - Engineering Services, readers may find the following helpful:

- International Health Facility Guidelines (IHFG) www.healthdesign.com.au/ihfg
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, 2010 Edition; refer to website www.fgiguide.com
- Nurse/Midwife: Patient Ratios, ANMF, Australian Nursing and Midwifery Federation, 2016; refer to website <http://www.anmfvic.asn.au/~media/f06f12244fbb4522af619e1d5304d71d.ashx>
- Australasian Health Facility Guidelines, Health Planning Unit, Subacute Care Unit 0610, 2025; refer to website <https://www.healthfacilityguidelines.com.au/hpu/subacute-care-unit>