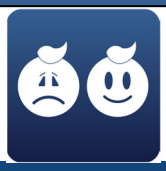
Part B – Health Facility Briefing & Design

185 Mental Health Unit – Outpatients



iHFG

International Health Facility Guidelines

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Table of Contents

180 Mental Health - Outpatients

1 Introduction

Description

The Mental Health Outpatient Unit refers to mental health care services provided to non-admitted ambulatory patients on a same-day basis for patients who are referred for consultation and ongoing review. Patients may visit more than one practitioner or specialist during a visit and then return home.

The Mental Health Outpatient Unit may perform the following functions:

- Specialist consultation, examination, and investigations
- Treatment on a same day basis
- Follow up review consultation and ongoing case management
- Patient screening prior to voluntary or involuntary admission
- Group meeting and therapy for patient requiring ongoing support
- Occupational and divisional therapies
- Patient/ Family counselling, health education
- Referral of patients to other units or disciplines for ongoing care and treatment
- Referral for admission to an inpatient unit

These functions may be undertaken for a range of clinical specialties or services including:

- General Psychiatry
- Child and Adolescent
- Chronic Mental Health
- Specialist Mental Health for eating disorders, obsessive behaviours, personality disorders etc.
- Child and Adolescent Mental Health
- Older Person Mental Health Clinics
- Psychologist and Social Work Mental Health
- Nurse Support
- Patient and Carer Support Sessions

The elements described in this FPU will apply to Outpatient Mental health Units located within a variety of settings including large hospitals, ambulatory care units and community-based clinics.

2 Functional & Planning Considerations

Operational Models

A Single Corridor Access model used for medical and surgical outpatient clinics is not recommended for mental health services.

Double Corridor Access Model

The Double Corridor Access Model is recommended because of the need for all patient treatment areas to have dual egress for patient and staff safety. This model has common Reception and Waiting areas. Consultation rooms have separate staff and patient access doors, providing discreet staff access and when necessary emergency exit via a staff-only corridor. Service and support areas are accessed from the staff corridor. Consultation/ Examination rooms may be provided as multi-function rooms, group rooms, specialist consultation rooms or separate consultation and examination rooms.

The dual corridor provides a staff access area where supplies may be held and staff (practitioners, nurses and allied health) may collaborate on cases in privacy.

Waiting areas may be located at the entry area or close to the consulting area. An option for the treatment of high-risk patients is separate entry and exist waiting areas. A secure holding area may be required for patients scheduled, during their outpatient occasion, for involuntary admission to an Inpatient Mental Health Unit. Centrally located waiting areas may result in reduced visual privacy to the Consultation rooms, however the benefits include:

- Convenience for patients with less distance between waiting and consult areas
- Improved throughput of patients, due to faster access to consulting rooms

Multidisciplinary vs. Specialist Consultation Rooms

In Multidisciplinary outpatient clinics, rooms are not assigned to specific practitioners, but are booked on a sessional basis. Consultation/ Examination rooms are identical allowing flexibility in scheduling clinics for any specialty.

Benefits of multi-disciplinary models include:

- Duplications of consultation rooms for various specialties are avoided
- Duplications in Waiting areas and Receptions are avoided, resulting in staffing efficiency
- Convenient for patients – clinics are located in one area-so patients do not need to navigate their way to different locations

Single Specialty Model

In this model mental health clinical specialties are allocated to a suite of Consultation/ Examination or Procedure rooms and Consultation rooms may be designed and configured to suit specialised patient needs. Each suite has decentralised Waiting and Reception. Examples include Older Persons, Child and Adolescent, Personality Disorders, Chronic Mental Health etc.

Operational Policies:

The Operational Policies that may affect the planning of a Mental Health Outpatient Unit include:

- Booking of rooms on a sessional basis or allocation of a specialty to a permanent room/ location
- The normal operating hours of the facility
- Medical records management
- The selection of Outpatient services or specialties provided within the facility
- Sharing of support facilities with other units

3 Unit Planning Models

The Outpatient Unit may be provided as:

- A unit within a Hospital facility
- A separate community-based Community Mental Health Centre
- A unit within a generalist Community Health Centre
- A unit integrated within a commercial development, e.g. a private medical centre or polyclinic within a shopping centre or commercial building
- A stand-alone facility

Planning of the unit needs to consider the operational model adopted for the unit and be sized according to the expected throughput – i.e. occasions of service as determined by the service plan.

The design needs to be suitable for the type of specialties and patients treated in the Unit. If paediatric patients are treated in the Unit, then suitable waiting, play areas and changing/ feeding areas should be included.

Consultation rooms may be designed in clusters with Group rooms and support rooms serving each group. A cluster of eight (8) consult rooms, interview spaces and one group room may be

suitable as a standard cluster of outpatient spaces. Other specialty services may require additional procedure rooms e.g. EEG monitoring rooms, viewing rooms, occupational therapy gyms and diversion therapy rooms. Mental Health Outpatient Clinics for chronic patients may include Food Preparation and Dining rooms. These spaces would be referred to as 'specialist' procedure rooms as the furniture, fittings, equipment, services and hydraulics specifications should meet specific clinical requirements.

The location should provide convenient access for patients from entry and car parking areas. A ground floor location is common due to the volume of patients needing access to the Unit.

Specialist Consult/ Exam Rooms

Specialist Consultation/ Examination Rooms are designed to accommodate a particular specialty function that requires equipment to remains in the room e.g. Electroencephalogram (EEG) and Psychological tests. This is recommended to avoid excessive handling of expensive or sensitive equipment and allows the equipment to be readily available for treatment and examination.

Functional Zones

The Outpatient Unit consists of the following key functional areas:

- Entry/ Reception with
  - Waiting Areas and secure Waiting, separate Male/ Female
  - Toilets
  - Office for the Unit Manager
  - Store for files and records
- Consult / Treatment Areas including:
  - Consult/ Interview rooms for mental health patients
  - Treatment room (optional)
  - EEG room (optional)
  - Group Rooms that may also be used as Occupational therapy rooms
  - ADL areas including Bathroom, Computer room, Kitchen, Dining and Lounge (optional)
- Support Areas with
  - Linen Bay
  - Cleaner's Room
  - Clean-Up room
  - Clean and Dirty Utilities
  - Storeroom for general supplies
- Staff Areas Including:
  - Offices for administrative and professional staff
  - Staff Room, that may be shared
  - Staff Lockers and Toilets

These functional Zones are briefly described below.

Reception / Waiting

The Reception area should be prominent and well signposted. If the Reception is also used for Cashier functions, then appropriate security may be added for cash handling. Patient registration may be undertaken at the Reception Desk.

Waiting areas need to accommodate a range of occupants of varying mobility and behavioural needs. Waiting areas should be designed for accessibility and safety, and a separate secure waiting area may be required for agitated patients or those being scheduled for involuntary admission to a Mental Health inpatient facility. Waiting areas will require close access to public amenities, baby change and feeding areas and refreshments. Patients may be accompanied by families and provision should be made for prams and play areas for children.

A convenient and private drop off and pick up bay may be required for agitated or distressed patients.

Consult/ Treatment Areas

Consult/ Treatment areas may include:

- Consultation/ Interview rooms for mental health patients
- Treatment Room/s; for mental health therapy and treatments that can be delivered in an ambulatory care setting that may include an EEG room for Electroencephalogram (EEG) examinations
- Group rooms that may be used for Occupational Therapy sessions

Staff Areas

Offices and Workstations are required for the Unit Manager, administrative and professional staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff require access to the following:

- Meeting room/s for education and tutorial sessions as well as meetings
- Staff Room with beverage and food storage facilities
- Toilets and Lockers

Staff Areas may be shared with an adjacent unit if located conveniently.

4 Functional Relationships

External Relationships

The Mental Health Outpatient Unit may have working relationships with many other Units. The proximity of the following areas should be considered:

- Admissions Unit
- Acute Mental Health Inpatient Unit
- Clinical Information Unit (although this is becoming less critical with electronic record systems)
- Day Surgery/ Procedure Unit
- Drop off Zone/ Car Park and Main Entry
- Emergency Unit
- Medical Imaging
- Pharmacy
- Pathology
- Rehabilitation Unit
- Discharge Lounge

Internal Relationships

The internal planning of the Mental Health Outpatient Unit will reflect the functional areas mentioned above.

Key considerations include:

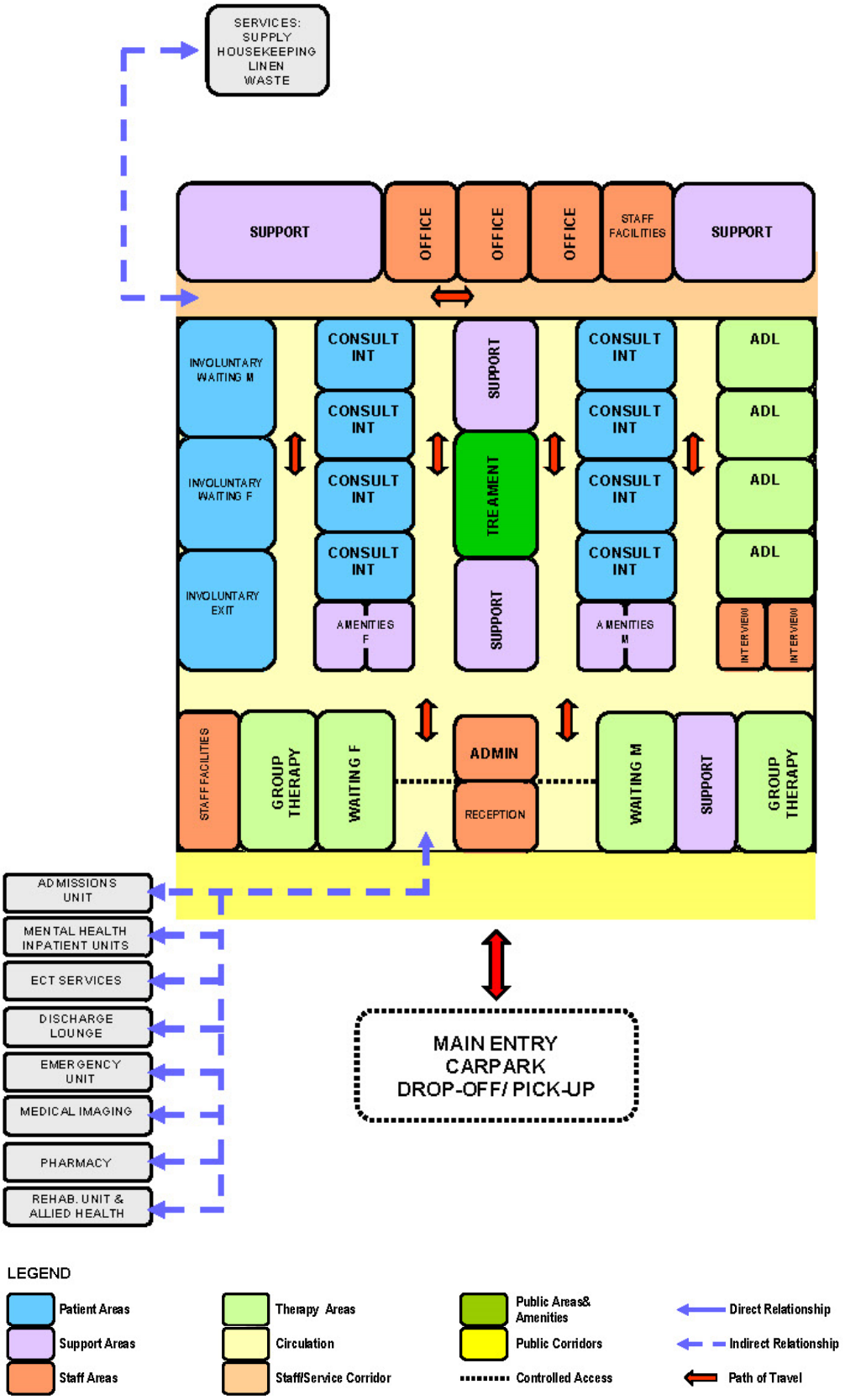
- Reception area should allow patients and staff to move conveniently to and from the Consult and treatment areas
- Interview rooms for support services e.g. social workers, cashier etc. should be private and conveniently located
- Waiting areas may be located close to consult, treatment areas for patient and staff accessibility. An additional area may be required for agitated or patients being involuntarily transferred to an inpatient facility
- Patient Consultation/ Treatment areas should provide a pleasant, low stimulus and non-clinical

environment while promoting efficiency

- Staff work areas should be discreet and located away from patients; staff areas may have restricted access to patients

These relationships between the various components within the Mental Health Outpatients Unit are best described by the Functional Relationships Diagram below.

Functional Relationship Diagram



5 Design Considerations

Design needs to accommodate the variety of patients using the Unit, many of whom may be socially withdrawn, cognitively or emotionally impaired, chronically ill, frail or elderly. Provision should be made for wheelchairs, mobility aids, and families with children and prams within the Unit.

Environmental Considerations

Acoustics

Acoustic privacy considerations include the following:

- Waiting areas and play areas are noisy areas and should be located away from treatment spaces and staff areas
- Interview rooms and discussion areas where confidential patient information will be discussed should have acoustic privacy
- Consultation/ Treatment areas should include acoustic treatment to prevent transmission of noise to adjacent spaces

Natural Light/ Lighting

Where possible, the use of natural light should be maximised within the Unit. Sufficient levels of natural lighting can promote a sense of wellbeing for both staff and patients.

Privacy

Staff observation of patients and patient privacy must be well-balanced within the Unit.

The following features should be considered in design:

- Location of doors and windows to guarantee patient privacy and promote staff security
- Window treatments should provide patient privacy from external and internal viewing
- Confidentiality of patient discussions and patient records

Signposting

The Unit must be clearly signposted to and from the car park and entry area. Directional signs will be required to referral units or internal support service areas such as Pathology collection areas, Imaging Unit and Pharmacy.

Accessibility

Design should provide ease of access for less mobile and wheelchair bound patients to all patient areas including Consultation and Examination rooms. Waiting areas should include space for wheelchairs, suitable seating for patients with disabilities or mobility equipment and bariatric patients.

Doors

Doors and door frames should be impact resistant. All doors except bathrooms should be fitted with vision panels of a suitable impact resistant glass. Where privacy is required, vision panels are to be covered or obscured; this can be achieved by using integral venetians or slide panels. The doors might also provide a ligature point which must be avoided. Doors should not be provided patient wardrobes to reduce ligature points.

Door hardware must not provide points for ligature.

Safety & Security

Safety and security measures for consideration during design include:

- Configuration of zones within the unit to separate patient and staff functions
- Configuration of zones within the unit to separate disturbed and agitated patient
- Control of access/ egress to and from the Unit, particularly from public areas

- Optimizing visual observation of patient areas for staff, clinical and administrative
- Co-location of similar functions to reduce duplication

The perimeter of the Unit should be lockable, and consideration must be given to electronic access for staff areas. CCTV surveillance of patient-waiting and group areas is required. Zones within the Unit may need to be lockable when not in use. This can be achieved by the use of doors or shutters to entrances when the Mental Health Outpatient Service is not operational after hours and weekends.

Refer also to Part C - Access, Mobility, OHS and Security of these Guidelines.

Finishes

Floor and wall finishes should be selected to suit the function of the space and promote a pleasant, non-institutional environment for patients, visitors and staff.

The following factors should be considered when selecting finishes:

- Aesthetic appearance
- Acoustic properties
- Durability
- Provision of furniture and fittings that do not provide opportunities for harm to self or others
- Ease of cleaning
- Infection control
- Movement of equipment and mobility equipment e.g. wheel chairs, walkers etc

Refer also to Part C - Access, Mobility, OHS and Security and part D - infection control of these Guidelines.

Ceilings

Ceiling linings in patient areas within the Unit should be solid sheet - not ceiling tiles.

Refer also to Part C - Access, Mobility, OHS and Security of these Guidelines.

Fittings, Fixtures & Equipment

Furniture should be selected to be robust, impact resistant, and secured so not to be used as a weapon.

Fittings and fixtures should be safe, durable and avoid the potential to be used as a weapon or to inflict personal damage, and there should be no ligature points.

Fittings, including hooks, curtain tracks and bathroom fittings should have no sharp edges, no ligature points and have a breaking strain of not more than 15kgs. Paintings, mirrors and signage should be rigidly fixed to walls with tamper proof fixings.

Mirrors should have safety glass or other appropriate impact resistant and shatterproof construction and must not distort the reflected image. Mirrors should be fully fixed to a backing to prevent freeing of loose fragments of broken glass.

Holland blinds, Venetian blinds and curtains should be avoided in patient areas with integral venetians to external windows preferred. Curtain tracks, pelmets and other fittings that provide hang points should be avoided or designed so that hanging potential is removed noting the breaking strain of 15kgs.

Generally, all fixings should be heavy duty, concealed, and where exposed, tamper proof.

Equipment, furniture and fittings should be selected and installed to be safe, robust and suitable for heavy usage.

Refer to general comments in Part C - Access, Mobility, OHS and Security of these Guidelines

Building Service Requirements

Avoid exposed services; for example, sink wastes, which may be easily damaged or used as ligature points. Toilet cisterns should be enclosed behind the wall, Shower heads should be flush to the wall and downward facing and taps should not have ligature points.

Light fittings, smoke detectors, thermal detectors and air-conditioning vents to higher security areas, particularly Seclusion Rooms, should be vandal proof and incapable of supporting a body weight.

Information and Communication Technology

Consideration should be given to the following IT/ Communications aspects to support the planning, design and the future expansion of the Unit:

- Electronic Health Records (EHR) which may form part of the Health Information System (HIS)
- 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 investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Videoconferencing, teleconferencing and telemedicine requirements
- Optional availability of Wi-Fi for staff, patients and waiting visitors

Duress/ Emergency Call

The provision of both fixed and personal mobile duress equipment will be required in Mental Health Outpatient Units. All patient treatment rooms should have a fixed duress alarm and provision made for all staff to have access to mobile duress alarms if required by the operational policies.

An emergency call system must be provided and may include fixed and personal duress systems. Ceiling locators are installed to support mobile duress units with a $5m^2$ position locator. Fixed duress call buttons should be located strategically around the Unit for convenient access by staff.

Staff Call

A staff call system is recommended to be installed to all patient treatment areas.

The Unit Operational Policies will determine the need for a staff call system and the type required. Considerations for selection of a system include location of buttons that are not to be in easy reach of patients, patient abuse of systems and the type of patients in the Unit, most who are usually ambulant and able to seek assistance from staff independently.

Patient, staff and emergency call buttons must be tamper proof and covered. Mobile duress units for staff may also have telephone capabilities e.g. DECT phones and duress alarms. Duress pendants are not endorsed due to risk of harm to the wearer.

Provide staff and emergency call facilities in all patient and clinical areas, including bed bays, Consultation, Examination and Procedure rooms, and Toilets for patients and staff to call for urgent assistance. The individual call buttons should be registered on ceiling or wall mounted annunciators, to a control station at the Staff Station, or to a paging system. The alert to staff members should be done in a discreet manner.

Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with adjustable temperature and humidity in all Consult, Interview and Meeting Rooms for patient and staff comfort.

All HVAC requirements are to comply with services identified in Standard Components and Part E – Engineering Services.

Pneumatic Tube

A pneumatic tube system or document transfer system may be required for rapid transfer of specimens, records or requests or receipt of pharmacy stock.

Refer also Part C - Access, Mobility, OHS and Security of these Guidelines for further information.

Infection Control

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. The design of all aspects for the Unit should take into consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

Hand Basins

Handwashing facilities shall be provided in Consult/ Examination Rooms. Where a handbasin is provided, there shall also be liquid soap, disposable paper towels and waste bin provided.

Handwashing facilities shall not impact on minimum clear corridor widths. Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Control in these Guidelines.

Antiseptic Hand Rubs

Antiseptic Hand Rubs should be located so they are readily available for use at points of care, at the end of patient examination couches and in circulation and staff areas.

The placement of Antiseptic Hand Rubs should be consistent and reliable throughout facilities. Antiseptic Hand Rubs are to comply with Part D - Infection Control, in these Guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays. Both are required.

6 Standard 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 Informationv; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- 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
2	Provided by the Client and installed by the builder
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 provision
- 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 (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed 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 the text of 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 Mental Health Outpatients Unit consists 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 Rooms

Non-standard rooms are rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Electroencephalogram Room (EEG)

The EEG room provides a controlled and private environment for carrying out Electroencephalogram (EEG) examination of mental health patients. Provide a recliner or examination couch for the patient. A small workbench with storage cabinets should be considered. Mobile trolleys can be used in lieu of fixed cupboards for storage. The EEG unit and the reporting/ viewing station are generally mobile.
Antistatic Flooring must be used. A Handwash basin should be provided.

7 Schedule of Equipment (SOE)

This Schedule of Equipment (SOE) below lists the major equipment required for the key rooms in this FPU.

Room/ Space	Standard Room Code	Item Description	Qty	Remarks
Medication/ Treatment Room - Mental Health	med-mh-i	Diagnostic set: wall mounted	1	optional
Medication/ Treatment Room - Mental Health	med-mh-i	Table: examination/ treatment, electric	1	
Medication/ Treatment Room - Mental Health	med-mh-i	Footstool	1	
Medication/ Treatment Room - Mental Health	med-mh-i	Refrigerator: drugs	1	
Medication/ Treatment Room - Mental Health	med-mh-i	Safe: dangerous drugs, small	1	
Medication/ Treatment Room - Mental Health	med-mh-i	Sharps bin	1	with bracket (as applicable)

8 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design.

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

The table below shows a SOA for role delineations RDL 4 to 6 to suit a large general hospital.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

Mental Health Unit - Outpatients

ROOM/ SPACE	Standard Component Room Codes							RDL 2 - 6 Qty x m^2 10 Cons			Remarks
Entry/ Reception											
Airlock – Entry	airle-10-i							1	x	10	Optional
Reception	recl-15-i							1	x	15	
Waiting (Male/ Female)	wait-20-i similar							2	x	15	Separate Male/ Female
Waiting - Secure	wait-sec-i							2	x	6	For involuntary patients
Toilet - Accessible	wcac-i							2	x	6	Separate Male/ Female
Office - Single Person	off-s9-i							1	x	9	Manager
Consult/ Treatment Area											
Consult Room - Mental Health	cons-mh-i							10	x	14	Quantity as required
Medication /Treatment Room	med-mh-i							1	x	12	Optional
EEG	NS							1	x	10	Optional
Group Room	meet-l-30-i similar							2	x	25	May be used as Occupational Therapy or Diversional Therapy Room
Toilet – Patient	wcpt-i							2	x	4	Separate Male/ Female
Support Areas											
Bay – Linen	blin-i							1	x	2	
Cleaner's Room	clrm-6-i							1	x	6	
Dirty Utility	dtur-s-i							1	x	8	Optional. Required if urine testing is performed in Unit.
Disposal Room	disp-8-i							1	x	8	
Store – General	stgn-14-i							1	x	14	
Staff Areas											
Office – Single Person	off-s9-i							2	x	9	Quantity as required
Office - 3 Person Shared	off-3p-i							2	x	16	Qty dependent on Service Plan

ROOM/ SPACE	Standard Component Room Codes						RDL 2 - 6 Qty x m^2 10 Cons			Remarks
Meeting Room, Medium/Large	meet-l-15-i						1	x	15	
Store – Files	stfs-10-i similar						1	x	8	For Clinical records, Optional if electronic records used
Store - Photocopy/ Stationery	stps-8-i						1	x	8	
Staff Lounge (Male/ Female)	srm-15-i						2	x	15	May be shared
Property Bay - Staff	prop-3-i						2	x	3	Separate Male/ Female
Toilet - Staff	wcst-i						2	x	3	Separate Male/ Female
Sub Total							**429**			
Circulation %							**30**			
Area Total							**557.7**			

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.

9 Further Reading

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

- International Health Facility Guideline (iHFG), Part B - Health Facility Briefing & Design, FPU 245 Outpatients Unit, refer to website: www.healthdesign.com.au/ihfg
- American Institute of Architects, John Barker AIA, MCARB, Ed Pocock AIA, & Charles Huber, Hobbs & Black Associates Inc. 'The Future of Ambulatory Care' refer to website: http://www.aia.org/practicing/groups/kc/AIAB086508
- The Facilities Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018; refer to website www.fgiguidelines.org
- Gov.UK Department of Health (DH) Out-patient care Health Building Note 12-01: Consulting, examination and treatment facilities (2008); refer to website https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142892/HBN_12-01_SuppA_DSSA.pdf
- Gov.UK Department of Health (DH) Primary and community care Health Building Note 11-01: Facilities for primary and community care services (2009), refer to website: https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/07/health-build-pc.pdf
- Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance, HPU B.0155 Ambulatory Care Unit (2016) https://healthfacilityguidelines.com.au/health-planning-units