

29.0 Operating Unit

29.1 Introduction

29.1.1 Description

The Operating Unit provides a safe and controlled environment for the operative care of patients undergoing diagnostic/ surgical procedures under anaesthesia and peri-operative care including post procedure recovery.

29.2 Planning

29.2.1 Operational Models

Operation models include the following options:

INTEGRATED AMBULATORY CARE MODEL

This is a dedicated unit where patients access surgical and/or medical procedures and other complementary services on a planned day-only basis.

PERI-OPERATIVE MODEL

In this model patients have planned surgery and are admitted as a day-only or day-of-surgery admission in a dedicated facility. Surgery and 1st stage recovery is undertaken in the Operating Unit. Day-only cases are then transferred back to the facility for pre-discharge care. Day-of-surgery admissions may be transferred to an inpatient unit following recovery.

SHORT STAY SURGERY MODEL

This is a dedicated unit where patients have planned surgery as a day-only or overnight admission; patients are transferred to the Operating Unit for surgery and 1st stage recovery, and then returned to the facility. Post-operative stay is usually less than 48 hours.

SPECIALIST SURGEY MODEL

This model provides for a single specialty or compatible specialties such as ophthalmology, plastic surgery or urology. Patients are admitted and discharged on a day-only basis.

29.2.2 Planning Models

The Operating Unit shall be located and arranged to prevent non-related traffic through the suite.

The number of Operating Rooms and Recovery beds and the sizes of the service areas shall be based on the service plan and expected surgical workload. The size, location, and configuration of the surgical suite and support service departments shall reflect the projected case load and service plan of the Unit.

A number of planning models may be adopted including:

SINGLE CORRIDOR

The single corridor model involves travel of all supplies (clean and used) as well as patients (pre and post operative) in one main corridor. There is ongoing debate as to the suitability of this approach. However, this option is considered suitable provided:

- the main corridor is sufficiently wide in order to permit separation of passage of goods and services;
- handling of clean supplies and waste is carefully managed to avoid cross contamination

A major disadvantage of this planning model is that a patient awaiting surgery may be exposed to post operative patients



DUAL CORRIDOR or RACE TRACK

The Dual Corridor or 'Race Track' model allows for all the Operating rooms to be accessed from an external corridor for patients and directly from a central Set Up/Sterile Stock Room for sterile goods. This model aims to separate 'dirty' from 'clean' traffic by controlling the uses of each corridor.

In this design, there must not be cross traffic of staff and supplies from the decontaminated/soiled areas to the sterile/ clean areas.

In this model, stock and staff can be concentrated in one location, preventing duplication of equipment stock and staff.

CLUSTERS OF OPERATING ROOMS

In this model Operating Rooms may be clustered according to specialty, with a shared Sterile Stock and Set-Up Room for each group or cluster.

Disadvantages of this model include:

- additional corridor and circulation space required for corridors around clusters of rooms, which reduces the available space for stock;
- potential duplication of stock and additional staff requirements may result in increased operating costs

DEDICATED THEATRES WITH FIXED OR MOBILE EQUIPMENT

In this model Operating rooms are dedicated to specific types of surgery such as hybrid operating/ imaging rooms, urology, vascular, neurology or other specialties requiring specific equipment. This may be beneficial in larger suites where the case volume justifies specialisation, however, smaller suites may favour flexibility of Operating Room use. Fixed equipment can preclude the multifunctional use of the room.

TSSU/ CSSU

The Operating Unit is a major user of sterile stock and the location of the instrument processing area and sterile stock is of high importance.

There are two main options available for supply of sterile stock to the Operating Unit:

- a dedicated TSSU (Theatre Sterile Supply Unit) serving only the Operating Unit
- a CSSU (Central Sterile Supply Unit) that also serves other areas of the hospital.

The TSSU may be located within the Operating Suite or externally. It is preferable to locate the TSSU adjacent with direct access to the Operating Suite. The TSSU may also be located on another floor of the building connected by dedicated clean and used goods lifts.

The CSSU may be located in a service zone of the hospital. There is a strong functional link between the CSSU and the Operating Unit; efficient transport of stock to and from each unit will require careful planning.

29.2.3 *Functional Areas*

The Operating Unit consists of the following functional areas:

- Admissions and Reception Area for receipt and admission of patients to the Unit, with general overseeing of day to day operations, control of entry and exit from the Unit and completion of general administrative tasks
- Holding areas for holding and management of patients prior to their operation or procedure
- Operating Rooms area where procedures are carried out
- Support Areas including storage and management of stock and sterile supplies, disposal of waste and sterilisation of smaller items
- Recovery Areas where patients are assisted through the process of recovering from the effects of anaesthetic
- Administrative and Staff Areas including Change Rooms, Staff Room, Offices and administrative space for clinical staff.



DENTAL SURGERY

In addition to the standard operating room equipment and services (refer to Standard Component Operating Room), items considered essential for dental procedures are as follows:

- One compressed dental air outlet situated close to the service panels for medical gases, suction and electrical outlets, with the provision of a regulated bottle of appropriate compressed air as emergency backup or secondary use
- Facilities for dental X-ray.

LABORATORY AREAS

Depending on the service plan and unit policy, an area for preparation and examination of frozen sections may be provided. This may be part of the general Pathology Laboratory if immediate results are obtainable without unnecessary delay in the completion of surgery.

STAFF AMENITIES

Appropriate Change Rooms, toilet and showers shall be provided for male and female personnel (nurse, doctors and technicians) working within the Operating Unit. The Change Rooms shall contain adequate lockers, showers, toilets, handbasins and space for donning surgical attire and booting. Staff Change Rooms shall be arranged to encourage a one-way traffic pattern so that personnel entering from outside the surgical suite can change and move directly into the Operating Unit.

Alternatively, the entrance to the Change Rooms may be planned in direct view of a Staff Station at the entrance to the Operating Unit. The Change Room entrance door shall be provided with locks or electronic access devices to prevent the entry of unauthorised persons into the Operating Unit.

Notes:

- It is desirable but not mandatory to increase the number of facilities for female change rooms by approximately 30%
- In male change rooms 50% of toilets may be replaced with urinals
- Warm air hand dryers shall be avoided

FLASH STERILISING FACILITIES

A Flash Steriliser should be located in the unit, however, the use of this method of sterilising should be restricted to situations where a single instrument has been dropped and there is no sterile duplicate available. Flash sterilising is not suitable for processing of cannulated, complex instruments, suction and other tubing, textiles, paper or liquids.

STORAGE

Adequate Equipment Store room/s for equipment and supplies used in the Operating Unit shall be provided. Equipment Stores shall be provided at the minimum rate of 10 m² per Operating Room.

Note:

- Store Rooms do not necessarily require doors.
- Store Rooms are best designed in an elongated rectangular shape to allow easy access to all items.
- The design of the Operating Unit should allow for ease of access to the storage areas for delivery of Operating Unit consumables. Controlled access from an external corridor is highly desirable.

Mobile Equipment Bays shall be provided for equipment such as portable X-ray equipment, stretchers, trolleys, warming devices and mobile equipment. Mobile Equipment Bays shall comply with Standard Components and be provided at the minimum quantity of one per operating room. Equipment Bays are best designed as elongated rectangular shapes and may be combined for space efficiency.



BIOMEDICAL STORE/ WORKSHOP

An area for testing operating equipment may be included in the Operating Unit. This room may be collocated with a General Store, or a dedicated room for this purpose may be necessary. A direct corridor access to this room is recommended, with controlled access to the remainder of the Operating Unit

29.2.4 *Functional Relationships*

The Operating Unit requires close relationships with the following areas, particularly for urgent cases:

- Emergency Unit
- Intensive Care Units
- Obstetric Unit
- Helipad

Links between these Units and the Operating Unit should be rapid, direct and discreet; transit of severely ill patients to and from the Unit through public corridors should be avoided.

The Operating Unit has a direct operation link with the following Units:

- Peri-operative Unit/ Day Surgery
- TSSU/ CSSU

Other Units that have a close relationship include:

- Pathology;
- Imaging
- Obstetric/ Birthing Unit for Caesarean Section procedures

29.3 Design

29.3.1 *Environmental Considerations*

NATURAL LIGHT

The need for an external view from the Operating Room is an important consideration.

Provision of windows need to consider the following:

- vision from the Operating Room could be through a corridor, set up area or directly to the external environment
- many procedures require black-out
- there are heating, cooling and shading implications for windows in the Unit located on the outside of the building that may have an impact on the recurrent costs for maintenance and cleaning
- viewing windows from a corridor to the Operating Room can be useful for supervision and training purposes
- windows to Recovery, Staff Lounge and TSSU areas where staff spend a majority of their time, should be given a high priority.

29.3.2 *Finishes*

Operating Units shall have the following finishes:

- floors that are smooth, non-slip impervious material laid in a continuous washable material and graded where necessary to fall to floor waste; floor material that resists staining is recommended
- wall finishes which are seamless, impervious and washable
- ceilings which are smooth and impervious
- intersections of walls and architraves to be rendered watertight junctions.

In all areas where patient observation is critical such as Operating Room/s, Anaesthetic Room/s, Recovery Area/Room, Holding Area/Room, colours shall be chosen that do not alter the observer's perception of skin colour.



29.3.3 *Infection Control*

Infection control issues are paramount in the Operating Unit and require careful attention to planning models and separation of clean and dirty workflows. Refer to Part D Infection Control in these Guidelines for additional information.

29.3.4 *Safety and Security*

Access control is required to the patient and staff entry areas of the Operating Unit. Limiting the number of entries and locating the Reception area with direct overview of entry areas is highly desirable.

29.3.5 *Building Services Requirements*

MEDICAL GASES

Main storage of medical gases must be outside the facility and reticulated internally to gas outlets. Provision shall be made for additional separate storage of reserve gas cylinders necessary to complete at least one day's procedures.

29.4 Components of the Unit

The Operating Unit will consist of a combination of Standard Components and Non-Standard Components. Provide Standard Components to comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

29.4.1 *Non Standard Components*

PERFUSION ROOM

Description and Function

The Perfusion Room is for the preparation of perfusion equipment, and where set-up for cardiac procedures is undertaken.

Location and Relationships

The room will be located in close proximity to the Cardiac Operating Room/s and adjacent to a Perfusion Store.

Considerations

Room requirements may include:

- Heavy duty shelving for storage of perfusion fluids and equipment
- Computer workstation for a perfusion technician including power and data outlets
- Handwashing basin Type B with paper towel and soap fittings
- Bench, sink and cupboard unit for servicing of the perfusion machine



29.5 Schedule of Accommodation

29.5.1 Operating Unit Generic Schedule of Accommodation Schedule of Accommodation for an Operating Unit for Level 2-6

ROOM/ SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
ADMISSIONS/RECEPTION AREA		1OR	2 ORs	4 ORs	12 ORs	
RECEPTION/CLERICAL	yes	1 x 9	1 x 12	1 x 12	1 x 15	May include space for porter
WAITING	yes	1 x 20	1 x 20	1 x 20	1 x 50	
MEETING ROOM			1 x 9	1 x 9	1 x 12	
PRE-OPERATIVE HOLDING AREA						
PATIENT BAY – HOLDING	yes	2 x 8	2 x 8	4 x 8	4 x 8	
OFFICE – WRITE UP BAY	yes		1 x 6	1 x 6	1 x 6	Staff work area based on 3m2 per person
STAFF STATION	yes				1 x 6	Reception area can be used levels 2-4
BAY – HANDWASHING	yes	1 x 1	1 x 1	1 x 1	1 x 1	Handicap accessible
BAY – LINEN	yes			1 x 2	1 x 4	1 per 16 spaces
BAY – BLANKET WARMER	yes			1 x 1	2 x 1	
CLEAN UTILITY	yes	1 x 6	1 x 6	1 x 8	1 x 8	For level 2-3 clean utility could be collocated with staff station
DIRTY UTILITY	yes			1 x 8	1 x 8	
OPERATING ROOMS AREA						
ANAESTHETIC INDUCTION	yes	1 x 15	2 x 15	4 x 15	10 x 15	1 per theatre
ANAESTHETIC INDUCTION – LARGE	yes similar				2 x 18	Optional
OPERATING ROOM – GENERAL	yes	1 x 42	2 x 42	4 x 42	6 x 42	
OPERATING ROOM - LARGE	yes				6 x 58 optional	Provide according to service demand
OPERATING ROOM – HYBRID X RAY	yes				1 x 42 optional	Provide according to service demand
OPERATING ROOM – HYBRID CATHETER LAB	yes				1 x 50 optional	Provide according to service demand
OPERATING ROOM – DIGITAL	yes				1 x 55 optional	Provide according to service demand
OPERATING ROOM – HYBRID C.T	yes				1 x 70 optional	Provide according to service demand
OPERATING ROOM VASCULAR/CARDIAC/IMAGING	yes				1 x 65 optional	Provide according to service demand
SCRUB-UP	yes	1 x 8	2 x 8	4 x 8	12 x 8	1 per theatre or larger bay shared between 2 theatres
EXIT BAY		1 x 8	2 x 8	4 x 8	12 x 8	1 per theatre
O.R SUPPORT AREA						
CLEAN UP	yes	1 x 15	1 x 15	2 x 15	6 x 15	1 per 2 theatres
FLASH STERILISING	yes	1 x 2	1 x 2	1 x 2	1 x 2	



ROOM/ SPACE	Standard Component		Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
STORE – NON STERILE/DEBOXING	yes similar			1 x 20	1 x 30	1 x 40	based on 10-12 m2 per OR
STORE – STERILE STOCK	yes		1 x 12	1 x 24	1 x 44	1 x 120	
OPERATING ROOMS AREA			1OR	2 ORs	4 ORs	12 ORs	
BAY – MOBILE EQUIPMENT	yes		1 x 3	1 x 3	2 x 3	12 x 3	1 per theatre; may be collocated
SET UP	yes			1 x 8 optional	2 x 8 optional	6 x 8 optional	Depends on Operational policy of the unit
STORE – MAJOR EQUIPEMENT	yes similar		1 x 30	1 x 30	1 x 40	1 x 75	
STORE – MINOR EQUIPMENT	yes similar			1 x 10	1 x 25	1 x 60	
ANAESTHETIC WORKROOM & BIOMEDICAL EQUIPMENT	yes			1 x 10	1 x 15	1 x 20	
ANAESTHETIC STORE	yes			1 x 15	1 x 20	1 x 35	
PERFUSION ROOM						1 x 20 optional	
STORE – PERFUSION	yes similar						
BAY – LINEN	yes		1 x 2	1 x 2	2 x 2	2 x 2	
BAY – FLUID/BLANKET WARMER	yes		1 x 2	1 x 2	2 x 2	2 x 2	
AUDIOVISUAL WORKROOM	yes similar					1 x 12	
CLEANER'S ROOM	yes		1 x 5	1 x 5	2 x 2	2 x 2	Provide 1 per 8 theatres
DISPOSAL	yes similar		1 x 10	1 x 10	1 x 10	2 x 10	
BLOOD STORAGE	yes		1 x 2	1 x 2	1 x 2	2 x 2	
BAY – PATHOLOGY	yes			1 x 9 optional	1 x 9 optional	1 x 9	
OFFICE – WRITEUP BAY	yes		1 x 6	1 x 6	2 x 6	2 x 6	

RECOVERY AREAS (STAGE 1)

ROOM/ SPACE	Standard Component		Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
			1OR	2 ORs	4 ORs	12 ORs	
PATIENT BAY – RECOVERY	yes		2 x 9	4 x 9	8 x 9	24 x 9	2 bays per theatre
STAFF STATION – RECOVERY	yes		1 x 9 optional	2 x 9	2 x 12	2 x 20	
CLEAN UTILITY	yes similar		1 x 10	1 x 12	2 x 12	2 x 14	Direct access to recovery area
DIRTY UTILITY	yes similar		1 x 8	1 x 10	2 x 8	2 x 10	Direct access to recovery area
BAY – LINEN	yes		1 x 2	1 x 2	1 x 2	2 x 2	1 per 16 recovery bays
BAY – BLANKET/FLUID WARMER	yes		1 x 2	1 x 2	1 x 2	2 x 2	1 per 16 recovery bays
STORE – GENERAL	yes			2 x 6	2 x 6	2 x 10	
BAY RESUSCITATION TROLLEY	yes		1 x 1	2 x 1	2 x 1	2 x 1	
BAY - HANDWASHING	yes		1 x 1	1 x 1	2 x 1	4 x 1	



STAFF AREAS

ROOM/ SPACE	Standard Component		Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
MEETING ROOM – SMALL	yes					1 x 9	
STAFF CHANGE – MALE/FEMALE	yes		2 x 20	2 x 25	2 x 35	2 x 120	Includes showers & toilets separate male/female areas
STAFF TOILET	yes					2 x 3	addition to toilets in Staff change
DISCOUNTED CIRCULATION			35%	35%	40%	45%	
CLINICAL SUPPORT AREA							
OFFICE – SINGLE PERSON	yes		1 x 9	1 x 9	1 x 9	2 x 9	Clinical Nurse consultant
OFFICE – SINGLE PERSON 12M2	yes				1 x 12	2 x 12	Nurse manager
OFFICE – SINGLE PERSON	yes		1 x 9	1 x 9	3 x 9	3 x 9	Surgeon, anaesthetist nurse educator
OFFICE – 2 PERSON SHARED	yes				1 x 12	2 x 12 optional	
OFFICE – 3 PERSON SHARED	yes				1 x 15	2 x 15 optional	
MEETING ROOM – 12M2	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	According to staffing establishment
MEETING ROOM – MEDIUM/LARGE	yes				1 x 15	2 x 30	

PERIOPERATIVE AREA

ROOM/ SPACE	Standard Component		Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
ADMISSION RECEPTION AREAS							
RECEPTION/CLERICAL	yes		1 x 9	1 x 9	1 x 9	1 x 12	May be shared with theatre reception
CLERICAL SUPPORT/MEDICAL RECORDS	yes similar		1 x 9	1 x 9	1 x 9	1 x 12	may be shared at Operating unit/ambulatory care unit
PUBLIC WAITING	yes		1 x 20	1 x 50	1 x 50	1 x 100	
PUBLIC WAITING - FAMILY	yes		1 x 6	1 x 10	1 x 25	1 x 50	Lounge area for relatives of patients
PUBLIC TOILET	yes		2 x 3	2 x 3	4 x 3	4 x 3	
PUBLIC TOILET – ACCESSIBLE	yes		1 x 5	1 x 5	2 x 5	2 x 5	
WAITING – WARDSPERSON	yes similar			1 x 6	1 x 6	1 x 9	
PRE-OPERATIVE AREA							
PATIENT CHANGE CUBICLE	yes		2 x 2	4 x 2	6 x 2	8 x 2	
PATIENT CHANGE CUBICLE ACCESSIBLE	yes		1 x 4	1 x 4	2 x 4	2 x 4	
WAITING – CHANGED PATIENT	yes		1 x 20	1 x 20	1 x 50	1 x 50	
1 BED ROOM – ISOLATION	yes		1 x 18	1 x 18	2 x 18	2 x 18	
BAY – RESUSCITATION TROLLEY	yes		1 x 2	1 x 2	2 x 2	2 x 2	
CONSULT ROOM	yes		2 x 12	2 x 12	3 x 12	4 x 12	



ROOM/ SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
ENSUITE – ISOLATION ROOM	yes	1 x 5	1 x 5	2 x 5	2 x 5	
ANTEROOM	yes	1 x 6	1 x 6	2 x 6	2 x 6	
PATIENT BAY – HOLDING		2 x 8	4 x 8	8 x 8	12 x 8	Allow 2 bays per OR.
PATIENT PROPERTY BAY	yes	1 x 4	1 x 4	1 x 8	1 x 8	
BAY – HANDWASHING	yes	1 x 1	1 x 1	2 x 2	3 x 2	
SHOWER – PATIENT	yes	2 x 3	2 x 3	4 x 3	4 x 3	
TOILET – PATIENT	yes	2 x 3	2 x 3	4 x 3	4 x 3	
TOILET – PATIENT ACCESSIBLE	yes	1 x 5	1 x 5	2 x 5	2 x 5	
CLEAN UTILITY/MEDICATION	yes	1 x 10	1 x 10	1 x 12	1 x 12	
POST OPERATIVE AREA						
PATIENT BAY – RECOVERY (STAGE 2)	yes	2 x 9	4 x 9	8 x 9	12 x 9	
LOUNGE – RECOVERY (STAGE 3)	yes	1 x 20	1 x 30	1 x 60	1 x 180	Allow for 3 lounge chairs per OR at 5m2 per chair
STAFF STATION – RECOVERY	yes	1 x 9	1 x 9	1 x 12	1 x 16	
CLEAN UTILITY	yes	1 x 10	1 x 10	1 x 12	1 x 14	
DIRTY UTILITY	yes	1 x 10	1 x 12	1 x 14	1 x 14	May be shared
DISPOSAL ROOM	yes	1 x 8	1 x 8	1 x 10	1 x 10	May be shared
BAY – LINEN	yes	1 x 2	1 x 4	1 x 4	1 x 8	
BAY – BLANKET/FLUID WARMER	yes	1 x 2	1 x 4	1 x 4	1 x 8	
STORE – GENERAL	yes	1 x 6	1 x 8	1 x 10	1 x 20	
BAY – RESUSCITATION TROLLEY	yes	1 x 1	1 x 1	2 x 1	2 x 1	
BAY – HANDWASHING	yes	1 x 1	1 x 1	2 x 1	2 x 1	
MEETING ROOM – 9M2	yes		1 x 9	1 x 9	2 x 9	

STAFF AREAS

ROOM/ SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
BAY - BEVERAGE	yes	1 x 3	1 x 3	1 x 6	1 x 6	
BAY - STAFF PROPERTY	yes	1 x 6	1 x 6	1 x 12	1 x 12	
BAY – PATHOLOGY	yes	1 x 5	1 x 5	2 x 5	2 x 5	
CLEANER'S ROOM	yes	1 x 5	1 x 5	2 x 5	2 x 5	
OFFICE – CLINICAL HANDOVER	yes	1 x 9	1 x 9	2 x 9	2 x 9	
OFFICE – SINGLE PERSON	yes	1 x 9	1 x 9	2 x 9	2 x 9	
STORE – GENERAL/EQUIPMENT	yes	1 x 12	1 x 14	1 x 14	1 x 20	



PRE-ADMISSION CLINIC

ROOM/ SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5/6 Qty x m2	Remarks
CONSULT ROOM	yes	2 x 12	2 x 12	3 x 12	4 x 12	
CLINICAL MEASUREMENT					1 x 12	May be provided in Consult room
OFFICE – SINGLE PERSON	yes	1 x 9	1 x 9	2 x 9	2 x 9	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the service plan and the policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Office areas are to be provided according to the Unit role delineation and staffing establishment.
- Staff and support rooms may be shared between Functional Planning Units dependant on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

29.6 Functional Relationship Diagram

29.6.1 Operating Unit Functional Relationship Diagrams

The relationships between the various components within an Operating Unit are best described by functional relationships diagrams. The requirements for infection control and patient management result in a number of planning 'models' that have proved successful through numerous built examples and many years of practice. Most Operating Unit plans are a variation of one of these 'models'.

A plan substantially based on one of these diagrams is 'deemed to satisfy' the requirements of these Guidelines. A plan that is significantly different to these diagrams should be carefully examined against all the individual requirements of these Guidelines, especially those of Infection Control to determine if it is acceptable.

In reviewing and using the enclosed Operating Unit flow diagrams, designers should carefully consider a number of issues:

- Each flow diagram represents a method of managing the patient access, clean/dirty flow, air pressurisation, sterilisation of dropped instruments etc.
- The diagrams are different but each addresses the issues involved in a satisfactory manner. Each option may suit a different management mode or building configuration.
- Designers are strongly cautioned against creating hybrid options by combining features of various diagrams. This may result in wrong clean/ dirty flows or other unacceptable features. If in doubt, designers should seek advice from specialist Operating Room consultants and Infection Control nurses.

The functional relationship diagrams in Enclosures 1 and 2 show base linear models. The models can be stretched to create the number of Operating Rooms desired. The support facilities required also grow with the number of Operating Rooms.

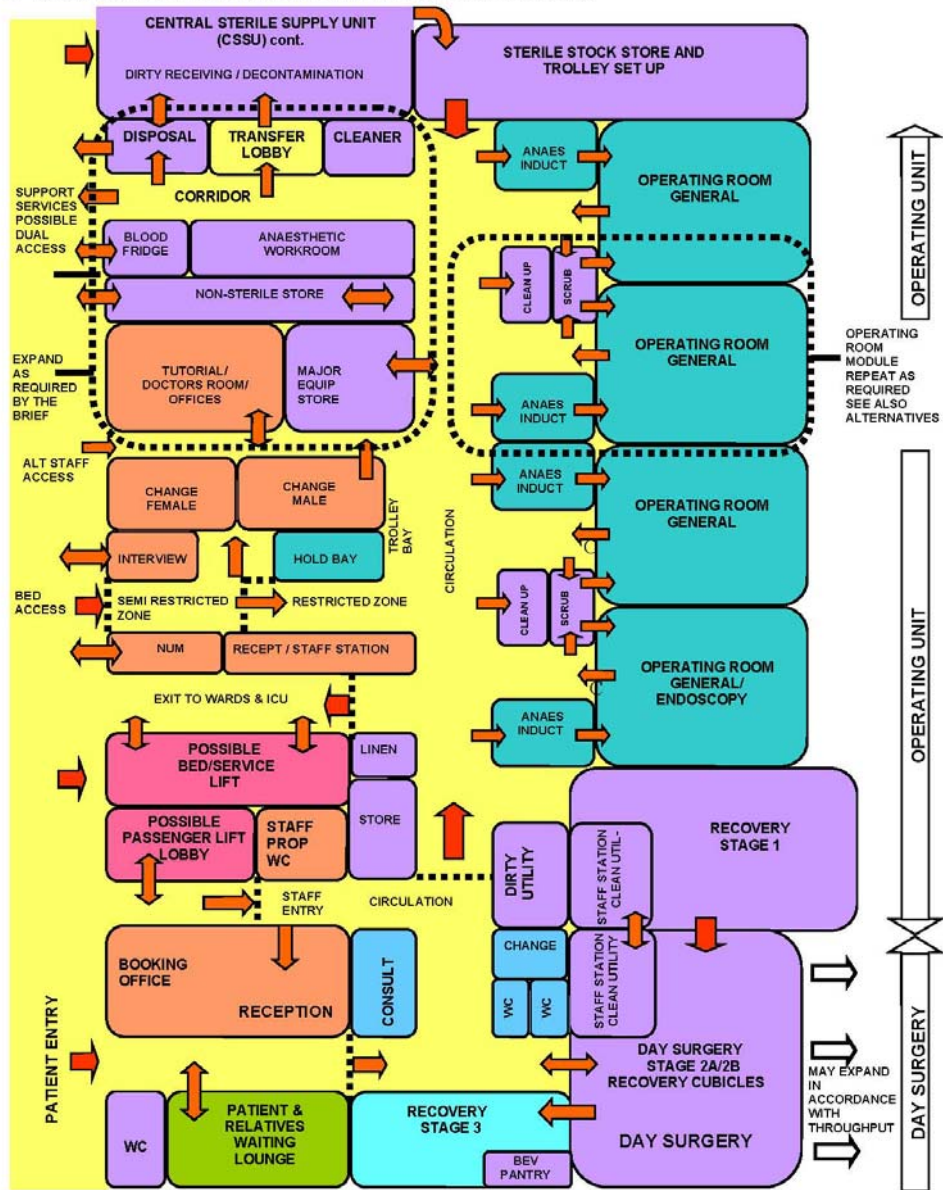
Each module includes the configuration of:

- Operating Rooms
- Anaesthetic Induction Rooms
- Scrub Bays or Rooms
- Sterile Stock Store / Set-up Room
- Clean-up Room
- Flash Sterilising Bay



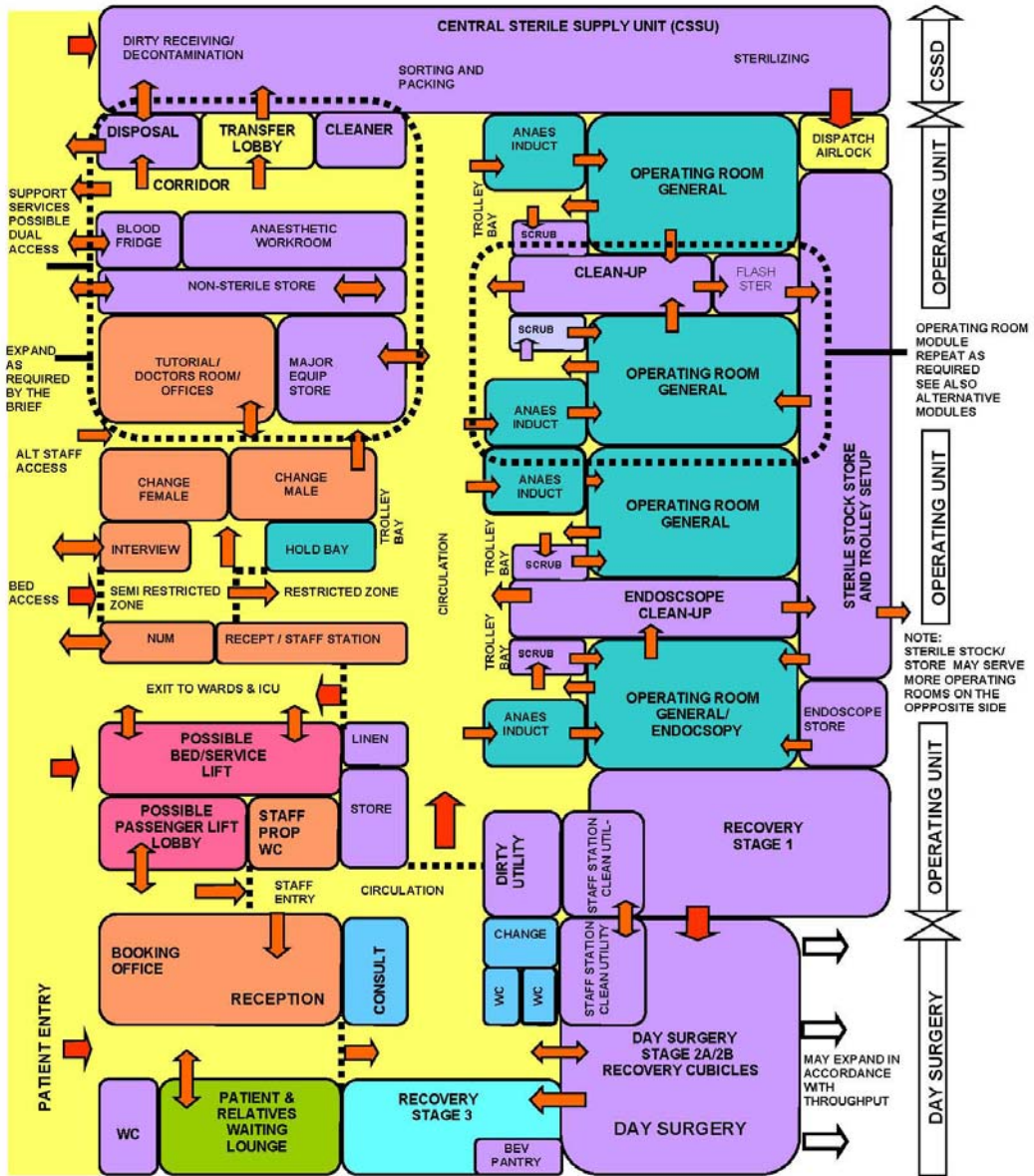
ENCLOSURE 1: SINGLE CORRIDOR MODEL

- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
 NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
 NOTE 3 IF STERILE STOCK IS REMOTE FROM OPERATING ROOM, A CASE CART SYSTEM SHOULD BE USED
 NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM



ENCLOSURE 2: DUAL CORRIDOR MODEL

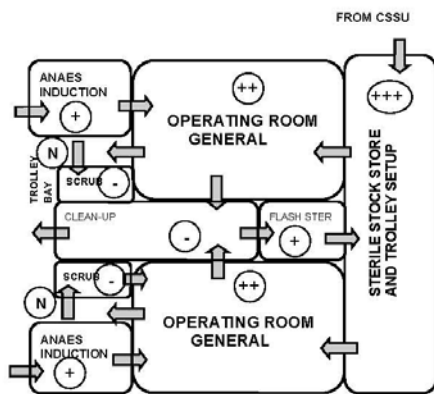
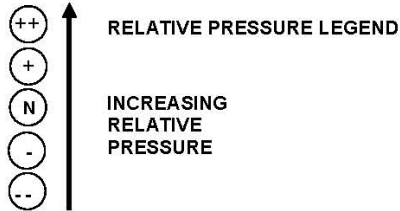
- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
 NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
 NOTE 3 OPERATING ROOM MODULE MAY BE MIRRORED AGAINST STERILE STOCK STORE TO DOUBLE THE NUMBER OF OPERATING ROOMS
 NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM



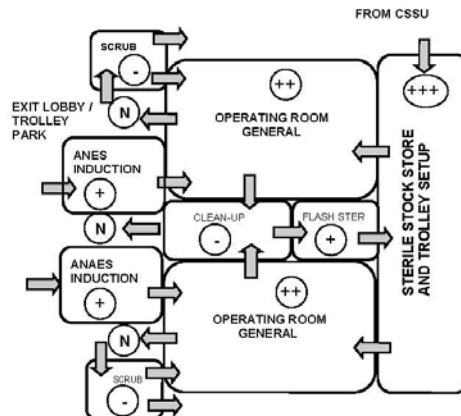
ENCLOSURE 3: OPERATING ROOM MODULES A, B, C & D WITH AIR PRESSURISATION

Legend:

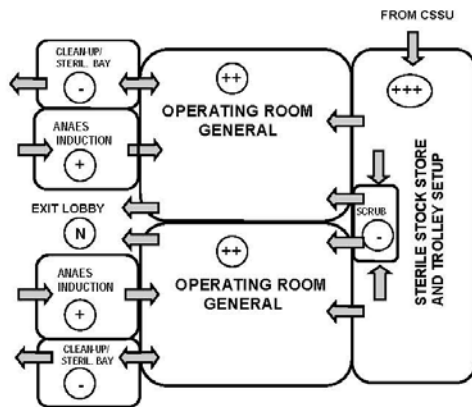
- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
- NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
- NOTE 3 OPERATING ROOM MODULE MAY BE MIRRORED AGAINST STERILE STOCK STORE TO DOUBLE THE NUMBER OF OPERATING ROOMS
- NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM
- NOTE 5 AIR PRESSURISATION IS NOTED ACCORDING TO THE FOLLOWING LEGEND:



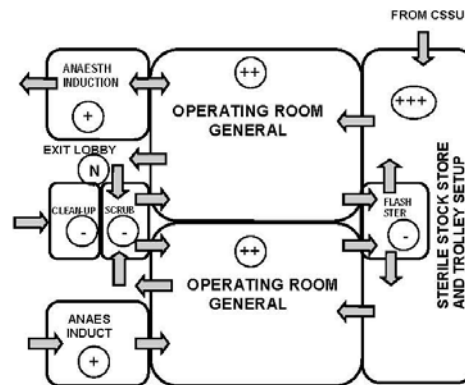
Operating Room Module Type A



Operating Room Module Type B



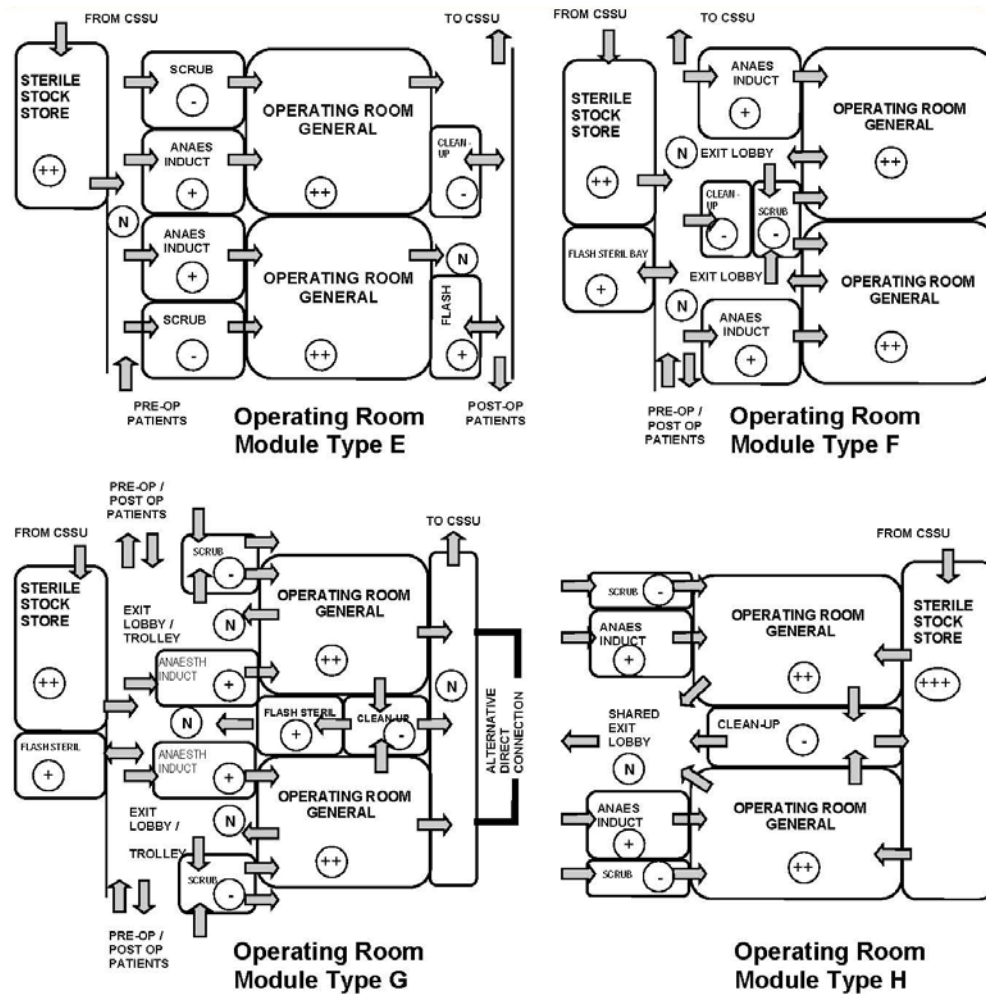
Operating Room Module Type C



Operating Room Module Type D



ENCLOSURE 4: OPERATING ROOM MODULES E, F, G & H WITH AIR PRESSURISATION



29.7 References and Further Reading

- Australasian Health Facility Guidelines. (AusHFG Version 3.0), 2009; refer to website www.healthfacilitydesign.com.au
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, 2010 Edition.
- Design Guidelines for Hospitals and Day Procedure Centres, Department of Human Services Victoria, 2005



The Indian Health Facility Guidelines recommends the use of **HFBS** “Health Facility Briefing System” to edit all room data sheet information for your project.

HFBS provides edit access to all HFG India standard rooms, departments, and more than 40 report templates.

HFBS Health Facility Briefing System



Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the HFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more...

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the HFG website, signup for HFBS using the link below.

Get Started Now:
hfbs.healthdesign.com.au

- ✓ HFG India Room Data Sheets and Departments are instantly editable in the HFBS software available online in the HFBS India Domain.
- ✓ You can access hundreds of report templates to print your HFG India room data in HFBS.
- ✓ HFBS has a onetime free 3 day trial available to all new users – signup for the HFBS India Domain today.

Get Started Now:
hfbs.healthdesign.com.au



HFBS

Health Facility Briefing System

hfbsinfo.com | techsupport@healthdesign.com.au