Part B – Health Facility Briefing & Design

418 Super Isolation Unit

iHFG

International Health Facility Guidelines

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Table of Contents

418 Super Isolation Unit (Quarantine Unit)

1 Introduction

The Super Isolation Unit or Quarantine Unit is a specialized unit that caters for patients with infectious diseases in a restricted facility where only authorised staff and personnel can access. Currently, Super Isolation Unit can only be located within a Hospital Campus (either inside the main hospital or in a stand-alone temporary building). The Super Isolation Unit, by itself is not a Hospital, but has only the required quarantine facilities for inpatient care. All other staff and support facilities are expected to be available separately to the Super Isolation Unit.

During times of epidemics and pandemics, super isolation units play a primary role to contain and restrict the spread of contagious diseases and to avoid the spread of infections through other parts of health facilities. The Unit should be a secured unit where patients are accommodated in single patient rooms (shared bedrooms are not permitted).

The Super Isolation Unit is in addition to the distributed isolation rooms required for all Inpatient Units in a hospital as per the provisions of these Guidelines. A Super Isolation Unit is mandatory only when required by the facility service plan or by the order of the health authority as a provision for public health.

The Super Isolation Unit or Quarantine Unit is a dedicated and specialized unit intended to accommodate patients with infectious diseases in a restricted facility with dedicated staff and treatment protocols.

In a Super Isolation Unit all patients are accommodated in single patient rooms with ante-rooms (shared bedrooms are not permitted). These bedrooms can be similar to single negative pressure isolation bedrooms or negative pressure Isolation ICU rooms. These can also be combined but zonally separated within the same Unit.

A typical Super Isolation Unit as outlined in this FPU will comprise 20 beds (± 2 as recommended maximum) with the unit's composition similar to the requirements of an Inpatient Unit. Ideally, the Super Isolation Unit should be as self-sufficient as possible in its care and treatment of patients and to be separated from the rest of the facility.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report** (**Appendix 4 in Part A**) to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.

2 Functional & Planning Considerations

Operational Models

The Quarantine Unit will operate on a 24 hour per day, 7 days per week basis. The Quarantine Unit is a stand-alone specialty with an independent management structure. It may be located inside a hospital with However, it could be located adjacent with the Inpatient Unit or even the ICU but should be physically (zonally) separate.

Planning Models

Bed Numbers and Complement

The number of beds shall be determined by the facility's service plan. A typical Super Isolation Unit as outlined in this FPU will comprise 20 beds (± 2 as recommended maximum) with the unit's composition similar to the requirements of an Inpatient Unit. Ideally, the Super Isolation Unit should be as self-sufficient as possible in its care and treatment of patients and to be separated from the rest of the facility. Sharing common support areas, staff amenities or administrative areas with other units is acceptable, although not ideal.

Infectious patients admitted to the Super Isolation Unit are affected by diseases which are highly contagious and usually airborne. As such, the Quarantine Unit bedrooms need to be negative pressure isolation rooms, all with dedicated ante-rooms. A Super Isolation Unit may comprise of regular and intensive care patient rooms. It should not be assumed that all patients in the Super Isolation Unit have the same condition or even the same strain of a micro-organism.

Internally, the Super Isolation Unit is expected to be self-sufficient in terms of support rooms and spaces due to the care demands of infectious patients. The number of support spaces in the Unit does not have to correspond to the number of beds. Even with a small number of beds (ie less than 12), a full set of supporting rooms will be required.

With safety in mind, the units room size should be adequate to accommodate the patient, appropriate personnel, monitoring capabilities, life support equipment, and support services. Work surfaces and storage areas must be sufficient to have all necessary supplies on hand and to allow workers to conduct all requested processes without having to leave the room.

Generally, the rooms should have only minimal furniture and use only materials which can be easily, quickly and visibly cleaned.

Also refer to separate FPU's – **Inpatient Unit – General** and **Intensive Care Unit – General**.

Unit Planning Models

The Quarantine Unit should be a controlled unit at a location that has no through traffic or access to external visitors; and avoids or minimises any disturbing sounds (e.g. ambulances, traffic, sirens).

The Super Isolation Unit will consist of a number of single bedrooms including negative pressure isolation rooms with ante room and dedicated ensuite facilities. All staff entering this unit will be required to gown up with full personal protective equipment. Upon exit all personnel will be required to gown down before leaving. Hand wash facilities with touchless sensor taps should be provided in both gown-up and gown-down rooms.

Patient access via stretchers or transfer trolleys should ideally utilise isolator capsules so that contagion is not spread through the process.

Supplies and food transfer to the unit, along with stretchers and beds should be through a transfer airlock. Those transferring these items should not enter the unit itself but transfer via an airlock to the staff dedicated to the unit.

Similarly, items such as waste, dirty food treys etc being taken out of the unit should be transferred through the airlock.

External windows should be available to all patient rooms except to ICU beds.

If ICU rooms are provided, only 50% of them require direct access to external light. By glazing the front of these ICU rooms (as required by the ICU Standard Components), these rooms may borrow light from other rooms in the units.

Functional Zones

The Super Isolation Unit consists of the following Functional Zones:

- **Entry area with**:
  - Air lock (for Ambulance Entry)
  - Gown-up and Gown-down rooms and associated hand wash facilities
- **Patient areas** with:
  - Isolation rooms, negative pressure
  - Ante Rooms and Ensuites (one per each patient room)
- **Support areas** consisting of:
  - Staff Station
  - Write-up Bays (minimum 1 per two rooms or 1 per room)
  - Bays for linen, resuscitation trolley, laboratory facilities and mobile equipment
  - Operating Room - Minor (or Procedure Room)
  - Clean and Dirty Utility Rooms
  - Medication room
  - Storerooms for equipment, general stock and sterile supplies
  - Biomedical Workshop (optional, if ICU beds are provided)
- **Staff Areas** including:
  - Meeting Room
  - Offices

- Staff Room
- Storage for files and stationery
- Change rooms with toilets, shower and lockers

The above zones are briefly described below.

Entry

In a stand-alone Unit, an airlock entry should be provided for patients being transferred to the Unit. The airlock should be large enough to accommodate a stretcher and be fitted with spray jets for sanitisation purpose when needed. Intercom system should be fitted inside and outside airlock. It should be used to communicate with on-duty staff inside the Unit.

It is recommended that Staff Station can be located to oversee the airlock.

Patient Areas

Patient Areas will include:

- Negative Pressure Isolation rooms with the required mechanical ventilation and may include critical care management.
- Alternatively, Negative Pressure Isolation ICU rooms with fully glazed sliding doors to the corridor.
- ICU Observation Bays (unless there is direct observation from the Staff Station)
- Ensuites for Isolation rooms (1 per each patient room)
- Anteroom Room (1 per each patient room or ICU room)

Patient Rooms when fitted with observation windows or glazing panels in the doors must be double glazed and fitted with integral venetian blinds in-between. The use of centrally displayed monitor systems will be required to enhance this ability.

Both Negative Pressure bedrooms and Negative Pressure Isolation ICU rooms can be incorporated in the same Super Isolation Unit, but zonally separated so that they can be monitored by the correct level of nursing.

Support Areas

- Staff Station; may be more than one staff station is required. Each Staff Station must have a hand wash basin complete with PPE provisions.
- Minor OR (or Procedure Room) for any emergency procedures or operations.
- Write-up Bays (minimum 1 per two rooms or 1 per room)
- Bays for linen, resuscitation trolley, laboratory facilities and mobile equipment
- Clean Utility and Medication Rooms (may be combined into a single room)
- Dirty Utility, Cleaner's and Disposal Rooms
- Equipment Clean-up (may require facilities for sanitisation)
- Storerooms for equipment, general stock and sterile supplies
- Biomedical Workshop (only required if ICU beds are provided)
- Toilets for Staff (separate for male and female)

Staff Areas

Staff Areas consist of:

- Offices and workstations
- Meeting Room/s and Interview rooms for education sessions, interviews with staff or clients and other meetings
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Offices / workstations will be required for administrative as well as clinical functions to facilitate educational / research activities.

3 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources. Correct Functional Relationships are identified below.

External Relationships

Dependant on the location of the Super Isolation Unit it would be ideal to have separate and discrete entry or entries for staff, goods and supplies with swipe card or similar electronic access to authorised personnel. Patients will arrive through a separate entry, either through service lifts (within a hospital) or via a separate entry for patients on trolleys directly from the external of the stand-alone unit.

The principal relationships with other Units include:

- Back of House Services (Central Store, Mortuary, Pharmacy etc.)
- Pathology Services
- Biomedical Engineering

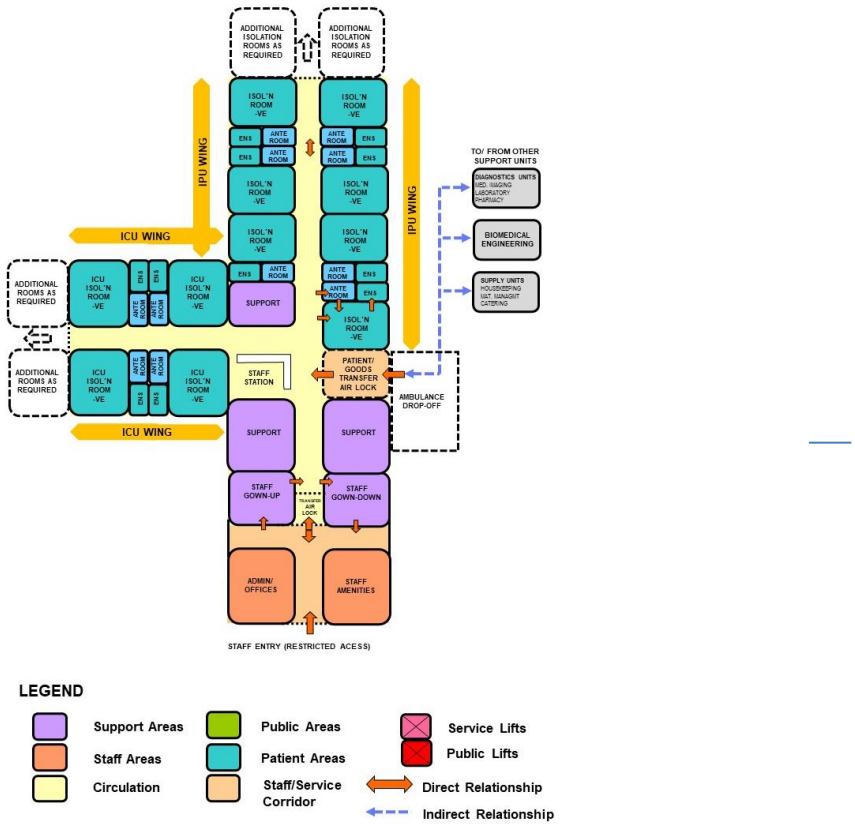
Internal Relationships

Optimal internal relationships to be achieved include:

- Patient bedrooms on the perimeter for access to window except for ICU beds.
- Staff station(s) and other areas which require direct access and observation of patients
- Utility and storage areas that need to be readily accessible by staff
- Public areas located on the perimeter of the unit
- All entry into the Unit should have secured access control

Functional Relationship Diagram

The relationships between the various components within a Super Isolation Unit are best described by Functional Relationships Diagrams. The requirements for infection control and patient management result in the proven successful planning model through numerous built examples and many years of practice.



4 Design Considerations

Refer to Part C for ergonomic issues, Part D for Infection Control, and Part E for Engineering Requirements.

Environmental Considerations

Acoustics

The Super Isolation Unit should be built to reduce ambient noise within the unit as well as sound transmission between patient and staff. Location of noisy areas or activities should be considered, with the goal of keeping them away from calm areas such as patient bedrooms and bed bays.

Avoid sensory overload from Signals of staff call systems, alarms from monitoring equipment, and telephones in critical care units. Without reducing their importance or sense of urgency, such signals should be modulated to a level that alert staff members yet be rendered less intrusive to patients.

As a result, sound-absorbing floor coverings should be used while infection control, maintenance, and equipment movement requirements are taken into account. Sound-absorbing materials should be used in the construction of walls and ceilings. Soffits and baffles in the ceiling help to lessen echoing sounds. To decrease sound transmission, doorways should be offset rather than located in symmetrically opposed positions. Noise can also be reduced with the use of counters, dividers, and glass doors.

Acoustic treatment is required to the following:

- Patient Bedrooms and Ensuites
- Meeting rooms
- Operating/ Procedure rooms
- Staff rooms
- Change Rooms, toilets and showers

Refer also to Part G of these Guidelines.

Natural Light

Natural light should be used as much as possible throughout the Unit. Patients and staff benefit from windows in terms of sensory orientation and psychological well-being and should have windows to reinforce day/night orientation.

Privacy

The design of the Quarantine Unit needs to balance the contradicting necessity for staff visibility of patients with the need for patient privacy. The layout of the unit and the positioning of the staff stations provide varied levels of visibility and seclusion.

Each bed must have a bed screen to protect the privacy of patients receiving treatment in the room. Refer to the applicable patient bed rooms in the Standard Components.

Other factors for consideration include:

- Use of windows in internal walls and/or doors, they should be double glazed with venetian blinds that can be controlled on both sides for patient privacy.

Space Standards and Components

Bed Spacing / Clearances

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

All patient beds must comply with standard components for fittings, furniture, mechanical and electrical services and staff call systems including the clearances that they imply.

In standard patient bedrooms, there should be 1200mm clearance at the foot of the bed and one side of the bed where the other side of the bed must have 900mm clearance.

Doors

Door openings to Super Isolation Unit Bedrooms shall have a minimum of 1350mm clear opening (ideally 1400mm clear opening) to allow for easy movement of beds and equipment.

Safety and Security

The Quarantine Unit must provide a safe and secure environment for patients and staff while being non-threatening and supportive of recovery.

The facility, furniture, fixtures, and equipment must all be planned and built in such a way that all users are not exposed to unnecessary hazards of injury.

All entries and exits around the perimeter of the unit must be secured and only authorised personnel are permitted access. Intercom system and electronic access control system should be installed.

Drug Storage

Drugs should be managed by the responsible nurses via a Medication Room. Optionally the Medication Room may be interconnected 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, semi-controlled or narcotic drugs as per Federal Law must be kept in a secure cabinet within the Medication Room with alarm. A refrigerator with integrated alarm and temperature monitor, lockable, to store restricted substances as required.

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

The room requires controlled staff only access and may include CCTV surveillance.

Note: Storage for dangerous drugs must be in accordance with the relevant regulations.

Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be pleasant and non-Institutional as far as possible. 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.

Lighting and colour selections in areas where clinical observation is critical, such as bedrooms and treatment areas, must not obstruct accurate assessment of skin tones. As such, colour corrected lighting is required in all patient areas. Muted colours rather than dark or vibrant colours are preferred.

Where bed or trolley movement occurs, such as corridors, and patients' bedrooms, storage, walls must be painted with lead-free paint and wall protection must be provided.

Curtains/ Blinds

External windows must be double glazed and fitted with venetian blinds in-between. Controls to the venetian blinds must be provided to open or close the windows.

Each window shall have partial blackout facilities to allow patients to rest during the daytime.

Privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

Fittings, Fixtures & Equipment

Bedside Monitoring

The placement of bedside monitoring equipment should allow for easy access and observation and should not obstruct the patient's visibility or access. Each patient's monitored status must be visible to the bedside nurse and/or monitor technician at a glance. This goal can be met with either a central monitoring station or bedside monitors that allow multiple patients to be observed at the same time. Neither of these approaches is meant to take the place of bedside observation.

The weight-bearing surfaces that support the monitoring equipment should be strong enough to resist repeated strain. It is reasonable to expect that the volume of monitoring equipment will grow over time. As a result, space and electrical infrastructure should be planned accordingly.

Building Service Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with Part E - Engineering Services for the detailed parameters and standards applicable.

Information and Communication Technology

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

- 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 scripts and investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Optional availability of Wi-Fi for staff, patients and their visitors

Nurse Call

Hospitals must provide an electronic call system next to each inpatient bed to allow for patients to alert staff in a discreet manner at all times

All calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

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)

Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with individual rooms adjustable temperature and humidity for patient comfort.

All patient rooms must be negatively pressured and exhausted via HEPA filter.

All HVAC units and systems are to comply with services identified in Standard Components and Part E in these Guidelines.

Medical Gases

Medical gas is that which is intended for administration to a patient in anaesthesia, therapy, diagnosis or resuscitation. Medical gases shall be installed and readily available in each patient bay and room according to the quantities noted in the Standard Components Room Data Sheets.

Refer to Part E in these Guidelines for details.

Hydraulics

Warm water must be supplied to all areas accessed by patients within the Intensive Care Unit. This requirement includes all staff handwashing basins and sinks located within patient accessible areas. Warm water should be provided ideally at 38^{o}C and must not exceed 43^{o}C.

Refer to Part E in these Guidelines for details.

Infection Control

Infection control is a primary clinical concern in the treatment of infectious patients. Cross-contamination and spread of infection to medical staff and other patients are major.

Hand Basins

Handwashing facilities shall be provided in the corridors, gown-up and gown-down rooms, all patient rooms, ante-rooms and other rooms as specified by the Standard Components.

Hand-washing facilities shall not impact on minimum clear corridor widths. The required hand washing facilities are separate to the antiseptic hand sanitisers which are also required.

At least one handwashing bay is to be conveniently accessible to each Staff Station and unit entry/exit. Hand basins are to comply with Standard Components 'Bay - Hand-washing' and Part D in these Guidelines.

Hand Basins in patient bedrooms should be used solely for infection control purposes and utilised only by staff. Patients should use hand basins provided in bathrooms for personal purposes. Staff may not use the patient ensuite hand wash basin.

Antiseptic Hand Sanitiser

Antiseptic hand sanitiser should be located so they are readily available for use at points of care, at the end of patient beds and in high traffic areas.

The placement of hand sanitiser should be consistent and reliable throughout facilities. Hand Sanitisers are to comply with Part D in these guidelines.

Hand Sanitisers although very useful and welcome, cannot fully replace Hand Wash Bays. Both must be provided.

Refer also to Part D of these Guidelines.

Negative Pressure Isolation Room

Entry through to the patient rooms shall be through an ante-room except when the patient is first room-in to the bedroom. Air supply to the negative pressure isolation rooms should be separate from other rooms and should be HEPA filtered on supply and exhaust.

Clinical hand-washing, gown and mask storage, and waste disposal shall be provided within the Anteroom. An Ensuite, directly accessible from the Isolation Room, shall also be provided. For further information on Isolation Rooms refer to Part D in these Guidelines.

5 Components of the Unit

Standard Components

Standard Components are typical rooms in a health facility, each represented by a Room Data Sheet (RDS) and Room Layout Sheet (RLS). Sometimes, there are more than one configuration possible and therefore, more than one room layout sheet can be found in the Standard Components for a room with same function. They may differ in room size and/or the requirement of FF&FE items.

The Room Data Sheets are presented in a written format, describing the minimum briefing requirements of each room type divided into the following categories:

- Room Primary Information; includes briefed areas, occupancy, room description, relationships and special room requirements
- Building Fabric and Finishes; describes fabric and finishes for the room's 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/ 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 commonly located in the room along with the services required such as power, data, water supply and drainage; 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, HVAC (Heating, Ventilation and Air Conditioning), 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 a 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 by 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.

Standard Components have considered the required design parameters described in these Guidelines. Each FPU should be designed with compliance to Standard Components - Room Data Sheets and Room Layout Sheets, nominated in the Schedules of Accommodation in Appendices of this FPU.

Non-Standard Components

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.

Gown-up Room

A Gown-up room is a room with dual access. It is provided for visitors to put on PPE items before entering the Patient areas. Room is located on the perimeter of the patient areas with secured doors controlled from the Staff Station or Reception.

Requirements include:

- A PPE dispensing unit for disposable items including gowns, head and shoe covers, gloves, masks.
- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.
- Waste bin/s.
- An intercom system connected to either the Staff Station or Reception.

Gown-down Room

Similar to the Gown-up room but is used when visitors are leaving the patient areas. Visitors can remove their PPE items and discard them in the dirty linen carriers or waste bins provided in this room. This room will also have dual access with the door from the Patient Areas being controlled and monitored by the Staff Station or Reception. It should be designed in such a way re-entering into the Patient areas from the Gown-down Room will not be permitted.

Requirements include:

- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.
- A Dirty linen carrier or clinical waste bin.

6 Schedule of Accommodation

The Schedule of Accommodation (SOA) identifies the rooms required in the Unit along with the quantity and the recommended room area. The sum of these room areas is the Sub Total and Total Departmental areas with a recommended circulation percentage. The circulation percentage represents the area required for internal corridors and is a target for efficient planning. SOAs and room sizes are developed for typical units and are organised into the functional zones applicable to the Unit. Not all rooms identified are mandatory requirements and optional rooms are indicated. Quantities of rooms may need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedules of Accommodation are developed for particular levels of service known as Role Delineation Level (RDL) and numbered from 1 to 6 (including in-between numbers such as 4-5). Level 1 represents uncomplicated health facilities, ascending to level 6 representing complex specialist services and hospitals. Refer to the full Role Delineation Level Framework in these guidelines for a full description of the RDL's identified. RDL Levels not listed are not applicable for this service.

The Schedule of Accommodation for a typical Super Isolation Unit at RDL Level 3 to 6 with 20 beds follows. The Schedule of Accommodation lists generic spaces that form a Super Isolation Unit. Quantities and sizes of some spaces need to be determined in response to the service needs of each unit on a case by case basis.

Super Isolation Unit (Quarantine Unit)

ROOM/ SPACE	Standard Component Room Codes									RDL 3 to 6 Qty x m²			Remarks
Size										**20 Beds**			
Entry													
Air Lock	airl-6-i similar									1	x	12	Entry for transfer of patient; sized must be able to accommodate a transfer stretcher (may be used with an isolation pod/ chamber); airlock may be equipped with sterilisation
Gown-up	NS									1	x	12	Includes scrub trough and PPE's
Gown-down	NS									1	x	12	Includes scrub trough and disposal waste bins for used PPE's
Patient Areas													
1 Bed Room – Isolation, Negative Pressure	1br-isn-18-i									12	x	18	Positive Pressure, Group of 12, within vision of Staff Station. See notes for additional comments at the end of this SOA.
1 Bed Room - ICU, Negative Pressure	1br-icu-25-i similar									6	x	25	Negative Pressure Isolation; quantity dependent on service plan
1 Bed Room – Isolation, Negative Pressure (large)	1br-isn-28-i									2	x	28	Optional fully enclosed Rehabilitation Bedrooms. Facility can decide the mix of ICU and Rehabilitation rooms in a Group of 12.
Anteroom	anrm-i									20	x	6	To both Positive and Negative Pressure bed rooms
Ensuite - Standard	ens-st-i									18	x	5	
Ensuite - Super	ens-sp-i									2	x	6	Size for 'full assistance', i.e. 2 staff plus equipment; to large patient rooms
Support Areas													
Bay - Blanket Warmer	bbw-1-i									1	x	1	Optional
Bay - Handwashing, Type A	bhws-a-i									5	x	1	At Unit entry and adjacent to staff stations; refer to Part D
Bay - Linen	blin-i									2	x	2	
Bay - Mobile Equipment	bmeq-4-i									2	x	4	
Bay - Pathology (Satellite Laboratory)	bpath-1-i similar									1	x	3	
Bay - Pneumatic Tube	NS									1	x	1	Optional, may be located with Pathology Bay or Staff Station
Bay - PPE	bppe-i									2	x	1.5	As required, may be combined with Bay-Handwashing at Staff Stations
Bay - Resuscitation Trolley	bres-i									1	x	1.5	
Cleaners Room	clrm-6-i									1	x	6	Smaller units may share with a collocated unit
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

ROOM/ SPACE	Standard Component Room Codes				RDL 3 to 6 Qty x m²			Remarks
Size					**20 Beds**			
Clean Utility/ Medication Room	clum-14-i				1	x	*	*Optional , if preference is to combine Clean Utility and Medication Room into a single Room, Minimum 14 m²
Dirty Utility	dtur-14-i				1	x	14	
Disposal Room	disp-8-i				1	x	8	Secured storage for Medical Waste
Equipment Clean-up	ecl-10-i similar				1	x	8	Room size according to service requirements
Office - Clinical / Handover	off-cln-i similar				1	x	15	Locate near staff station
Office - Write-up Bay	off-wi-1-i similar				10	x	2	1 per each patient room or 1 can be shared between 2 patient rooms
Procedure Room or Operating Room – Minor	orms-i				1	x	36	Optional but highly recommended; exhaust air should be separate from the rest of Unit
Staff Station	sstn-20-i				2	x	20	Qty depends on design of Unit
Store - Drugs	stdr-5-i				1	x	5	Optional
Store - Equipment	steq-15-i				1	x	15	May be subdivided
Store - General	stgn-20-i similar				1	x	16	
Store - Sterile Stock	stss-20-i				1	x	20	Room size according to service requirements
Scrub up / Gowning	scrb-6-i				1	x	6	Adjacent operating room
Toilet – Staff	wcst-i				2	x	3	Separate for Male/ Female
Staff Areas								**Separate from Patient Areas, preferably at staff entry of Unit**
Office - Single Person	off-s9-i				1	x	9	Unit Manager
Office - 2 Person, Shared	off-2p-i				1	x	12	Nurse Educators, Staff Specialists, Clinicians
Office - Workstation/s	off-ws-i				4	x	5.5	Registrars, Nursing, Secretarial
Meeting Room	meet-l-15-i similar				1	x	20	Quantity and size dependent on Service Plan
Store - Photocopy/ Stationery	stps-8-i similar				1	x	6	
Staff Lounge	srm-15-i similar				1	x	20	Includes beverage area
Change - Staff (M/F)	chst-12-i				2	x	12	Toilets, Shower & Lockers; size depends on staff numbers
Sub Total							**1056.5**	
Circulation %							**40**	
Area Total							**1479.1**	

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.
- One ante-room for each isolation rooms is required in new facilities. One anteroom may be shared between two rooms in existing facilities undergoing refurbishments and are limited by available space.

7 Further Reading

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

- International Health Facility Guidelines (iHFG) www.healthfacilityguidelines.com
- DH (Department of Health) (UK) Health Building Note 04-01 Supplement 1: Isolation facilities for infectious patients in acute settings, 2013, refer to https://hberm.com/wp-content/uploads/2015/10/HBN-04-01-Supplement-1-Isolation-facilities-for-infectious-patients-in-acute-settings-20131.pdf
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, 2010 Edition; refer to website: www.fgiguidelines.org
- NFPA, National Fire Protected Association, refer to website: https://www.nfpa.org/