

Part B – Health Facility Briefing & Design

50 Community Health Unit



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International Health Facility Guidelines

2025

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50 Community Health Unit

1 Executive Summary

This Functional Planning Unit (FPU) covers the requirements of the Community Health Unit. Also known as 'Community Care Unit', 'Health Hub' or 'Primary Care Centre'. The FPU described the need for the Community Health Unit and the range of services provided in such units.

Typically, the Community Care Unit provide services to Role Delineation Level 1 – 2 only. For specialist care patients referred to hospital nearby. Primary and Community Care buildings deliver a wide range of frequently accessed less specialised services. Many of these services are delivered from shared generic accommodation. Depends on the community needs, policy and technology where these centres are located the services provided can be changed frequently. The buildings that house these units should be flexible enough to accommodate these changes, including where decisions are taken to deliver hospital services in Primary and Community Care settings.

The services are provided by the following practitioners: GPs, Nurse Practitioners, Community Midwives, Social Workers, Home Care Advisors, Allied Health professionals, Community Dentist, Mental Health professionals and Specialist Consultants (on an outreach basis).

The Unit may include following specialist services: Audiology, Chemotherapy, Child Development/ Assessment, Day Surgery (minor), Diabetes Management, ENT, Eye Care, In-patient Care (step-up, step-down, rehabilitation, assessment) and Maternity. These centres provide services such as Health Education and ADL training focuses on skills like self-care, mobility and instrumental activities.

The Functional Relationship Diagram provided indicate the distinct relationship between public transport, car parking and the public entry Entrance for services, supplies, and staff via a service entry. Optimum internal relationships are demonstrated in the Functional Relations Diagram according to the functional zones whilst indicating the important paths of travel and requirements for observation.

Design considerations address a range of important issues including visibility, finishes clearances and building services requirements. The Schedule of Accommodation is provided using references to Standard Components (typical room templates) and quantities for typical units at Role Delineation Levels (RDL) 1 – 2. The actual number depends on Clinical Service Plan prepared for each location.

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

2 Introduction

The main function of the Community Health Unit is to provide a variety of services including physical assessment, therapy, health education and promotion, community support and group programmes for non-admitted patients. This multidisciplinary Unit may be made up of a series of smaller facilities or 'modules'.

Service provision in the Community Health Unit may not be restricted to solely health services, other modules within the Unit may include administration and logistics services which may serve the entire Unit or the modules individually. Another possible common component of Health Units is the provision of Visa (Medical Fitness) services.

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 Community Health Unit seeks to meet the basic healthcare needs of the community in which it is located. Care Unit facilities can range from single room to multi-functional clinics and can either be integrated within a larger health facility or located in a stand-alone building.

Community Health Unit services are typically delivered in a community based rather than hospital-based setting. While service delivery most commonly occurs directly within the Unit, Home Healthcare may also be undertaken by licensed physicians or nurses, using the Unit as a hub.

Community Health Units generally operate at Role Delineation level (RDL) 1. However, facilities at higher RDL may also incorporate a Community Health Unit. For example, Medical Centres and Polyclinics may also provide Primary Care services plus additional specialist services.

For further information on Outpatient Unit refer to the Outpatients Unit FPU within these Guidelines. Stand-alone Community Health Centres are intended to be close to the residential areas, ideally providing access within 15 minutes.

Specific design requirements for the facility are determined by the range of services to be provided and should incorporate features which allow for changes in service provision and possible facility expansion.

Services Provided

Services within a Community Health Unit are aimed at providing, but not limited to, minimally or non-invasive treatments as well as therapy services and health education resources. Services that may be included in the Community Health Unit may include a combination of the following:

- Early Childhood Intervention Services
- Family Medicine and Wellbeing Services
- Men & Women's Health Services
- Aged Care Services
- Antenatal/ Postnatal Services
- Carer Support Services (Visa Check-up)
- Child, Youth and Family Health Services
- Chronic Disease Management Services
- Counselling Services
- Dietetics & Nutrition Services
- Early Childhood Intervention Services
- Multicultural Health Services
- Outpatients Care and Post-Acute Care Services (refer also to Outpatients Unit)
- Outreach Services including home visits
- Possible Rehabilitation and Allied Health Services including Physiotherapy; Occupational Therapy; Podiatry; Chiropractic; Social Work; Speech Pathology; Psychology; Audiology (refer also to Rehabilitation/ Allied Health Unit)

The Community Health Unit may contain facilities that are addressed by other specific Functional Planning Units. For details and further information on specialists' units refer to the relevant Functional Planning Units identified in these guidelines.

3 Functional and Planning Considerations

Operational Models

Hours of Operation

The Community Health Unit will generally operate up to eight hours per day, 5 days per week. However, extended hours may be provided when required according to the facility's operational policy and the demand of the community they serve. For example, some services, such as primary nursing, may be provided over weekends and public holidays. The facility may also be used by other groups such as voluntary or community organisations for meetings, education sessions or other activities on a booked basis and may require access after-hours and weekends.

Flexibility

The Community Health Unit may experience fluctuations in service provision; therefore, a flexible service model is recommended to provide the possibility of expansion, change in specialties offered, and adaptation for future use.

Opportunities for sharing resources and facilities within the unit should also be examined e.g., Reception and Waiting Areas, Interview Rooms and Treatment Rooms.

Use of shared spaces and multi-purpose rooms reduce the need for potentially under-utilised special purpose rooms and may avoid duplication of equipment requirements.

Community Health Units may be linked to larger, more specialised medical hubs, such as Medical Centres or Hospitals via Telemedicine platforms, providing urgent access to higher levels of skills and specialist advice when the need arises. Such facilities may also be used for communication with the clients/ patients within the community. Such facilities are expected to become commonplace in the future.

Operational Policies

Because the services that can be delivered by a Community Health Unit are so diverse, operational policies will vary greatly. Operational policies have a major impact on facility design, management, capital cost and recurrent costs of health facilities. It is recommended that users of the unit develop Operational Policies to suit the individual facility, or a network of facilities based on the services to be provided and the clientele to be served.

Staffing

Staffing mix and numbers will vary for each Community Health Unit, depending on Operational Policies, services provided, availability of staff, case mix, and role delineation of the facility. Staff may be located in the Unit or be mobile, using the Unit as a base and consult with patients in their homes, at their workplace or schools, or in other primary health facilities, such as home nursing services and primary occupational therapy.

Planning Models

The configuration of the Community Health Unit depends on:

- Population profile
- Service mix
- Staff profile providing the services
- The location of the Unit
- Sharing of services with adjacent units or building components (if any)

The Community Health Unit should be located with easy access for patients, visitors, staff, and supplies. A ground floor location is highly recommended. The location of the Community Health Unit options includes:

- Free standing in a community location (fully self-contained)

- Attached or included in the development of commercial facilities (partial reliance on the building entrance point and public amenities)
- A component within a medical centre or Polyclinic, sharing all possible resources
- On the grounds of a hospital facility or attached to a hospital building (partial reliance on the building entrance point and public amenities)

Functional Areas

The Community Health Unit consists of individual spaces, areas or zones which serve various service modules that combine to form a larger facility with a similar purpose. The relationship between Areas/ Zones is considered important to ensure that the Community Health Unit operates efficiently and effectively.

A Community Health Unit consists of the following Functional Areas/ Zones:

- Entry / Reception includes:
 - Covered canopy in stand-alone facilities for patient and ambulance transport
 - Waiting areas, including provision for gender separated family waiting in accordance with cultural requirements, where appropriate, and a play area for children
 - Storage for wheelchairs
 - Amenities including toilets and parenting room for baby changing and feeding
- Client Areas comprising:
 - Consultation rooms
 - Meeting and interview rooms of varying sizes to accommodate families or larger groups; a beverage bay may be located in close proximity to meeting rooms
 - Treatment bay(s) or room(s)
- Support Areas include:
 - Handwashing bays
 - Storage for linen, resuscitation trolley, consumables, equipment, medical records, stationery and gas bottles if medical gases are required
 - Clean and Dirty Utility rooms
 - Disposal and waste holding rooms
 - Minimal loading dock or zone for delivery of supplies in stand-alone facilities
- Office / Administration areas with offices and workstations for the management, administration and clinical staff
- Staff Areas include:
 - Change rooms with toilets, showers and lockers
 - Staff room, that may be shared
- Specialist Areas which will depend on the Service Plan of the facility and may include:
 - General Practice (GP) and Family Medicine as a minimum
 - Physiotherapy with Consult rooms, Gymnasiums, Treatment Bays and support rooms
 - Laboratory, Medical Imaging and Pharmacy units
 - Occupational Therapy with ADL facilities, Gymnasiums and support rooms
 - Speech Pathology including office/consult rooms, observation rooms and storage
 - Audiology with office/ consult and audiology testing rooms
 - Podiatry including podiatry treatment rooms with office/ consult facilities
 - Maternal and Child Health including paediatric treatment and group areas
 - Medical Imaging including ultrasound and x-ray equipment

- Dental Surgery with dental treatment rooms, clean-up, sterilizing, and support rooms
- Visa Medical with Consult, Examination, Pathology Collection and Medical Imaging
- Dermatology
- ENT
- General practice
- General surgery
- Internal medicine
- Neurology
- Obstetrics and gynecology
- Ophthalmology
- Orthopedics
- Pathology
- Psychiatry
- Urology
- Paediatric

Entry/ Reception

The Entry to the facility should be clearly identified through appropriate signage informing clients and visitors where to proceed. The Entry may incorporate an airlock space and should have suitable weather protection. Entry doors should cater for disabled access and may require automatic doors.

The Entry should be located adjacent to a vehicle drop off point and readily accessible from the street and parking areas. Reception and waiting areas should be adjacent. If the Reception is also used for payment purposes, then security measures should be taken accordingly.

Patients generally register on arrival at the reception desk. Community Health Units may incorporate new electronic systems for appointment bookings through mobile phone applications which are integrated into facilities' Reception Areas through self-registration facilities to aid in efficient operation and patient management.

Waiting areas must cater for disabled access, and make allowances for family groups, prams and play areas for children. Waiting areas, where appropriate, shall be designed to accommodate gender separated, cultural requirements.

Clinical Areas

The Community Health Unit may include a number of Consultation Rooms, Interview Rooms, Meeting Rooms and Treatment Rooms for use by other allied healthcare professionals who provide services at the facility. If multiple services are provided from the one unit, then these rooms may be shared between services.

The quantity and type of rooms required are dependent on the Service Plan for the combinations of services provided in the unit, as well as operational policies regarding space sharing. For example, a Community Health Unit may contain a Chronic Disease Management service that employs a variety of professionals, including occupational therapists, physiotherapists, dietitians, and radiologists.

The unit may simultaneously house a family planning and child health programme that offers consultations with general practitioners and nurses, as well as holding educational and group classes. Both services require office space for staff, meeting rooms, consult rooms and treatment facilities and these may be shared, with one service using a certain room at certain times.

Generally, Community Health Units do not provide any form of Surgery as this is not permitted at RDL 1.

The minimum facilities offered at a Community Health Unit should suit General Practice and Family Medicine. This enables the Unit to act as a "Gatekeeper" for access to higher levels of service at RDL 2 to 6, depending on the healthcare policy adopted.

Specialist Clinical Areas

Services and specialties such as Audiology Clinics, Occupational Therapy and Physiotherapy, require Specialist Clinical Areas. The Community Health Unit provides a base for therapists to work from, store equipment and complete documentation. This area may be a hub for Home Healthcare or Home Rehabilitation.

Allied Health services are generally accommodated in specialised treatment and diagnostic spaces. General consultation and interviews may occur in multipurpose interview and consult rooms that are shared with other disciplines in the Unit. Additional Allied Health Specialties, which are common in Health Units, that have speciality space requirements are detailed below.

Refer to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) for specific room sizes and details.

Physiotherapy

Physiotherapy, if being offered as a service provision, requires an open treatment area with a number of bays to assist with evaluation, therapeutic exercise and ambulation training. The Treatment Area needs to accommodate equipment such as plinths, gym equipment, mats, treatment tables, parallel bars and steps.

Treatment Areas may include curtained bays or enclosed rooms if additional privacy is required. Treatment bays and rooms should be located with close access to Waiting Areas for patient access and plaster rooms and other treatment spaces for staff access. Plinths should be adjustable height; some may be double in size. Treatment bays may include mesh and pulleys for exercises to sides and ceiling space over the plinth.

Physiotherapists may also provide care through home visits, particularly for a specific population, such as those for chronic disease management and neuromuscular disorders.

Occupational Therapy

Occupational Therapy, if being offered as a service provision, may require an open Treatment/Activity Area for individual or group activities, or evaluation of patient equipment needs. Specialist rooms or areas may be required for activities of daily living (ADL) training and may include an ADL Kitchen, Laundry, Bathroom and Bedroom. Refer to Standard Components for specific ADL room requirements.

Another common model of care for Occupational Therapy services, including aged care, chronic illness and paediatric services, is the provision of care in the home. For this model of service delivery, the Community Health Unit would provide a base for care co-ordination as part of the larger multi-disciplinary team and undertaking documentation.

Family Health and Early Childhood

Family and Early Childhood health programs are commonly run by Nurses and Midwives who are able to offer health, development and wellbeing checks for new-borns and children as well as providing support, education and information for mothers.

Family Health is not exclusively for the care of new-borns and children, but also the health and wellbeing of patients across the age spectrum from teens to the elderly. General and Internal Medical Professionals (GP) treat patients with acute and chronic illnesses, provide preventative care, health education, case co-ordination and healthcare demand over the space of the lifespan.

Service areas may include a mix of closed assessment rooms, to ensure privacy for consultation and assessment, as well as larger communal areas which may be used for purposes such as mothercraft or birthing education classes. Assessment and communal rooms should be situated in close proximity to female/ family waiting areas and allow sufficient space for the temporary storage of prams and equipment.

Medical Imaging

Another speciality module of the Community Health Unit, which may be incorporated into the service plan, is Medical Imaging. Basic Medical Imaging in the form of x-ray and/ or ultrasound may assist physicians in patient diagnosis and treatment across many specialties. All modalities are welcome and can be accommodated subject to the appropriate permissions.

Day Surgery/ Procedure Unit

Refer to separate FPU found in these Guidelines.

Staff and Support Areas

Staff and Support areas for the Community Health Unit depend on the services provided and may include:

- Bays for linen, resuscitation trolley and mobile equipment
- Cleaners room
- Store rooms for general stock and equipment; storage for sterile stock may be required for treatment areas. If physiotherapy and occupational therapy areas are included, storage may be required for bulky equipment such as crutches, walking frames and other mobility equipment
- Offices for unit management and clinical staff
- Offices for administrative staff
- Staff amenities including Staff Room, Toilets, Shower and Lockers

Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity whose services work together closely to promote the delivery of services that are efficient in terms of management, cost, and human resources. Community Health Units, due to its makeup of several components and the need for patients to utilise more than one service per visit efficient functional relationships in the Unit is imperative.

External

- Principal relationships with other modules of the Unit include:
- Easily accessible to the community with private and public transport connections in close proximity
- Close to other local resources such as a shopping centre if a standalone centre or other public amenities such as local hospitals.

The Community Health Unit requires convenient access to:

- Car parking areas
- Ambulance entry with ambulance trolley access; a discreet entry for ambulance entry is recommended
- If the Unit incorporates a Day Surgery facility, it will require a stretcher sized lift. Though regardless, it is recommended to provided stretcher sized lifts.
- Service entry for deliveries and removal of waste
- Other health care modules on the site such as Medical Imaging, Laboratories and Pharmacy if colocated within the facility

Internal

The internal plan of the Community Health Unit (CHU) must allow clients to easily move to and from treatment and activity areas and enable efficient staffing.

Optimum internal relationships include:

- Reception/ Clerical Areas should have a direct view of the entry and waiting areas and be visible from adjacent staff areas for optimal security
- Medical records should be conveniently located for staff access or available as digital files. Access to consultation and treatment areas by clients should be controlled by the Reception area
- Consultation, interview, and treatment rooms should be easily accessible from the entry and waiting areas for patients
- Meeting/ Activity Rooms should be adjacent to the entry/ waiting area so they can be

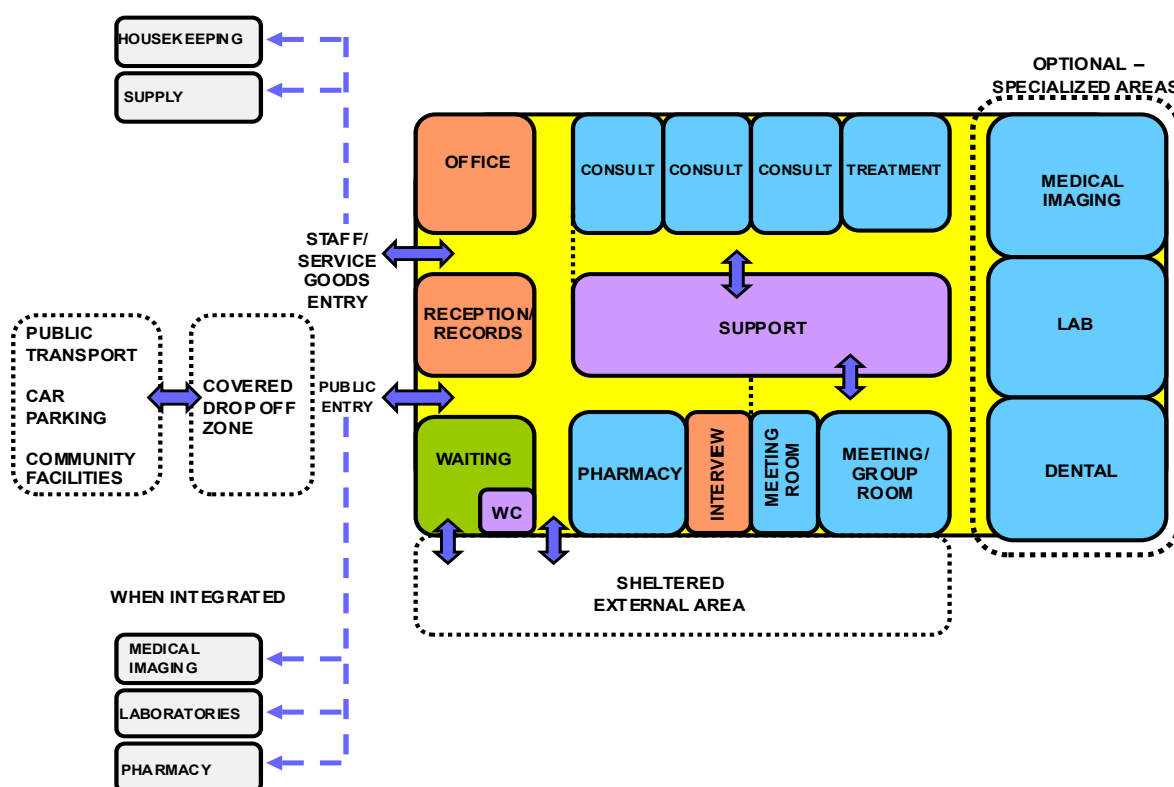
accessed after hours, and security maintained to the remainder of the Unit

- Staff areas should be located with ready access to entry, reception and client areas
- Staff offices and amenities should be separate from client and public areas to provide privacy and security

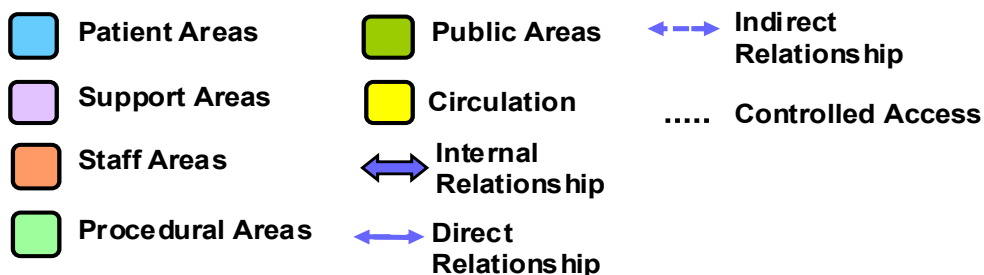
Functional Relationship Diagram

The Functional Relationships of a typical Community Health Unit either as a stand-alone unit or as part of a larger facility are demonstrated in the diagram below.

Primary Care Unit



LEGEND



The ideal external functional relationships demonstrated in the diagram above includes:

- A distinct relationship between public transport, car parking and the public entry Entrance for services, supplies, and staff via a service entry
- Alternative entry for staff via a public corridor
- Sub-waiting is not encouraged or required. However, if sub-waiting is used, it should not be in overly secluded or hidden areas. Locations with frequent staff flow and occasional observations are best suited to sub-waiting

Correct internal relationships creating efficient design include the following:

- Reception, administration, and waiting areas at the entry to the Unit, where Reception may act as a control point
- Ready access to Consult and Meeting/ Group room/s from waiting areas
- Interview, Meeting/ Group rooms located at the front of the Unit to permit afterhours access
- Centrally located support rooms with ready access to patient consult and therapy areas

4 Design Considerations

General

Parking

Car parking is required for clients, patient transport vehicles, hire/ taxi cab vehicles, staff and health service vehicles that may be stationed at the Unit. Car parking areas should have good access to the Unit entrance and amenities.

Patient Treatment Areas

The Community Health Unit should be designed to accommodate all types of patients and people within the community as determined by the endorsed clinical service plan. Provision should be made for the management of disabled patients, bariatric patients, and paediatric patients.

An adequate number of treatment rooms should be provided. A minimum of one is highly recommended.

Environmental Considerations

Acoustics

The Community Health 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 activity, preferably placing them away from quiet areas including consult rooms.

- Acoustic treatment is required to the following:
- Waiting and play areas should be located further away from the consult rooms, treatment spaces and staff areas
- Interview areas with clients require acoustic treatment in order to maintain the confidentiality of conversations between clients and clinicians
- Meeting rooms and discussion areas for staff where confidential patient information is shared require acoustic treatment
- Consultation/ treatment areas where loud equipment may be used or noise producing treatments are likely to take place should be treated to minimise the transmittal of noise

Refer to Part C - Access, Mobility, OH&S of these guidelines for further information on acoustic ratings.

Natural Light

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients and staff. Windows should be provided to all patient and staff spaces wherever possible.

External light to the majority of consultation rooms is recommended. However, this is not mandatory for all consultation rooms.

External lighting must be addressed for stand-alone units, including car parking areas, particularly if the Unit is accessed after-hours, according to Local Authority requirements.

Privacy

Staff observation of patients and patient privacy must be well-balanced within the Unit. Areas should be designed to avoid direct views into patient consult and treatment spaces from the outside, through windows and through doors. Privacy curtains should be provided where necessary.

Decentralised waiting areas may be included for segregation of patients into smaller gender specific areas, where required.

Space Standards and Components

Accessibility

Design should provide disabled access to all patient areas including Consult, Interview, Treatment and specialist clinical areas. Charging points for mobility equipment is useful and seating must accommodate a wide range of occupants including patients with mobility aids, children and bariatric patients.

For further details refer to Part C - Access, Mobility, OH&S in these Guidelines.

Ergonomics/ OH&S

Design of clinical spaces including Consult Rooms, Therapy Rooms, Treatment/ Therapy Rooms, and Activity Rooms and Waiting areas must consider Ergonomics and OH&S issues for patient, visitor and staff welfare.

Refer to Part C – Access, Mobility, OH&S in these Guidelines for further information.

Size of the Unit

The size of the Unit is influenced by:

- The size of the population served by the unit and the expected numbers of patients
- The clinical service plan that determines the range of specialty services and programs to be included
- Other health services available in the local district
- Referrals and transfers from other local districts

A Schedule of Accommodation (SOA) has been provided for a typical stand-alone Community Health Unit.

Drug Storage

Safety and Security

The Community Health Unit shall provide a safe and secure environment for patients, staff, and visitors, while remaining a non-threatening and supportive atmosphere conducive to optimal healthcare outcomes. Patients and family members attending the Community Health Unit may require access to lockable storage for personal items.

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.

The Community Health Unit, either stand-alone or located within a hospital precinct, requires sufficient external security which may include CCTV surveillance. The perimeter of the Unit must be lockable.

Internal areas should be planned with a high level of security and include:

- Zoning areas and grouping similar functions together with electronic access to areas
- Provide access and egress control which may use the Reception as the control point
- Provide good visibility to waiting and patient areas for staff

- Use of shutters and screens to provide additional security to public access points
- Fire safety signage requirements should be implemented and comply with Part E – Engineering in these Guidelines as well as Local Fire & Life Safety Code of Practice.

Finishes

Internal finishes including floor, walls, joinery, and ceilings should be suitable for the multipurpose function of the unit while promoting a pleasant environment for patients, visitors and staff.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards
- Suitable floor finishes with respect to slip resistance, movement of equipment and impermeable to fluids in treatment areas

Refer also to Part C – Access, Mobility and OH&S and Part D – Infection Control of these Guidelines for additional information.

Fixtures, Fittings and Equipment

Window Treatments

Window treatments should be durable and easy to clean. Consideration may be given to use of blinds, shutters, tinted glass, reflective glass, exterior overhangs, or louvers to control the level of lighting.

If blinds are to be used instead of curtains, the following is highly recommended:

- Vertical blinds and Holland 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 outside

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

Building Services 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.

Mechanical Services (HVAC)

The air conditioning system in the unit should be designed to maintain a comfortable temperature range in patient areas including waiting areas, meeting rooms, therapy areas and consult rooms.

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

Hydraulics/ Water Treatment

Warm water shall be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold-water services.

For further information and details refer to Part E – Engineering Services in these Guidelines.

Information Technology (IT) and Communications

Information & Communication Technology Unit design should address the following Information Technology/ Communications issues for optimal operation of the Unit:

- Electronic health records, prescriptions and investigation requests

- Patient Administration Systems (PAS), including patient booking systems
- Computers including mobile and handheld units, email and paging systems
- Data and communication outlets, servers, and communication room requirements.
- Picture Archiving Communication System (PACS)
- Electronic supplies management systems
- Optional availability of Wi-Fi for staff, patients, and waiting visitors
- Videoconferencing, teleconferencing, and telemedicine requirements

Nurse Call / Emergency Call / Staff Call

Community Health Units should consider providing an electronic call system next to each treatment space including Consultation, Examination, Procedure, Treatment Rooms and Patient Areas (including toilets), to allow for patients to alert staff in a discreet manner at all times.

All calls are to be registered at the Staff Station 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.

Provision of a Duress Alarm system is required for the safety of staff members who may occasionally face threats imposed by clients/ visitors. Duress call buttons may be considered at all Reception/ Staff Stations, Consult rooms and Treatment rooms where staff may spend time with a client in isolation or alone. The combination of fixed and personal duress units should be considered as part of the safety review during planning for the unit.

Radiation Shielding

If Medical Imaging is included in the service plan, the imaging rooms and areas where mobile imaging is used may require radiation shielding. A certified physicist or qualified expert is to assess the plans and specifications for radiation protection as required by the relevant local radiation/ nuclear safety authorities. A radiation protection assessment specifies the type, location and amount of radiation protection required for an area according to the final equipment selections, the layout of the space and the relationship between the space and other occupied areas.

Radiation protection requirements must be incorporated into the final specifications and building plans. Consideration should be given to the provision of floor and ceiling shielding when rooms immediately above and below are occupied. These specifications must comply with the relevant local radiation/ nuclear safety authorities.

Infection Control

Handbasins

Handwashing facilities are required in Corridors, Patient and Treatment areas and the other areas specified in the Standard Components.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to Staff and Treatment Areas.

Handbasins are to comply with Standard Components – “Bay - Handwashing” and Part D - Infection Control.

Hand Basins in Patient Areas should be used solely for infection control purposes.

Antiseptic Hand Rubs

- Antiseptic hand rubs should be located so they are readily available for use at points of care and in high traffic areas
- The placement of alcohol-based 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 Handwashing Bays. Both are required

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 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/ 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 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 Community Health 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 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. Non-Standard rooms are identified in the Schedules of Accommodation as NS and are separately covered below.

Entry Canopy

A stand-alone facility requires a canopy at the Entry to provide undercover access to the building for vehicles. The Canopy should be sized to accommodate the type of vehicles expected at the facility including ambulances, taxi cabs, patient transport vehicles and private vehicles.

6 Schedule of Equipment (SOE)

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

Room Name		
Consult Room, Room Code (cons-i)		
Air flowmeter (optional)	Monitor: physiologic, vital signs (optional)	Table: examination/ treatment
Diagnostic set	Oxygen flowmeter (optional)	
Light: examination (optional)	Suction adapter (optional)	
Gymnasium, 45m2, Room Code (gyah-45-i)		
Defibrillator: with monitor (optional)	Exercise stairs	Table: examination/ treatment, rehabilitation
Exercise bicycle	Parallel bars	Table: mat, 1200mm
Exercise mat	Pulley weights	Treadmill: exercise, automatic
Plaster Room, Room Code (plst-14-i)		
Air flowmeter	Monitor: physiologic, vital signs (optional)	Suction adapter
Cast cutter: with vacuum	Oxygen flowmeter	
Light: examination	Stretcher: procedure/ recovery	
Treatment Bay, Room Code (pbtr-h-10-i) similar, Treatment Bay (Enclosed), Room Code (pbhe-12-i) similar		
Air flowmeter	Oxygen flowmeter	Table: examination/ treatment, rehabilitation
Nerve stimulator: electrical (TENS)	Suction adapter	
Audiology Testing, Room Code (audio-i)		
Analyser: hearing aid	Audiometric booth	Tympanometer/ audiometer
Audiometer: diagnostic		
Podiatry Treatment, Room Code (podt-15-i)		
ABI vascular system	Drill: podiatry	Oxygen flowmeter
Air flowmeter	Foot measurement system	Suction adapter
Chair: podiatry	Light: examination	Whirlpool: podiatry
Doppler: vascular	Monitor: physiologic, vital signs	
Dental Surgery Room, Room Code (densr-14-i)		
Air flowmeter	Dental: delivery unit	Suction adapter
Dental: x-ray unit, intraoral	Oxygen flowmeter	
Dental Imaging, Room Code (deni-i)		
Dental: x-ray unit, 2D (or 3D)		
General X-ray, Room Code (genxr-i)		
Air flowmeter	Suction adapter	X-ray unit: general purpose
Oxygen flowmeter		
Ultrasound, Room Code (ultr-i)		
Oxygen flowmeter	Table: examination, ultrasound	Ultrasound scanning unit: general
Suction adapter		

7 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 sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit 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, 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 Schedules of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full Role Delineation Framework (Part A - Appendix 6) in these guidelines for a full description of RDL's.

The table below shows the SOA for a typical Community Health Unit at RDL 1 and 2. At RDL 3 and above, where facilities are hospital-based, Community Health Unit FPU is no longer applicable.

Community Health Unit

Room/ Space	Standard Component Room Codes	RDL 1/2 Qty x m ²			Remarks
Entry / Reception					All room areas depend on size of service
Entry Canopy	NS	1	x	*	*External area; allow for patient transport and ambulances
Airlock - Entry	airle-10-i	1	x	10	Main Entry. Directly adjacent to reception and waiting areas.
Bay - Wheelchair Park	bwc-i	1	x	4	May also be used for prams.
Parenting Room	par-i	1	x	6	Baby change/feed
Play Area	plap-10-i	1	x	10	Optional. Provide if paediatric / family services are provided.
Reception/ Clerical	recl-15-i	1	x	20	Up to 4 staff.
Toilet - Accessible	wcac-i	1	x	6	Adjacent to waiting. Gender separate areas may be required according to cultural requirements
Toilet- Public (Male/ Female)	wcpu-3-i	2	x	3	Adjacent to waiting
Waiting	wait-50-i	1	x	50	May be divided into gender separated areas. Size for client numbers and service mix.
Waiting - Family	wait-50-i	1	x	50	Optional. Provide if paediatric/ family services are provided. Adjacent to play area. Include space for prams.
Client Areas					May be shared between services
Bay - Beverage, Enclosed	bbev-enc-i	1	x	5	For large meeting rooms.
Consult/ Exam Room	cons-i	2	x	14	Multifunctional, programmed use.
Meeting Room - Small	meet-12-i	4	x	12	Interview/assessment use
Meeting Room - Medium / Large	meet-l-30-i	2	x	30	Group therapy/ education function.
Meeting Room - Large	meet-l-55-i	1	x	55	Multifunctional purpose. External access for after-hours use.
Treatment Room	trmt-14-i	2	x	14	Multi-functional, quantity as per service demand
Support Areas					Inclusions depend on Service Plan
Bay - Handwashing, Type B	bhws-b-i	4	x	1	Distributed as required. Refer to Part D - Infection Control.
Bay - Linen	blin-i	1	x	2	Need depends on operational policies.
Bay - Resuscitation Trolley	bres-i	1	x	1.5	
Cleaner's Room	clrm-6-i	1	x	6	1 per 1000m2
Clean Utility/ Medication	clum-14-i	1	x	14	Includes medication storage
Dirty Utility	dtur-12-i	1	x	12	
Disposal Room	disp-8-i	1	x	8	
Store - Equipment	steq-20-i	2	x	20	Size and quantity depends on equipment to be stored.
Store - Files	stfs-10-i	1	x	10	Optional, Medical Records, may be electronic records
Store - Gas Bottle, Full	stgb-f-i	1	x	10	Optional, if medical gases required; Near service areas
Store - General	stgn-8-i	2	x	8	
Store - Photocopy / Stationery	stps-8-i	1	x	8	Adjacent to Reception/ Administration areas.
Office/ Administration Areas					
Office - 4 Person Shared	off-4p-i	1	x	20	Administration. Adjacent to reception
Office - Single Person	off-s12-i	1	x	12	Facility Manager. Adjacent to Reception/ Administration
Office - Single Person	off-s9-i	2	x	9	Depends on staffing and operational policies
Office - Workstation	off-ws-i	4	x	5.5	For clinical staff. Quantity depends on staffing profile
Staff Areas					
Change - Staff (Male/ Female)	chst-20-i	2	x	20	Toilets, Shower and Lockers; Size depends on staff numbers.
Staff Room	srm-25-i	1	x	25	Size depends on staff numbers.
Toilet – Staff (Male/Female)	wcst-i	2	x	3	As required; in addition to change room facilities

Part B: Health Facility Briefing & Design
Community Health Unit

Room/ Space	Standard Component Room Codes	RDL 1/2 Qty x m ²			Remarks
Sub Total		580.5			
Circulation %		32			
Area Total		786			

Specialist - Optional: Subject to service provision

Room/ Space	Standard Component Room Codes	RDL 1/2 Qty x m²			Remarks
Physiotherapy Area					Optional
Bay - Resuscitation Trolley	bres-i	1	x	1.5	
Consult/ Exam Room	cons-i	1	x	14	For assessment and treatment. May share
Change - Patient (Male/ Female)	chpt-12-i	2	x	12	Adjacent to Gymnasium
Gymnasium	gyah-60-i	1	x	60	For up to 6 patients per hour. Includes write-up. May be split into 2 x 30m2 spaces to allow gender separated areas in accordance with cultural requirements. Operating times may be separated for males and females where required in accordance with cultural norms
Office - Write-Up	off-wi-3-i	2	x	3	Adjacent to treatment cubicles.
Plaster Room	plst-14-i	1	x	14	Optional
Store - Equipment	steq-10-i	1	x	10	May be a cupboard
Toilet – Accessible (Male/ Female)	wcac-i	2	x	6	Close to treatment bays
Treatment Bay	pbtr-h-10-i similar	4	x	10	May be divided into gender separated areas in accordance with cultural requirements. Open bays with privacy screen
Treatment Bay (Enclosed)	pbhe-12-i similar	2	x	12	May be divided into gender separated areas in accordance with cultural requirements
Bay - Handwashing, Type B	bhws-b-i	1	x	1	
Occupational Therapy Area					Optional
ADL Bathroom	adlb-i	1	x	12	Optional; assessment may be conducted in patient's home
ADL Kitchen	adlk-enc-i	1	x	12	Optional; assessment may be conducted in patient's home
ADL Laundry	adll-8-i	1	x	8	Optional; assessment may be conducted in patient's home
Consult/ Exam Room	cons-i	1	x	14	For assessment and treatment. May share consult rooms in general client area.
Equipment Clean-Up	ecl-10-i	1	x	10	
Gymnasium - Paediatric	gyah-45-i	1	x	45	Size depends on service demand.
Observation Room	obs-i	1	x	9	Optional. To consult room and / or play gymnasium.
Office - Write-Up	off-wi-3-i	1	x	3	Adjacent to ADL training areas.
Plaster Room	plst-14-i	1	x	14	Optional. For hand splinting and lymphedema services. May be shared with Physiotherapy.
Store - Equipment	steq-14-i	1	x	14	
Speech Pathology Area					Optional
Consult/ Exam Room (Speech Therapy)	cons-i similar	1	x	14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
Observation Room	obs-i	1	x	9	Optional.
Office - Write-Up	off-wi-3-i	1	x	3	Optional. Provide if consult room and office not combined.
Store - General	stgn-8-i	1	x	8	Includes resource storage.
Audiology Area					Optional
Audiology Testing Room	audio-i	1	x	14	May include audiology booth within this area Combined office and consultation room depends on unit policies. May share consult rooms in general client area
Office/ Consult Room	cons-i	1	x	14	

Part B: Health Facility Briefing & Design
Community Health Unit

Room/ Space	Standard Component Room Codes	RDL 1/2 Qty x m ²			Remarks
Podiatry Area					Optional
Consult/ Exam Room	cons-i	1	x	14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
Podiatry Treatment	podtr-15-i	2	x	15	
Equipment Clean-Up	ecl-10-i	1	x	10	
Dental Area					Optional
Dental Clean-Up/ Sterilising	dencu-8-i	1	x	8	
Dental Surgery	densr-14-i	2	x	14	
Dental Workroom	denw-12-i	1	x	12	
Dental Imaging	deni-i	1	x	8	Storage and developing.
Office - Write-Up (Shared)	off-wis-i similar	1	x	6	
Medical Imaging Area					Optional
Consult/ Exam Room	cons-i	1	x	14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
General X-Ray	genxr-i	1	x	30	
Ultrasound	ultr-i	1	x	14	
Toilet - Accessible	wcac-i	1	x	6	For Ultrasound Room
Change Cubicle - Accessible	chpt-d-i	1	x	4	For X-Ray Room
Preparation/ Set up Room	prep-s-i	1	x	9	
Office – Write Up (Shared)	off-wis-i similar	1	x	6	
PACS Storage and Viewing	pacs-i	1	x	16	
Visa Medical					Optional
Consult/ Exam Room	cons-i	2	x	14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area
Waiting	wait-10-i	1	x	10	Used as sub waiting area
Blood Collection Bay	bldc-5-i	1	x	5	Bay may be within a room
General X-Ray	genxr-i	1	x	30	If larger Medical Imaging Area not provided otherwise can be shared
Bay - Handwashing, Type B	bhws-b-i	1	x	1	
Sub Total		698			
Circulation %		32			
Total Areas		922			

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 Role Delineation 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

8 References and 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:

- Australasian Health Facility Guidelines (AushFG), Part B 'Health Facility Briefing and Planning-Community Health', 2016, refer to website: https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0255_6_0.pdf
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Health Care Facilities; 2014 Edition; refer to website www.fgiguidelines.org
- U.S. Department of Veterans Affairs, Office of Construction & Facilities Management: 'Prototype for Standardized Design and Construction of Community Based Outpatient Clinics' <http://www.cfm.va.gov/til/spclRqmts.asp#SIGN>
- Gov.UK DH Health Building Notes (HBN 00-01) 'Designing Health and Community Care Buildings' (2014) <https://www.gov.uk/government/collections/health-building-notes-core-elements>
- Gov.UK DH Health Building Notes 2013: <https://www.england.nhs.uk/publication/facilities-for-primary-and-community-care-services-hbn-11-01>
- International Health Facility Guideline (iHFG) www.healthdesign.com.au/iHFG