Part B – Health Facility Briefing & Design

245 Outpatients Unit

iHFG

International Health Facility Guidelines

2026

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245 Outpatients Unit

1 Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a typical Outpatients Unit, also known as Ambulatory Care Unit, where patients receive care but do not stay overnight.

The Outpatients Unit is applicable to a wide range of facilities including (but not limited to) Polyclinics, Specialist Clinics, Primary Health Centres, General Clinics, School Clinics, Dental Clinics, Rehabilitation Centres and Traditional, Complementary and Alternative Medicine Centres (TCAM) which include Ayurveda, Chiropractic, Hijama, Homeopathy, Hotel Clinics, Naturopathy, Osteopathy, Therapeutic Massage, Traditional Chinese Medicine (TCM) and Unani Medicine.

Several Operational and Planning Models are applicable to the Outpatients Unit in a variety of settings. Operational models include Single Corridor and Double Corridor Models with Multi-disciplinary consult rooms or Single Speciality consult rooms to accommodate specialty equipment. The Outpatient Unit can be a discrete Unit within a larger facility, sharing the support services of the facility, an Integrated Unit such as a private medical practice within a building or a Stand-alone Unit not connected with another facility.

Configuration of the consult/ exam rooms will impact the planning considerations of the Unit. Consultation spaces may be provided as combined Consult/Examination Rooms or separate Consult and Examination Rooms. The advantages and disadvantages of each are discussed.

The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other units and services. The size of an Outpatients Unit may vary dependent on the service plan that considers the population served, and the demand for services.

Design Considerations address a range of important issues including acoustics, privacy, safety and security and Building Services Requirements.

The Schedules of Accommodation are provided for an Outpatients Unit that is located within a health facility as well as a Stand-alone Unit. Schedule Accommodations for specialist clinics are also detailed, including Dermatology, ENT, Family Medicine, Neurology, Ophthalmology, Orthopaedics and Urology clinics. Different facility sizes are presented and guide the designers to create their project-specific SOA's.

For each of the nominated room types within the SOA the code link to the corresponding Room Data Sheets (RDS) and Room Layout Sheets (RLS) has been provided. Readers may use those codes to access this information on the rooms in the section titled Standard Components on the website.

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 (in Part A appendices) to briefly describe and record their reasoning based on models of care and unique circumstances. The responsible Health Authority may then consider the circumstances and accept such deviations.

The details of this FPU follow overleaf.

2 Introduction

The Outpatient Unit, also known as Ambulatory Care Unit, refers to health care provided in hospital-based outpatient or stand-alone clinics, physician offices, ambulatory surgical centres, and many other specialized settings where patients receive care but do not remain overnight.

The Outpatient Unit may perform the following functions:

- Consultation with medical specialists, examination and investigations
- Treatment on a same day basis
- Minor procedures
- Follow up review consultation and ongoing case management
- Patient screening prior to surgery – perioperative services
- Health education or counselling sessions for patients and families
- Referral of patients to other units or disciplines for ongoing care and treatment
- Referral for admission to a hospital for inpatient services.

The services or clinical specialties that may be provided in the Outpatient Unit encompass:

- GP (General Practitioner)
- Primary Care services
- Women and child health services
- A comprehensive range of surgical specialties
- Medical specialties, including diabetes and multidisciplinary team reviews e.g. chronic disease clinics, infectious diseases services
- Pain management
- Genetics clinics
- Health Promotion initiatives.

The following specialist services provided on an outpatient or same day basis are addressed in the relevant FPU:

- Community Health Unit
- Dental (refer to Dental Surgery Unit and Oral Health Unit)
- Day Surgery (refer to Day Surgery/ Procedure Unit)
- Oncology/ Day Chemotherapy (refer to Oncology Unit – Medical (Chemotherapy)
- Mental Health, including Drug & Alcohol services (refer to Mental Health Unit - Outpatient)
- Radiotherapy (refer to Radiation Oncology/ Cancer Care Centre)
- Rehabilitation, Physiotherapy, Occupational Therapy (refer to Rehabilitation/ Allied Health)
- Renal Dialysis (refer to Renal Dialysis Unit)
- Urgent Care Centres, Acute Assessment Units, Medical Assessment Units (refer to Emergency Unit)
- IVF (refer to IVF Unit)
- Cardiac investigations/ Cardiac diagnostics such as ECG, Echocardiography, Cardiac Catheterisation etc. (refer to Cardiac Investigation Unit)
- Hyperbaric Oxygen Therapy (refer to Hyperbaric Unit)

The elements described in this FPU will apply to Outpatient Units located within a larger facility, located within a commercial development or stand-alone units.

This FPU contains SOAs for the following outpatient clinic types:

- General Outpatient Clinics, located within a health facility or stand alone
- Dermatology
- ENT
- Family Medicine
- Neurology
- Ophthalmology
- Orthopaedics
- Urology

The clinic types listed above are not exhaustive, and the principles contained within this FPU may be applied to other outpatient specialties as appropriate.

3 Functional and Planning Considerations

Operational Models

Hours of Operation

Hours of operation shall be defined by the operational policy and service plan for the facility. Patient services will generally be provided during normal business hours. However, patient care requirements and flexible work schedules may require hours of operation to be extended to evenings and weekends to meet demand. The unit shall be planned to support extended hours of operation where required, incorporating appropriate security zoning, controlled access and provision of staff support and cleaning and maintenance services should be considered throughout all operating periods.

Specialist Outpatient Clinics

Planning considerations for specialist outpatient clinics should be addressed during the design process. The requirements outlined below identify key planning considerations for selected specialist outpatient services and should be considered during the planning phase alongside the general requirements of this FPU. Sample layout plans illustrating typical planning approaches, functional relationships, and accommodation requirements have been provided at the end of this FPU for these specialty clinics. These layouts are intended as examples only and do not represent definitive design solutions. They should be adapted to suit the specific operational model, service scope and site requirements of each project, while maintaining the requirements of this FPU.

- Dermatology - Where dermatology treatment includes minor procedures, the project shall confirm the procedure scope and required clean and dirty support model. Provision for clean-up, dirty utility and instrument management shall be planned to support safe workflows and infection prevention requirements, in accordance with the approved decontamination policy.
- ENT - Audiology and balance assessment spaces shall be planned with appropriate acoustic separation from waiting and high-traffic areas. Spaces shall be protected from interruption to support confidential assessment and accurate diagnostic testing.
- Family Medicine - Where Family Medicine includes paediatric and women's health services, the unit shall confirm the waiting zoning and amenity strategy, including family accommodation, safeguarding needs, and culturally appropriate privacy arrangements, aligned to operational policy.
- Neurology - Neurology outpatient clinics shall be planned to support patients with a range of neurological conditions, including those with mobility, cognitive, sensory, or communication impairments. Consultation and assessment spaces shall provide sufficient space for patients requiring assistance, carers, mobility aids, or specialised clinical equipment, while maintaining patient dignity and privacy.
- Ophthalmology – For consultation and examination of patients with eye problems the clinic layout should support a smooth progression from registration and preliminary vision testing to examination, diagnostic imaging, treatment, and discharge while minimizing patient wait times

and unnecessary movement. Adequate space is needed for specialized equipment such as slit lamps, optical coherence tomography (OCT) systems, visual field analysers and fundus cameras, with attention to lighting conditions. Accessibility features, including wheelchair-friendly pathways and clear signage, are essential because many patients have visual impairments or reduced mobility.

For outpatient ophthalmic procedure services, the clinic layout should support a coordinated patient pathway from consultation and pre-procedure assessment through diagnostic testing, procedure, recovery and discharge. Depending on the services provided, patients may undergo investigations before treatment. Procedures may include laser vision correction (e.g. LASIK and SMILE) and some vitreoretinal procedures, some glaucoma procedures and others. Only procedures performed under local or topical anaesthesia are suitable for an outpatient setting. Procedures requiring general anaesthesia, deep sedation, or a higher level of perioperative monitoring should be undertaken in a dedicated Operating Unit or Day Procedure Unit. An outpatient unit clinic is not designed or equipped to safely manage patients undergoing general anaesthesia or the associated perioperative risks. The layout should provide a logical progression between consultation, diagnostic, procedure, and recovery areas, with functional adjacencies that minimise patient movement, support efficient staff workflow, and provide appropriate areas for patient preparation, recovery, discharge, and follow-up.

- Orthopaedics - Orthopaedic outpatient clinics shall be planned to support patients with varying levels of mobility, including those using wheelchairs, walking aids, or requiring assistance. Where services include plastering, casting, splinting or other treatments, additional treatment spaces and appropriate clinical support requirements shall be assessed based on the scope of services provided. Storage for mobility aids, clinical equipment, and consumables should be considered.
- Urology - Where urodynamics and related urology procedures are provided, patient holding and treatment areas shall be planned to maintain patient dignity and privacy, including gender separation where required by policy. Patient circulation to and from these areas shall be designed to avoid exposure to general outpatient waiting areas.

Models of Service Delivery

Flexible operational models can be built into an existing unit using modular spaces and designs. Each module should include reception, waiting, examination and treatment rooms supported by patient and staff facilities, support areas and clerical offices.

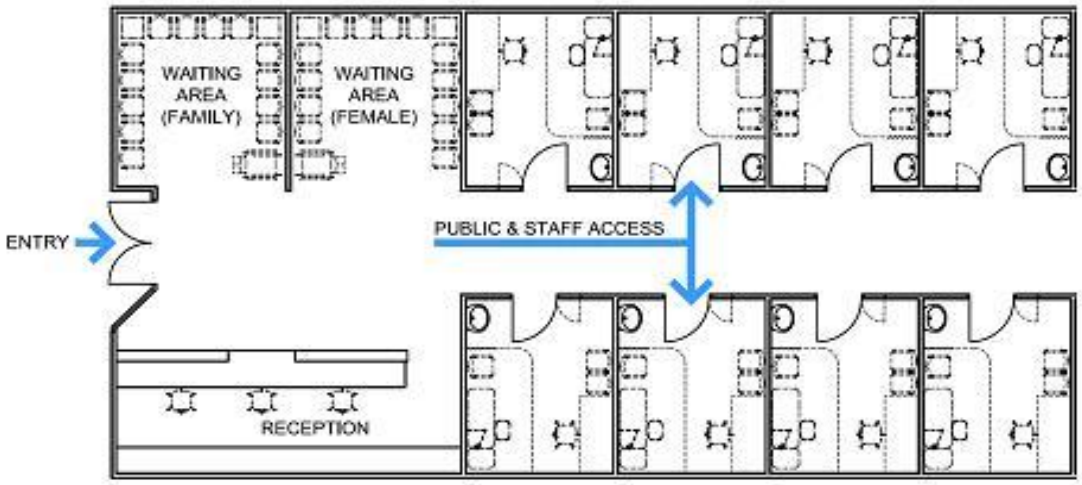
It is vital to clearly identify the Main patient/ public entry; reinforce the entry sequence with the design of site circulation systems. Staff entry and circulation should be separated from patient circulation where possible.

Consultation methods differ between medical practitioners and clinical services depending on the nature of the consultation, patient needs and service delivery model. Regardless of the approach adopted, the planning of consultation environments should support effective communication, patient privacy, dignity and a fully informed consultation process. The selected consult room model shall be confirmed as part of the operational planning process, as it will influence consultation room requirements, workflows, adjacencies and the overall outpatient layout.

Operational Models applicable to the Outpatient Unit include:

Single Corridor Access Model

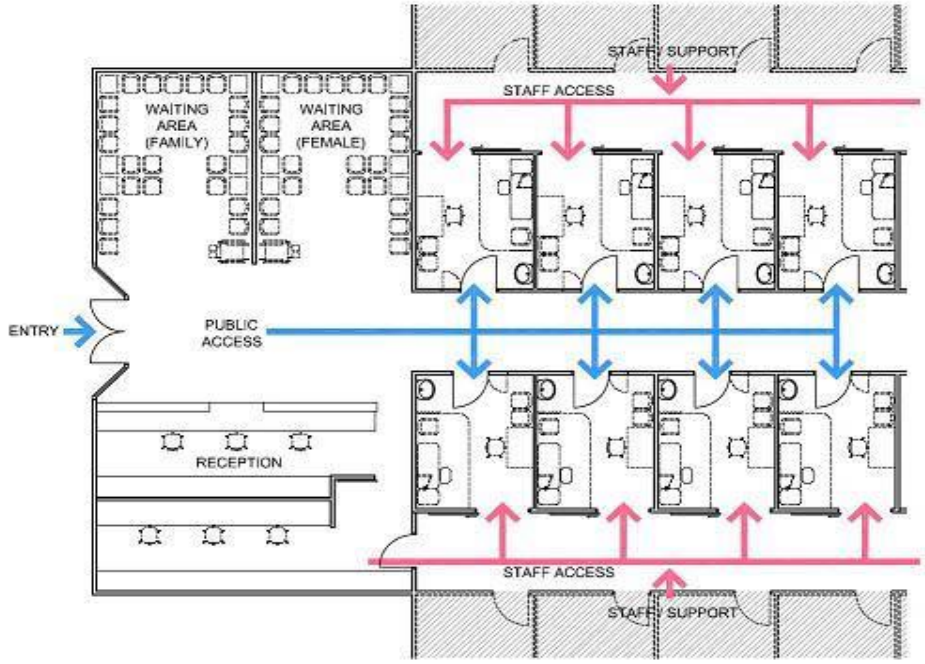
This examination/ treatment model permits multidisciplinary rooms with similar configurations accessed from a single entry point. Common reception and waiting areas enhance efficient staffing and resourcing.



Above: Single Corridor Access model

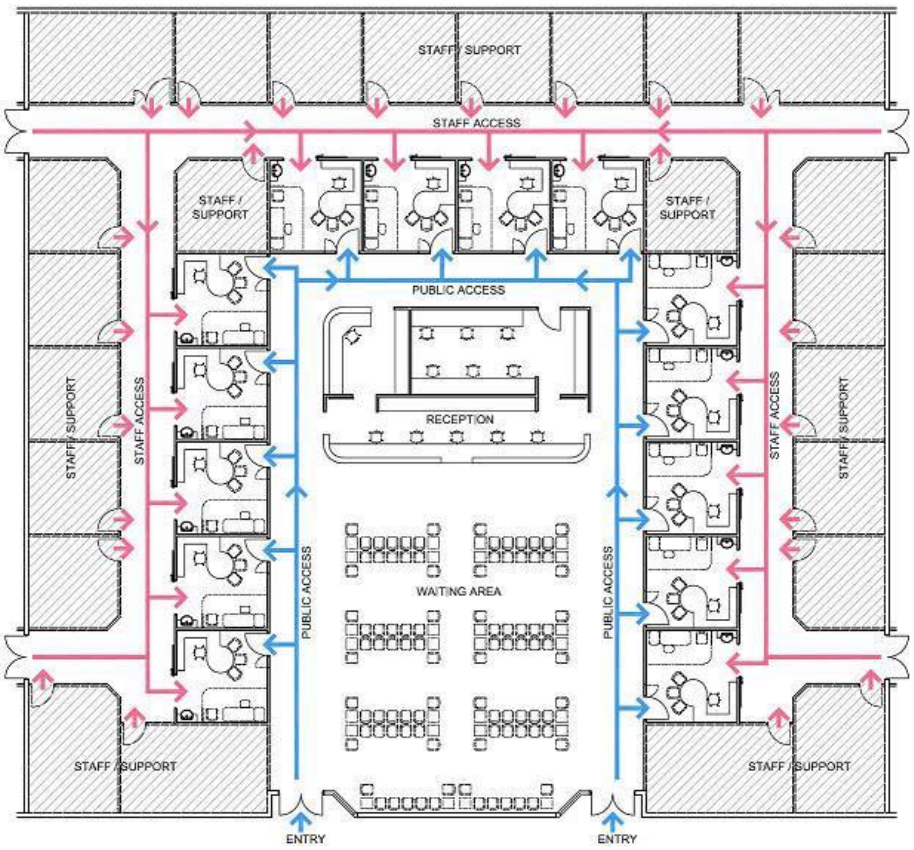
Double Corridor Access Model

Where space permits, the double corridor model enables staff support and service areas to remain discreetly separate from public access. Common reception and waiting areas enhance efficient staffing and resourcing while the consult/ examination rooms can be used by either multi-disciplinary teams or specialist providers.



Above: Double Corridor Access model with waiting area at the entry

In this model, waiting areas can be located centrally, as depicted in the below figure, but this may reduce patient privacy and confidentiality. Consideration of these benefits may be off-set, where appropriate, by convenient patient access and fast turn-over for each room module.



Above: Double Corridor Access mode with centralized waiting area

Multidisciplinary Consult Rooms

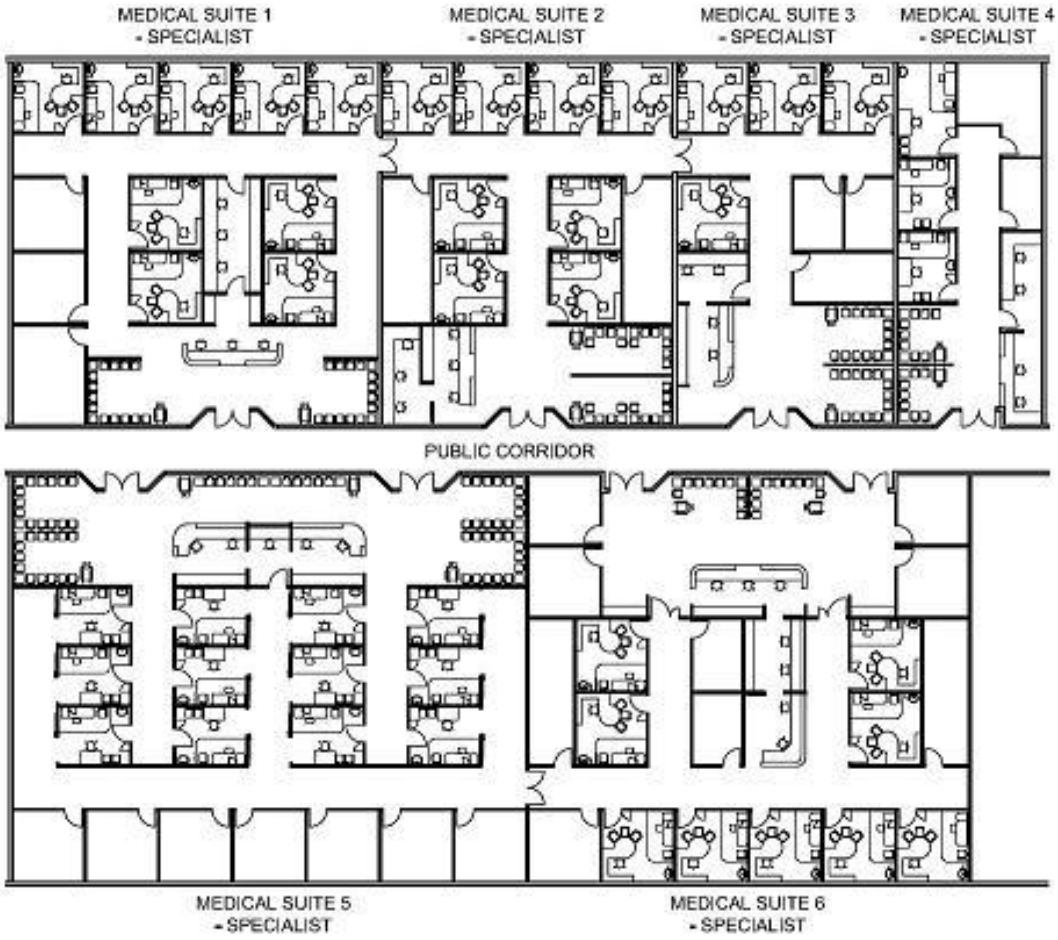
The adoption of modular consult rooms enables efficient use by multidisciplinary practitioners on a sessional basis. As service needs and workload projections vary, staffing efficiencies and patient convenience can be maintained while duplications are prevented.

Where consult rooms are shared on a sessional basis, the unit shall provide planning provisions for standardised room layouts, secure clinical storage, and equipment parking locations to support rapid changeover without placing items in public circulation. Room planning shall support confidentiality and reduce cross-traffic during clinic transitions.

Single Specialty Consult Rooms

Where a range of highly specialized equipment is required during each consultation, rooms can be configured to accommodate these special requirements. Each medical specialty can be assigned their group of medical suites with associated waiting and reception areas, patient facilities and support areas.

Examples of specialities this model suits includes ENT/ Ophthalmology, Endoscopy specialties, Cancer Centre (Chemotherapy, Radiotherapy and Consulting), Cardiology and Specialist Medical Suites.



Above: Typical Specialist Medical Suites of varying sizes

The service plan of an individual facility will determine the planning needs of the Outpatients Unit.

Influencing factors include:

- Patient attendance numbers
- Numbers of specialties
- Medical, allied health and support staffing number
- Anticipated usage of medical suites and potential to share rooms between specialties
- Population profiles which drive specialty service delivery

Planning Models

Planning models applicable to the Outpatient Unit include:

- A discreet Unit within a Hospital facility or located within a hospital centre or clinic, sharing the support services of the facility
- An integrated Unit such as a private medical practice within a commercial development such as a shopping centre or an office building
- A stand-alone Unit not connected to a hospital or commercial facility. The Unit can be located on the same hospital campus

Location

Outpatients Units are commonly located at the entrance of large and small health facilities with an efficient connection to the Main Entry.

Key considerations during planning include the provision of:

- Convenient ground floor access to outpatient entry with set-down points for ambulances, patient support vehicles and private cars
- Effective wayfinding boards and enquiry points at entrances
- Patient refreshment, pharmaceutical and toilet facilities
- Waiting areas to accommodate patients, carers, children and the disabled
- Patient flow patterns to enable clinical pre-assessment, pathology, radiology services etc. prior to medical consultation
- Storage facilities for patient belongings
- Clustering procedure rooms to service consultation rooms
- Furniture, fittings, equipment, services and hydraulics to meet specific clinical requirements

Configuration

An important consideration during planning of the Outpatients Unit will be the determination of the model of consult/ examination rooms. This can have a major impact on space provision for the Unit.

Combined Consult/ Examination Rooms

Consult and examination takes place within a single room. The room will have a desk and seating for the clinician, patient and accompanying person/s in the consultation zone and a screened examination area with a couch and changing provision. The layout of the room shall ensure patient privacy throughout, particularly in the examination area. Door positions and internal zoning shall prevent direct sightlines into the examination area from public circulation. The room is suitable for multifunction use; specialist equipment is brought into the room as needed and stored when not in use.

The benefits of this type of room are:

- Flexible use – can be used for consultation or examination or both
- Compact rooms result in a space saving floor plan

Above: Typical Consult Rooms with combined consult/ examination functions

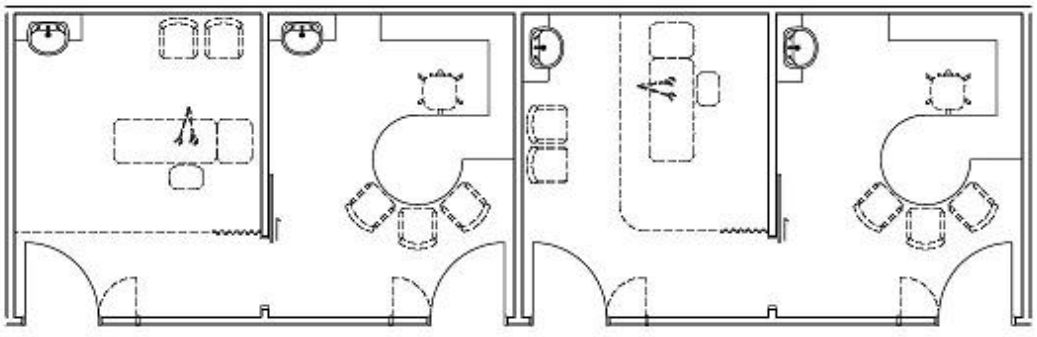
Separate Consult and Examination Rooms

Consult and examination rooms are provided as individual rooms with separate access to each, allowing a patient to be examined separately to the consult function. This type of arrangement is appropriate for both multi-functional and specialist use of the rooms.

Benefits of this type of room:

- Allows increased throughput of patients by enabling a patient to be examined or to be changing in the examination room while another patient is occupying the Consult room
- Separate examination rooms can be converted in future to full consult/ examination rooms when additional clinic capacity is needed
- Convenient for patient consultation with multiple clinical specialists; the patient remains in place and clinicians visit the patient

Where separate consultation and examination rooms are provided, patient circulation between rooms shall be planned to maintain dignity and privacy. Rooms shall be paired or clustered to ensure internal connectivity, avoiding patient travel through public circulation or corridor areas while undressed or in a gown.



Above: Separate Consult and Examination functions in collocated rooms, with alternative couch arrangements; consult and examination rooms are the same size allowing for future flexibility

Examination rooms may be sized to accommodate the examination couch and hand basin only which is space efficient and reduces the overall departmental area.

Specialist Consult/ Exam Rooms

Consult/ Examination rooms designed to accommodate a particular discipline with specialty equipment that remains in the room e.g. ENT, ophthalmology, podiatry and colorectal rooms

Benefits:

- Avoids excessive handling of expensive or sensitive equipment
- Specialist equipment available and ready to use instantly without setting up

Above: Specialist Consult/ Exam Room – Ophthalmology

Functional Areas

The Outpatient Unit consists of the following key functional areas:

- Entry Area including:
  - Reception/ Patient registration
  - Waiting Areas including provision for families
  - Interview room/s for patient and family discussions
  - Public amenities such as toilets, play area, parenting rooms
- Consult Areas with:
  - Consult and examination rooms, (combined or separate)
  - Interview and meeting rooms for patient discussions or team meetings
  - Vital signs rooms
  - Blood collection facilities
  - Support areas including utilities, store rooms, patient toilets
- Treatment Areas are optional. If provided they may include:
  - Procedure and Treatment rooms
  - Plaster room/s
  - Patient bed bays for recovery following procedures
  - Support areas incorporating utilities, clean up & sterilising
- Sample Collection Area; an area where blood and other specimen samples are collected from patients. This area is optional and can be located in RDL 4-6

- Staff and Support areas such as:
  - Offices
  - Staff Room
  - Staff toilets and lockers

Entry Area

If a direct and separate entry is provided to the Unit at street level, an entry canopy shall be provided for patient drop-off and pick-up. The canopy shall be designed and sized appropriately to permit easy manoeuvring and weather protection of vehicles including cars, ambulances, taxis, and mini-vans. The entry canopy shall be located next to the Lobby/ Airlock if one is provided.

Arrival areas should allow for separate drop offs; by cars, ambulances , community vehicles and patients arriving by public transport or walking.

Reception/ Waiting

The Reception/ Waiting area of the Outpatients Unit may be shared by consultation and treatment zones and should be located to provide convenient access to both areas while allowing access to the public and provide disabled amenities for patients and visitors. The Reception area may include patient registration, a patient queuing system, self-registration and cashier facilities where appropriate. Patient registration can also be done online prior to arrival.

Waiting areas may be designed with separation to meet cultural requirements where appropriate. Waiting areas should accommodate a wide range of occupants including children, those with reduced mobility or in wheelchairs. Provisions shall be made for prams and play areas for children. Waiting and queuing areas shall not be located within circulation spaces. Where sub-waiting areas are located closer to the consult/exam rooms, these shall be contained within bays outside of the circulation space. Reception and queueing shall be planned to manage peak demand without queuing in primary circulation routes.

The entry and reception sequence shall support infection prevention measures, including hand hygiene provision at arrival and the ability to separate symptomatic patients from general waiting where required by the operational policy.

Consult/ Examination Areas

Consult/ Examination rooms may be provided as combined consult/ examination rooms or separate rooms depending on the operational policy of the facility and the clinical specialties to be incorporated. Consult / Examination Areas should promote efficiency and provide a pleasant environment for all patient types. The layout shall ensure patient privacy throughout, particularly in the examination area. Door positions and internal zoning shall prevent direct sightlines into the examination area from public circulation.

Vital signs room/s will be used for measurement and recording of patient height, weight and vital signs prior to Consultation. It shall be located close to the main waiting area and consultation areas to support efficient flow. The room shall provide privacy for patients, space for wheelchair and bariatric users where required by the service plan, and hand hygiene provision at point of care. The Vital signs room is optional in Ophthalmology.

Where blood collection is undertaken it shall be based on the facility's service plan. Blood collection can be done within the consult/ examination room. If separate facilities are provided, these will consist of blood collection bay/s used for the collection of blood specimens from patients. Privacy for patients must be provided in the bay with screen curtains, or it can be an enclosed room with a single collection bay. A staff handwashing basin should be provided in close proximity or within the room. In RDL 4 to 6 a Sample Collection Area can be provided. Refer to the below Sample collection Area section for further details.

Treatment/ Procedure Areas

Treatment rooms and Procedure Rooms will be used for minor treatments and procedures under local anaesthetic that do not require admission to the Day Surgery/ Procedures Unit. These rooms can be shared by a group of consult rooms or by different specialties.

Patient Bed Bays shall be provided at a minimum ratio of two bays per procedure room. The bed bays will require staff handwashing basins (refer to Part D for quantity), a staff station and support areas including clean and dirty utilities. This area could also be utilized for trolley or wheelchair patients awaiting transport if there is no transit lounge.

There may be a requirement for sterilizing instruments used. Two rooms will be required, with clear separation of clean and dirty workflows for infection control and to prevent cross infection:

- Clean-up room for washing and decontamination. This is referred to as the ‘dirty’ zone.
- Combined packing and sterilising room. This is referred to as the ‘clean” zone.
- Connection between the two zones may be via a door or window or hatch.
- Storage of sterile stock may be provided within or adjacent to the clean zone or within a closed cupboard in the Treatment room(s).

Where central sterile services are used, the unit shall provide appropriate dirty holding and clean storage arrangements with defined routes to and from central services.

Sample Collection Area

A sample collection area located in close proximity to a waiting area can be provided in accordance with the operational policy. The area will consist of:

- Blood collection bays. The number of bays should be provided according to the service plan.
- At least two patient toilets, one for males and one for females. If only two toilets are provided these should be accessible.
- A Blood Collection Work Area: an area where specimens are prepared, documented and held prior to dispatch to the laboratory. This room should include a handwash basin and staff-controlled storage of samples. Refrigeration provision shall be located within the work area and shall align with laboratory policy to maintain specimen security and integrity.

Specimen handling areas shall be planned with a controlled workflow and a defined dispatch route to pathology that avoids primary public waiting areas where practicable.

Support Areas

Support areas for the Outpatient Units will include:

- Bays for linen
- Resuscitation trolley and mobile equipment including wheelchairs
- Cleaners room
- Clean Utility/ Medication Room with provision for drug storage located in staff-controlled areas with restricted access consistent with the operational policy
- Dirty Utility room including facilities for urine testing and waste holding
- Staff Station
- Store Rooms for general consumables, sterile stock and equipment; this may include specialty equipment held in storage until needed in the Consult or Treatment rooms, and bulky items such as crutches, walkers and lifting equipment.

Staff Areas

Offices and workstations may be required for the Unit manager and administrative staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff will need access to the following:

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

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

Functional Relationships

External

The Outpatient Unit, whether stand-alone or part of a larger facility, will generally have working relationships with many other Units.

The planning and design of the Unit should provide the following with convenient access:

- Drop off zone/ car park
- Main Entry
- Transit Lounge for patients awaiting transport.

For Outpatient Units that are part of a larger facility or that are stand-alone within a facility campus, convenient access to the following should also be provided:

- Admission Unit (satellite, stand alone or central) for patient referrals.
- Clinical Information Unit for delivery/ return of clinical records unless digital records are used
- Day Surgery/ Procedure Unit
- Emergency Unit, for patient referrals
- Medical Imaging for diagnostic procedures
- Pharmacy for patient medications
- Pathology, specimen collection, for diagnostic studies
- Rehabilitation Unit/ Allied Health for patient follow-up

The optimum external relationships include:

- Patient access from a main circulation corridor with a relationship to the Main Entrance and car park
- Separate entry and access for staff from hospital units via a service corridor for Outpatient Units that are part of a larger facility
- Alternative access away from the Reception for patients and staff in transit to other hospital units
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor

Internal

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

Some of the critical considerations are:

- Flexibility in accommodating various types of use throughout different hours in the day
- Reception area should allow patients to move conveniently to and from the Consult and Treatment areas and accommodate high volume of patients, support staff, caretakers and mobility aids
- Interview rooms for support services such as social worker, cashier etc. to be conveniently located
- Self-registration stations, if provided, should be conveniently located adjacent to the waiting areas
- Sub Waiting areas may be located close to Treatment areas or included within larger outpatient units to improve patient and staff accessibility
- Staff must be able to move easily to and from Consult and Treatment areas and Reception/ Registration and Waiting areas
- Discreet and private work areas away from patients is recommended
- Staff areas should preferably have restricted access to patients

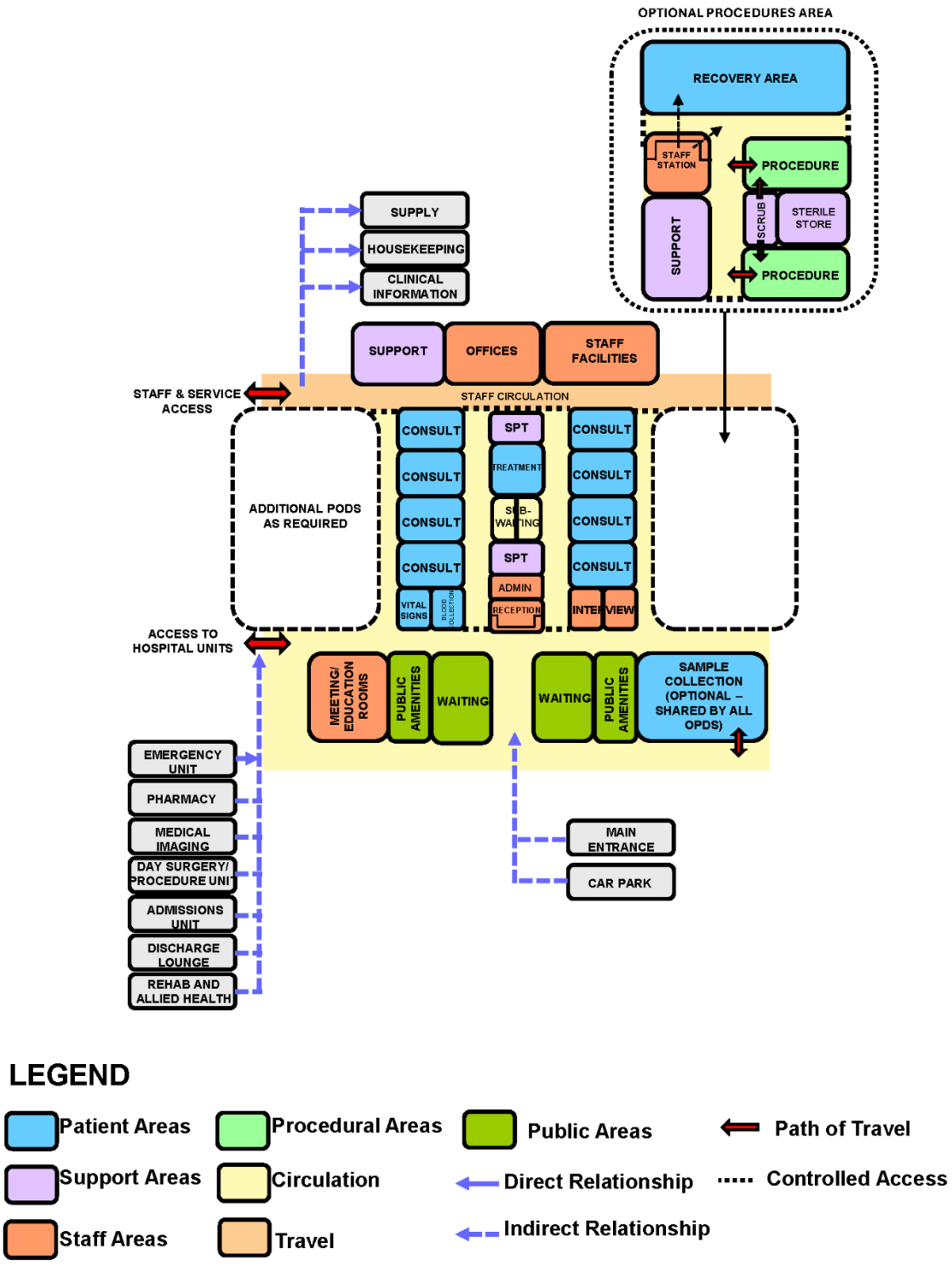
Internal relationships should include the following:

- Reception at the entrance with access to an interview area
- Access for patients to Consult and Treatment rooms directly from Waiting areas with Reception/ Administration acting as a control centre
- Support areas located conveniently to the Consult/ Treatment rooms and staff areas close to the activity centres for staff convenience

It is important for the functional areas to work effectively together to allow for an efficient, safe and pleasant environment.

Functional Relationship Diagram

Outpatients Unit, all models



4 Design Considerations

General

Waiting areas, Consult/ Examination and Treatment areas will need to be designed to cater to a wide range of patients visiting the unit, including elderly, parents with children, patients with limited mobility and bariatric patients.

The design should give patients and visitors the impression of an organised and efficient unit.

Environmental Considerations

Acoustics

Acoustic privacy is required in Consult, Interview, Treatment rooms and any rooms where confidential information will be discussed.

The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy. Noisy areas such as Waiting rooms and play areas should be located away from consult, treatment and staff areas.

Natural Light

Where possible, the use of natural light shall be maximised within the Unit. Sufficient levels of natural lighting can provide a sense of wellbeing for both staff and patients, reduce patient discomfort and stress and is more likely to lead to better service outcomes.

Windows are particularly desirable in waiting areas and staff lounges. If windows cannot be provided, alternatives such as skylights may be considered.

Privacy

Careful consideration of privacy and patient comfort is required to reduce discomfort and stress for patients including:

- Discreet and non-public access to medical records
- Privacy screening to all examination bays and patient bed bays
- Location of doors to avoid patient exposure in Consult and Treatment rooms

Interior Decor

Interior décor refers to colour, textures, surface finishes, fixtures, fittings, furnishings, artworks and atmosphere. It is desirable that these elements are combined to create a calming, non-threatening environment.

Colours should be used in combination with lighting to ensure that they do not mask skin colours as this can be a problem in areas where clinical observation takes place.

Space Standards and Components

Accessibility

Wheelchair access is required in all patient areas including Consult, Treatment, Procedure and Waiting rooms. Waiting areas should also include space and power outlets for charging electric mobility equipment along with suitable seating for patients with disabilities or mobility aids. The Unit will require suitable seating and provisions for bariatric patients.

Doors

All entry points, doors or openings, shall be a minimum of 1200 mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the Operational Policy, to allow the manoeuvring of beds, trolleys, equipment and wheelchairs without manual handling risks and risk of damage. Doors used for emergency bed transfer to the Operating Units must be appropriately positioned and sized. A minimum of 1400mm clear opening is recommended for doors requiring bed/ trolley access.

Also refer to Part C – Access, Mobility, OH&S of these Guidelines.

Ergonomics/ OH&S

Design of clinical spaces including Consult, Examination, Treatment and Procedure rooms must consider Ergonomics and OH&S issues for patient and staff safety and welfare.

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

Size of the Unit

The size of the Unit will be determined by a Clinical Services Plan and will take into consideration:

- The size of the population served by the Unit and demographic trends
- The number of clinical practitioners available
- The average length of consultation or treatment
- Projected activity, including clinical sessions and appointment profile
- Anticipated accompaniment rates
- Peak demand periods
- The number of referrals and transfers from other local regions or hospitals
- The number of other Outpatient Units in the vicinity.

Waiting areas shall be sized to accommodate the expected number of patients, carers and visitors, taking into consideration cultural requirements.

Safety & Security

A high standard of safety and security can be achieved with early planning in the development of the unit and careful configuration of spaces and zones in order to:

- Control the entry and exit points to and from the Unit
- Improve the observation of patient and clinical areas for staff
- Reduce duplication by grouping of functions, optimizing the space utilization and promoting efficient staff and patient management.

The perimeter of the Unit should be secured and consideration given to electronic access. Access to public areas shall be carefully planned so that the safety and security of staff areas within the Unit are not compromised. Zones within the Unit may need to be lockable when not in use, preferably electronically. This can be achieved by the use of doors to circulation corridors and automated shutters to entrances when the Outpatient Service is not operational after hours and weekends.

Internally within the Outpatients Unit all offices require lockable doors and all store rooms for files, records and equipment should be lockable.

Finishes

In all areas where patient observation is critical, colours shall be chosen that do not alter the observer's perception of skin colour.

The following aspects should always be considered when specifying internal finishes:

- Cleaning and infection control
- Fire safety of the materials
- Patient care and comfort
- Staff safety, particularly for floor finishes
- Cultural/ social perceptions of a professional healthcare environment.

Refer to Part C of these Guidelines and Standard Components for more information on wall protection, floor finishes and ceiling finishes.

Fixtures, Fittings & Equipment

Equipment, furniture, fittings and the facility itself shall be designed and constructed to be safe, robust and meet the needs of a range of users with varying mobility needs.

All furniture, fittings and equipment selections for the Outpatients Unit should be made with consideration to ergonomic and Occupational Health and Safety (OH& S) aspects.

Refer to Part C of these Guidelines - Access, Mobility, OH&S, the Room Layout Sheets (RLS) and Room Data Sheets (RDS) for more information.

Window Treatments

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

Building Service Requirements

Mechanical Services (HVAC)

The unit shall have appropriate air conditioning that allows control of temperature and humidity for patient and staff comfort. Refer also to Standard Components Room Data Sheets.

Medical Gases

Medical gases may be provided within Consult, Procedure and Treatment rooms as required by the facility's operational policy.

Refer to Part E of these guidelines and to the Standard Components, RDS and RLS.

Information Technology (IT) and Communications

The Outpatients Unit requires a wide range of systems to ensure the storage of patient information and image management is efficient and effective. These systems include but are not limited to:

- Picture archiving communications systems (PACS) and storage for digital archives
- Voice/ data cabling and outlets for phones and computers
- Network data requirements and wireless network requirements to support remote reporting
- Video and teleconferencing capability
- CCTV surveillance if indicated
- Patient, staff, emergency call, duress alarms and paging systems
- Communications rooms and server rooms.

Close collaboration with the IT Unit and obtaining advice from consultants early in the design phase is recommended.

Nurse Call / Emergency Call / Staff Call

Emergency call facilities shall be provided in all Consult, Examination, Procedure, Treatment rooms and patient areas in order for staff to request for urgent assistance. Staff Assist Call and Patient Call are optional and are subject to the operational policies of the facility. Patient Call is required in all patient and accessible toilets while Emergency Call and Staff Call shall be included as per operational policy.

Infection Control

Standard precautions apply to the Outpatients Unit areas to prevent cross infection between patients, staff and visitors. Hand hygiene facilities shall be provided throughout the unit, including at public arrival points, near waiting areas, at point of care, and in staff circulation areas. In addition to hand basins, medicated hand gel dispensers shall be located strategically in staff circulation corridors. Placement shall be consistent and intuitive across all areas to support compliance by patients, visitors, and staff.

Hand Basins

Basins suitable for surgical scrubbing procedures shall be provided for each Procedure and Treatment room (refer to Standard Components Room Layout and Room Data Sheets). Clinical hand-washing facilities shall be located convenient to the Staff Stations and patient areas.

For further information refer to Part D – Infection Control in these Guidelines.

Antiseptic Hand Rubs

Antiseptic Hand Rubs should be located so they are readily available for use at points of care and in high traffic areas.

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

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

Waste Management

Clinical and sharps waste management shall be provided within the Consult, Procedure and Treatment rooms according to the facility's infection control and operational policies. Waste management shall be supported by planning provisions for waste segregation at source, interim holding within staff-controlled areas, and defined removal routes that minimise travel through public and waiting areas where practicable. Sharps containers shall be in compliance with the facility's Infection Control Policy.

Refer also to Part D – Infection Control for further information.

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 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

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 identified in the Schedules of Accommodation as NS and are described below.

Screening Room

This room is used to perform ophthalmic assessments, diagnostic testing and ophthalmic imaging to support the assessment, diagnosis, and monitoring of ocular diseases. It may also be used to obtain baseline measurements before the patient consults with the ophthalmologist. Typical assessments include visual acuity testing with an eye chart monitor, autorefraction to estimate the patient's refractive error using an autorefractor and tonometry to measure intraocular pressure.

The room may be used for more advanced imaging such as optical coherence tomography (OCT), fundus photography, corneal topography or tomography, optical biometry, anterior segment imaging, A/B Ultrasound and other specialist imaging procedures.

The room typically contains:

- One or more ophthalmic imaging devices
- Adjustable-height patient chair or ophthalmic stand with patient chair
- Technician chair or stool
- A computer workstation for image acquisition and review
- Storage for accessories and consumables

Lighting should be controllable to facilitate image capture and sufficient clear floor space should be provided around each instrument to accommodate patient positioning and wheelchair access where required.

Ophthalmology – Treatment Room

This room is used to perform outpatient ophthalmic procedures for the treatment of retinal, corneal, glaucoma and anterior segment conditions. Procedures are typically performed under topical anaesthesia using a range of ophthalmic treatment systems. These may include a diode laser for retinal photocoagulation, a selective laser trabeculoplasty (SLT) laser for glaucoma treatment, an Nd laser for posterior capsulotomy and peripheral iridotomy and UV-A cross-linking system for corneal collagen cross-linking (CXL) procedures. Additional systems may be provided depending on the clinical services offered.

The room typically contains:

- One or more ophthalmic treatment systems
- Adjustable-height patient chair, ophthalmic examination/treatment table or reclining procedure chair
- Technician chair or stool
- A slit lamp or integrated laser delivery system, where required
- Procedure light where required

- Computer workstation if required
- Storage for lenses and accessories
- A hand wash basin

The room should include appropriate laser safety measures, including controlled access, warning signage and status indicators and non-reflective finishes where appropriate. Lighting should be adjustable and dimmable to accommodate treatment requirements and clinical examination. Adequate clear floor space should be provided to allow safe operation of treatment equipment, patient positioning, clinician access, and wheelchair access where required.

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), Examination 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)	
Treatment Room, Room Code (trmt-14-i)		
Air flowmeter	Light: examination	Refrigerator: drugs (optional)
Diagnostic set (optional)	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Procedure Room, Room Code (proc-20-i)		
Air flowmeter	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Light: procedure	Refrigerator: drugs (optional)	
Plaster Room, Room Code (plst-14-i)		
Air flowmeter	Light: examination	Plaster sink
Cast cutter: with vacuum	Monitor: physiologic, vital signs (optional)	Suction adapter
Casting table/ Stretcher: procedure/ recovery	Oxygen flowmeter	
Gait Assessment Room, Room Code (gait-i)		
Patient lift: gait therapy	Treadmill: exercise, automatic (optional)	Walkway system: gait analysis
General X-ray, Room Code (genxr-i)		
Air flowmeter	Suction adapter	X-ray unit: general purpose
Oxygen flowmeter		
Consult/ Exam Room - ENT, Room Code (cons-ent-i)		
Air flowmeter	Diagnostic set: ENT	Suction adapter
Chair: ENT	Oxygen flowmeter	Treatment unit: ENT
Balance Assessment Room - ENT, Room Code (balance-i)		
Caloric irrigator: air, ENT (or water caloric irrigator)	Oxygen flowmeter	Videonystagmograph/Electronystagmograph(VNG/ENG)
Chair: rotational	Suction adapter	
Audiology Testing, Room Code (audio-i)		
Analyser: hearing aid	Audiometric booth	Tympanometer/ audiometer

Audiometer: diagnostic		
Consult/ Exam Room – Obstetrics/ Gynaecology, Room Code (cons-obgyn-i)		
Air flowmeter (optional)	Light: examination (optional)	Suction adapter (optional)
Diagnostic set	Monitor: physiologic, vital signs (optional)	Table: examination, ultrasound, OB/ Gyn
Doppler: fetal	Oxygen flowmeter (optional)	Ultrasound scanning unit: OB/ Gyn
Electroencephalogram (EEG), Room code (eeg-i)		
Electroencephalograph (EEG)	Suction adapter	Table: examination/ treatment
Oxygen flowmeter		
Electromyograph (EMG), Room code (emg-i)		
Electromyograph (EMG) with evoked potential	Suction adapter	Table: examination/ treatment
Oxygen flowmeter		
Urodynamic Testing Room, Room code (urody-i)		
Analyser: urinalysis, point-of-care (optional)	Monitor: physiologic, vital signs	Ultrasound scanning unit: urology
Chair: procedure, urology	Oxygen flowmeter	Urodynamics measurement system
Light: procedure (optional)	Suction adapter	
Consult/ Exam Room - Ophthalmology, Room Code (cons-opt-i)		
Air flowmeter	Lensometer: automatic	Slit lamp: digital, with camera
Auto refractometer/ keratometer	Ophthalmoscope: indirect, binocular	Stand: examination/ treatment, ophthalmic
Chart monitor: ophthalmic	Oxygen flowmeter	Suction adapter
Diagnostic set: ophthalmic	Phoropter: digital	Tonometer: applanation
Procedure Room - Laser, Room Code (proc-20-i similar)		
Air flowmeter	Laser: ophthalmic, femtoLASIK (equipment may vary based on the room's specialty and operational requirements)	Suction adapter
Laser: ophthalmic, excimer (equipment may vary based on the room's specialty and operational requirements)	Oxygen flowmeter	
Procedure Room - Lens, Room Code (proc-20-i similar) - equipment may vary based on the room's specialty and operational requirements		
Air flowmeter	Ophthalmoscope: indirect, binocular	Slit lamp: digital, with camera
Infusion pump: single channel	Oxygen flowmeter	Stretcher: eye surgery
Monitor: physiologic, acute care (depending on operational requirements)	Refrigerator: drugs (optional)	Suction adapter
Procedure Room - Retina, Room Code (proc-20-i similar) - equipment may vary based on the room's specialty and operational requirements		
Air flowmeter	Light: surgical, single, ceiling, with monitor arm	Stool: adjustable, OR
Cabinet: storage, instrument, OR (depending on operational requirements)	Monitor: physiologic, acute care (depending on operational requirements)	Suction adapter
Infusion pump: single channel	Operating microscope: ophthalmic	Supply unit: ceiling (depending on operational requirements)
Infusion pump: syringe	Operating table: mobile, electric, ENT/ ophth	Vitreoretinal system: anterior/ posterior segments (equipment may vary based on the room's specialty and operational requirements)
Laser: ophthalmic, combo, SLT/ YAG (equipment may vary based on the room's specialty and operational requirements)	Oxygen flowmeter	

7 Schedule of Accommodation – Outpatients Unit

Outpatients Unit located within a health facility

The following Schedule of Accommodation includes both combined and separate Consult/ Examination Rooms.

The schedule below has been listed for very typical RDL provisions. However, this relationship between size and RDL is not mandatory and in fact any RDL may have any number of rooms as set out in the facility's service plan.

Room/ Space	Standard Component Room Codes	RDL 2 & 3 Qty x m2			RDL 4 Qty x m2			RDL 5 Qty x m2			RDL 6 Qty x m2			Remarks
Entry / Reception		**3 Rooms**			**6 Rooms**			**12 Rooms**			**18 Rooms**			
Reception/ Clerical	recl-10-i recl-15-i recl-20-i	1	x	10	1	x	10	1	x	15	1	x	20	May include space for self-registration of patients
Waiting	wait-10-i wait-20-i wait-30-i wait-50-i	1	x	10	1	x	20	1	x	30	1	x	50	May be divided into Female/ Family areas as applicable Part may be provided as Sub Waiting near Consult rooms
Play Area	plap-10-i similar				1	x	8	1	x	10	1	x	10	
Bay - Wheelchair Park	bwc-i				1	x	4	1	x	4	1	x	4	May share with Main facility if located close
Bay - Drinking Fountain	bdf-1-i	1	x	1	1	x	1	1	x	1	1	x	1	
Interview Room - Family	intf-i				1	x	12	1	x	12	2	x	12	
Store - Files	stfs-8-i stfs-10-i	1	x	8	1	x	8	1	x	10	1	x	10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-i	2	x	6	1	x	6	1	x	6	1	x	6	May share with Main facility if located close. Male/ Female separation where required
Toilet - Public	wcpu-3-i				2	x	3	2	x	3	2	x	3	May share with Main facility if located close
Consult Areas *		**3 Rooms**			**6 Rooms**			**12 Rooms**			**18 Rooms**			
Consult Room	cons-i	3	x	14	6	x	14	12	x	14	9	x	14	Combined Consult/ Examination Room
Consult - Office	cons-i similar										9	x	14	Separate Consult/ Office and Examination rooms
Examination Room	cons-i similar										9	x	14	Separate Consult/ Office and Examination rooms
Vital Signs Room	vsr-i				1	x	8	2	x	8	2	x	8	
Support Areas		**3 Rooms**			**6 Rooms**			**12 Rooms**			**18 Rooms**			
Bay - Handwashing, Type B	bhws-b-i	1	x	1	1	x	1	2	x	1	3	x	1	In corridors and staff work areas
Bay – Linen	blin-i	1	x	2	1	x	2	1	x	2	1	x	2	
Bay - Mobile Equipment	bmeq-4-i				1	x	4	2	x	4	2	x	4	For scales, lifting equipment
Bay - Resuscitation Trolley	bres-i	1	x	1.5	1	x	1.5	1	x	1.5	1	x	1.5	
Blood Collection Bay	bldc-5-i	1	x	5	1	x	5	1	x	5	2	x	5	Optional; may use a shared facility if located close
Clean-up Room	clup-7-i				1	x	7	1	x	7	1	x	7	Optional may use Dirty Utility
Clean Utility/ Medication	clum-8-i clum-12-i				1	x	8	1	x	12	1	x	12	
Dirty Utility	dtur-s-i dtur-10-i dtur-12-i	1	x	8	1	x	8	1	x	10	1	x	12	
Disposal Room	disp-5-i disp-8-i	Shared			1	x	5	1	x	8	1	x	8	May combine with Dirty Utility
Staff Station	sstn-5-i sstn-10-i sstn-14-i				1	x	5	1	x	10	1	x	14	May be provided as small sub stations to a group of rooms
Store - Equipment	steq-10-i steq-14-i				1	x	10	1	x	10	1	x	14	
Store - General	stgn-10-i stgn-14-i	1	x	10	1	x	10	1	x	10	1	x	14	
Toilet - Accessible	wcac-i				1	x	6	1	x	6	1	x	6	Male/ Female separation if required. May be shared if in close proximity
Toilet - Patient	wcpt-i	1	x	4	1	x	4	2	x	4	2	x	4	Male/ Female separation if required. May be shared if in close proximity
Treatment/ Procedure Areas (Optional – Dependent on Service Plan)		**1 Room**			**2 Rooms**			**3 Rooms**			**4 Rooms**			**Optional**

Room/ Space	Standard Component Room Codes	RDL 2 & 3 Qty x m2			RDL 4 Qty x m2			RDL 5 Qty x m2			RDL 6 Qty x m2			Remarks
Procedure Room	proc-20-i				1	x	20	2	x	20	3	x	20	No of rooms determined by service being delivered; may provide combination of Procedure & Treatment rooms
Scrub Up/ Gowning	scrb-6-i				1	x	6	1	x	6	2	x	6	Optional. Bay - Handwash Type A can be located inside the Procedure Room depending on the type of procedure to be performed
Treatment Room	trmt-14-i	1	x	14	1	x	14	1	x	14	1	x	14	Optional; number determined by service plan
Patient Bay - Holding/ Recovery	pbtr-h-10-i				2	x	10	4	x	10	6	x	10	2 Beds per Procedure Room; Separate M/F as required. May be shared with the Urgent Care in RDL 2/3
Bay Handwashing	bhws-a-i				1	x	1	1	x	1	2	x	1	refer to Part D
Bay - Linen	blin-i				1	x	2	1	x	2	1	x	2	
Bay - Resuscitation Trolley	bres-i				1	x	1.5	1	x	1.5	1	x	1.5	may be shared if located conveniently
Clean Utility	clur-8-i clur-12-i							1	x	8	1	x	12	
Dirty Utility	dtur-s-i dtur-10-i				1	x	8	1	x	8	1	x	10	Optional may share with Consulting Area if located close
Plaster Room	plst-14-i							1	x	14	1	x	14	Optional, for fracture clinic or hand clinic. Access to an X-Ray is required
Staff Station	sstn-5-i sstn-10-i							1	x	5	1	x	10	
Staff Station/ Clean Utility	sscu-i				1	x	9							Suitable for small procedures areas
Store - Sterile Stock	stss-12-i similar				1	x	8	1	x	8	1	x	10	
Toilet - Accessible, Patient	wcac-i				1	x	6	1	x	6	1	x	6	Male/ Female separation if required
Sample Collection Area (Optional)														**Part of Laboratory**
Blood Collection Bay	bldc-5-i	2	x	5	2	x	5	3	x	5	4	x	5	Number to be provided as per the service plan
Blood Collection Work Area	bldcw-i	1	x	12	1	x	12	1	x	12	1	x	12	
Toilet - Patient	wcpt-i										2	x	4	
Toilet - Accessible	wcac-i	2	x	6	2	x	6	2	x	6	1	x	6	
Staff Areas														
Office - Single Person	off-s9-i	Shared			1	x	9	1	x	9	1	x	9	Manager; Note 1
Meeting Room - Small	meet-9-i	Shared			1	x	9	1	x	9	1	x	9	Optional; Interviews, private discussions, team meetings
Property Bay - Staff	prop-2-i	Shared			1	x	2	2	x	2	2	x	2	May be shared with adjacent Unit
Staff Room	srm-15-i srm-20-i srm-25-i	Shared			1	x	15	1	x	20	1	x	25	Includes Beverage Bay; may be shared with adjacent Unit
Toilet - Staff, (M/F)	wcst-i	Shared			2	x	3	2	x	3	4	x	3	May be shared with adjacent Unit
Sub Total		**109.5**			**272.5**			**413.5**			**686.5**			
Circulation %		**32**			**32**			**32**			**32**			
Area Total		**145**			**360**			**546**			**906**			

*Refer to the specialty Outpatient Unit SOAs below for the required rooms for specialist Consult/ Exam Rooms.

Outpatients Unit - Stand-alone

The following additional rooms are required for a stand-alone Outpatients Unit.

Room/ Space	Standard Component Room Codes	This Column is not used	RDL 4 Qty x m²	RDL 5 Qty x m²	RDL 6 Qty x m²	Remarks
Entry / Reception			**6 Rooms**	**12 Rooms**	**18 Rooms**	
Airlock - Entry	airle-6-i airle-10-i		1 x 6	1 x 10	1 x 10	
Support Areas			**6 Rooms**	**12 Rooms**	**18 Rooms**	
Clean-Up Room	clup-opd-i		1 x 7	1 x 7	1 x 7	Optional
Sterilisation Room	opd-ss-i		1 x 8	1 x 12	1 x 14	Optional
Linen Holding - Clean	disp-8-i similar disp-10-i similar		1 x 8	1 x 10	1 x 10	
Linen Holding - Dirty	disp-5-i similar disp-8-i similar		1 x 5	1 x 8	1 x 8	
Loading Dock	lodk-i similar		1 x 15	1 x 15	1 x 20	
Waste Holding/ Recyclables	waco-i similar		1 x 15	1 x 20	1 x 25	
Sub Total			**49**	**63**	**73**	
Circulation %			**32**	**32**	**32**	
Area Total			**65**	**83**	**96**	

Outpatients Unit – Orthopaedic

Room/ Space	Standard Componen Room Codes	RDL 2 - 6	Remarks
Consult/ Treatment Areas			
Consult/ Exam Room	cons-i	2 x 14	Quantity according to service demand
Treatment Room	trmt-14-i	1 x 14	Optional; number determined by service plan
Plaster Room	plst-14-i	1 x 14	Access to X-Ray required
Diagnostic Areas			
Gait Assessment Room	gait-i	1 x 25	Optional
General X-Ray	genxr-i	1 x 30	Optional
Change Cubicle - Accessible	chpt-d-i	1 x 4	Optional, to X-Ray
Sub Total		**42**	
Circulation %		**32**	
Area Total		**56**	

Outpatients Unit – ENT

Room/ Space	Standard Component Room Codes	RDL 2 - 6	Remarks
Consult/ Treatment Areas			
Consult/ Exam Room - ENT	cons-ent-i	2 x 14	Quantity according to service demand
Treatment Room	trmt-14-i	1 x 14	Optional; number determined by service plan
Diagnostic Areas			

Room/ Space	Standard Component Room Codes	RDL 2 - 6			Remarks
Balance Assessment Room	balance-i	1	x	18	Optional
Audiology Testing Room	audio-i	1	x	14	
Sub Total		**42**			
Circulation %		**32**			
Area Total		**56**			

Outpatients Unit – Family Medicine

Room/ Space	Standard Component Room Codes	RDL 2 - 6			Remarks
Consult/ Treatment Areas					
Consult/ Exam Room – Family Medicine	cons-i	2	x	14	Quantity according to service demand
Consult/ Exam Room – Paediatric	cons-i	2	x	14	Quantity according to service demand
Consult/ Exam Room – Obstetrics/ Gynaecology	cons-obgyn-i	2	x	14	Quantity according to service demand
Toilet - Patient	wcpt-i	2	x	4	Optional, to Obstetrics/ Gynaecology Consult/ Exam Rooms
Treatment Room	trmt-14-i	1	x	14	Optional; number determined by service plan
Sub Total		**84**			
Circulation %		**32**			
Area Total		**111**			

Outpatients Unit – Dermatology

Room/ Space	Standard Component Room Codes	RDL 2 - 6			Remarks
Consult Areas					
Consult/ Exam Room - Dermatology	cons-i similar	2	x	14	Quantity according to service demand
Treatment Room	trmt-14-i	3	x	14*	Quantity according to service demand. Possible treatments include laser hair removal, skin rejuvenation, body contouring, facial treatments, mole mapping, etc. *The area of the room will vary depending on equipment and treatment requirements.
Support Areas					
Clean-Up Room	clup-opd-i	1	x	8	
Sterilisation Room	opd-ss-i	1	x	8	Optional. Could be replaced with sterile store and sterilisation outsourced
Sub Total		**78**			
Circulation %		**32**			
Area Total		**103**			

Outpatients Unit – Neurology

Room/ Space	Standard Component Room Codes	RDL 2 - 6			Remarks
Consult Areas					
Consult/ Exam Room - Neurology	cons-i similar	2	x	14	Quantity according to service demand
Electroencephalogram (EEG)	eeg-i	1	x	14	Quantity according to service demand
Electromyograph (EMG)	emg-i	1	x	14	Quantity according to service demand
Sub Total		**56**			
Circulation %		**32**			
Area Total		**74**			

Outpatients Unit – Urology

Room/ Space	Standard Component Room Codes			RDL 2 - 6	Remarks
Consult Areas					
Consult/ Exam Room - Urology	cons-i similar	1	x	14	Quantity according to service demand
Consult/ Exam Room – Obstetrics/ Gynaecology	cons-obgyn-i	1	x	14	Quantity according to service demand
Diagnostic/ Treatment Areas					
Urodynamic Testing Room	urody-i	1	x	18	Quantity according to service demand
Toilet - Patient	wcpt-i	1	x	4	To Urodynamic Testing Room
Treatment Room	trmt-14-i	1	x	14	Optional; Quantity according to service demand
Patient Bay - Holding/ Recovery	pbtr-h-10-i	2	x	10	2 Beds per Procedure room; Separate M/F as required
Bay Handwashing	bhws-a-i	1	x	1	Refer to Part D
Bay - Linen	blin-i	1	x	2	
Bay - Resuscitation Trolley	bres-i	1	x	1.5	
Staff Station	sstn-5-i	1	x	5	
Toilet - Accessible, Patient	wcac-i	1	x	6	Separate M/F as required
Support Areas					
Clean-Up Room	clup-opd-i	1	x	8	
Sterilisation Room	opd-ss-i	1	x	8	Optional. Could be replaced with sterile store and sterilisation outsourced
Sub Total		**101.5**			
Circulation %		**32**			
Area Total		**134**			

Outpatients Unit – Ophthalmology

Room/ Space	Standard Component Room Codes	RDL 2 - 6			Remarks
Consult Areas					
Consult/ Exam Room - Ophthalmology	cons-opt-i	1	x	14	Quantity according to service demand
Sub-Waiting/ Dilation Preparation	wait-sub-i	1	x	5	Optional
Screening/ Diagnostic Treatment Areas					
Screening Room	NS	1	x	14	Optional; Quantity and type according to service plan; E.g. Optometry, Visual Field Testing, Optical Coherence Tomography (OCT), fundus photography, topography, A/B Ultrasound Scan & other imaging systems. Multiple devices may be grouped together in a larger room as per operational policy. Dimmable lighting is required for retinal imaging.
Ophthalmology Treatment Room	NS	1	x	14	Optional; Quantity and type according to service plan. E.g. Nd:Yag laser, SLT lasers, Diode laser etc. Quantity according to service demand
Optional Procedures (under local anaesthetic/ sedation)					**Optional**
Procedure Room - Laser	proc-20-i similar	1	x	30	Quantity according to service plan; Example of procedures include refractive surgery with laser such as LASIK, PRK or SMILE
Procedure Room - Lens	proc-20-i similar	1	x	*	Quantity according to service plan; *Area dependent on procedure. Example of procedures include some capsulotomy and cataract procedures etc.
Procedure Room - Retina	proc-20-i similar	1	x	*	Quantity according to service plan; *Area dependent on procedure. Example of procedures include some vitreoretinal procedures etc.
Scrub Up/ Gowning	scrb-6-i	3	x	6	1 per procedure room
Post-Procedure Observation Bay	Inpt-rs2-i	9	x	6	3 per procedure room
Toilet – Patient	wcpt-i	2	x	4	Male/ Female separation as required
Bay - Handwashing	bhws-b-i	1	x	1	
Bay - Linen	blin-i	1	x	2	
Bay - Resuscitation	bres-i	1	x	1.5	
Clean-Up Room	clup-opd-i	1	x	8	
Staff Station	sstn-10-i	1	x	10	
Sterilisation Room	opd-ss-i	1	x	8	Optional. Could be replaced with sterile store and sterilisation outsourced
Sub Total		**14**			
Circulation %		**32**			
Area Total		**19**			

Note 1: Offices to be provided according to the number of approved full-time positions within the Unit

The following notes apply to all above Schedules of Accommodation:

- 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 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.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full-time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

8 Future Trends

Aging populations and increasing chronic diseases are projected to lead to more frequent patient visits to outpatient/ ambulatory care facilities.

Advances in technology will continue to enable non-invasive procedures and treatments to deliver effective healthcare into more outpatient/ ambulatory settings.

Integration of wellness programs into outpatient/ ambulatory care settings to align disease prevention, research and education with site based clinical specialties.

Outpatients/ ambulatory care centres are expected to become super specialised and benefit from grouping of medical specialties to allow patients to source all services from one ambulatory model, maximizing capital expenses and extending efficiencies.

Telehealth services will offer access to medical expertise that may be unavailable locally. Remote area monitoring and communication conducted through interactive video telemedicine and teleconferencing services may lead to reduced outpatient attendances while promoting preventative medical information.

Contemporary and improved healthcare facility designs encourage patient independence with simple layouts, clear uncomplicated routes, visual cues, check-in centres and effective signage.

9 Further Reading

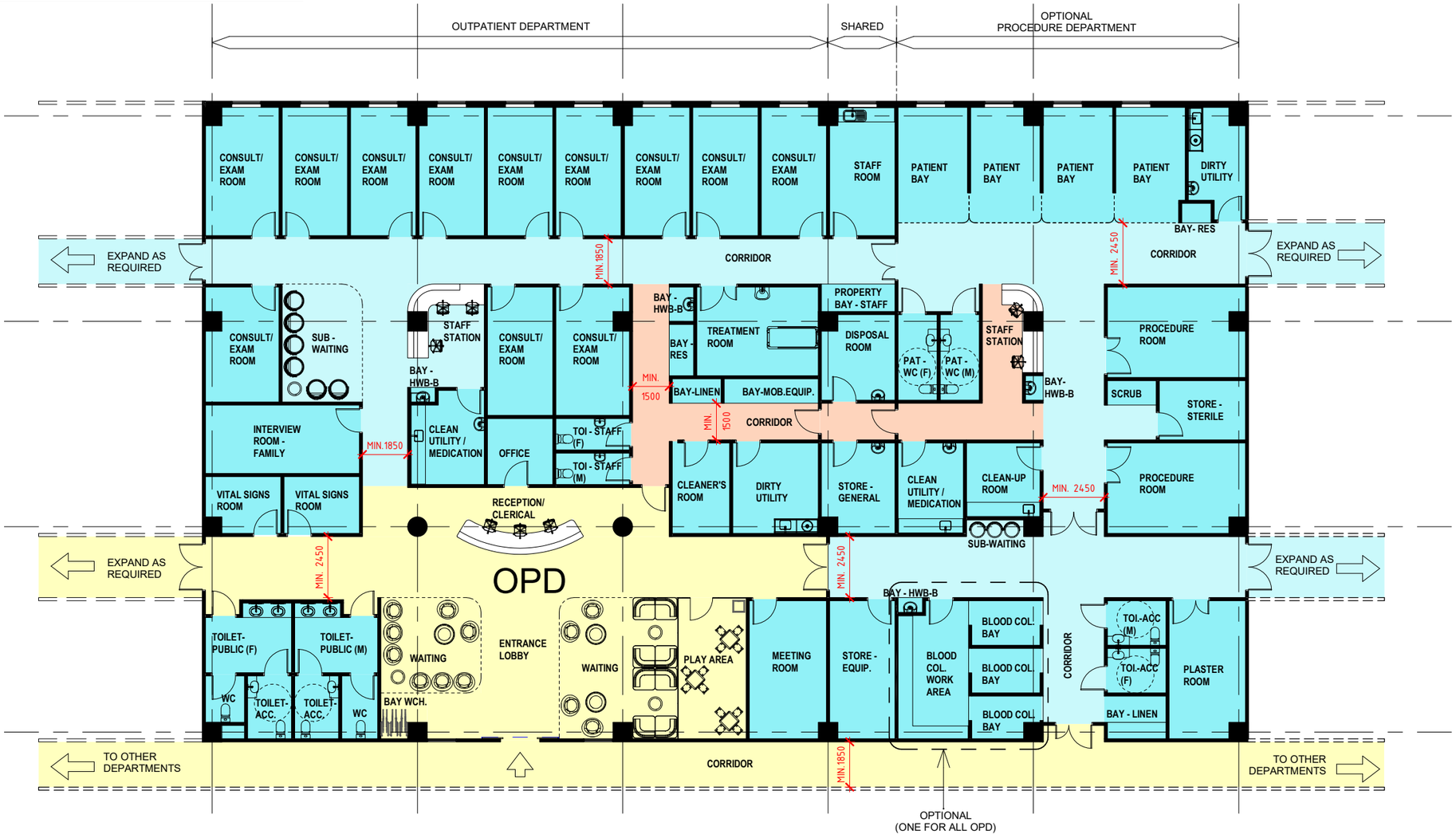
- American Institute of Architects, John Barker AIA, MCARB, Ed Pocock AIA, & Charles Huber, Hobbs & Black Associates Inc. 'The Future of Ambulatory Care' refer to website: http://www.aia.org/practicing/groups/kc/AIAB086508
- Australasian Health Facility Guidelines, Australasian Health Infrastructure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

10 Sample Plans

Please see overleaf.

ABBREVIATION LEGEND	
ACC	Accessible
COL	Collection
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
LIN	Linen
M	Male
MIN	Minimum
MOB	Mobile
PAT	Patient
PROP	Property
RES	Resuscitation Trolley
ST	Staff
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation



ABBREVIATION LEGEND	
ACC	Accessible
COL	Collection
DISP	Disposal
DU	Dirty Utility
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MIN	Minimum
MOB	Mobile
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation

ABBREVIATION LEGEND	
ACC	Accessible
ASSESS	Assessment
DISP	Disposal Room
DU	Dirty Utility
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MIN	Minimum
MOB	Mobile
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation

ABBREVIATION LEGEND	
ACC	Accessible
DISP	Disposal Room
DU	Dirty Utility
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MED	Medication
MIN	Minimum
MOB	Mobile
OB-GYN	Obstetrician-Gynecologist
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

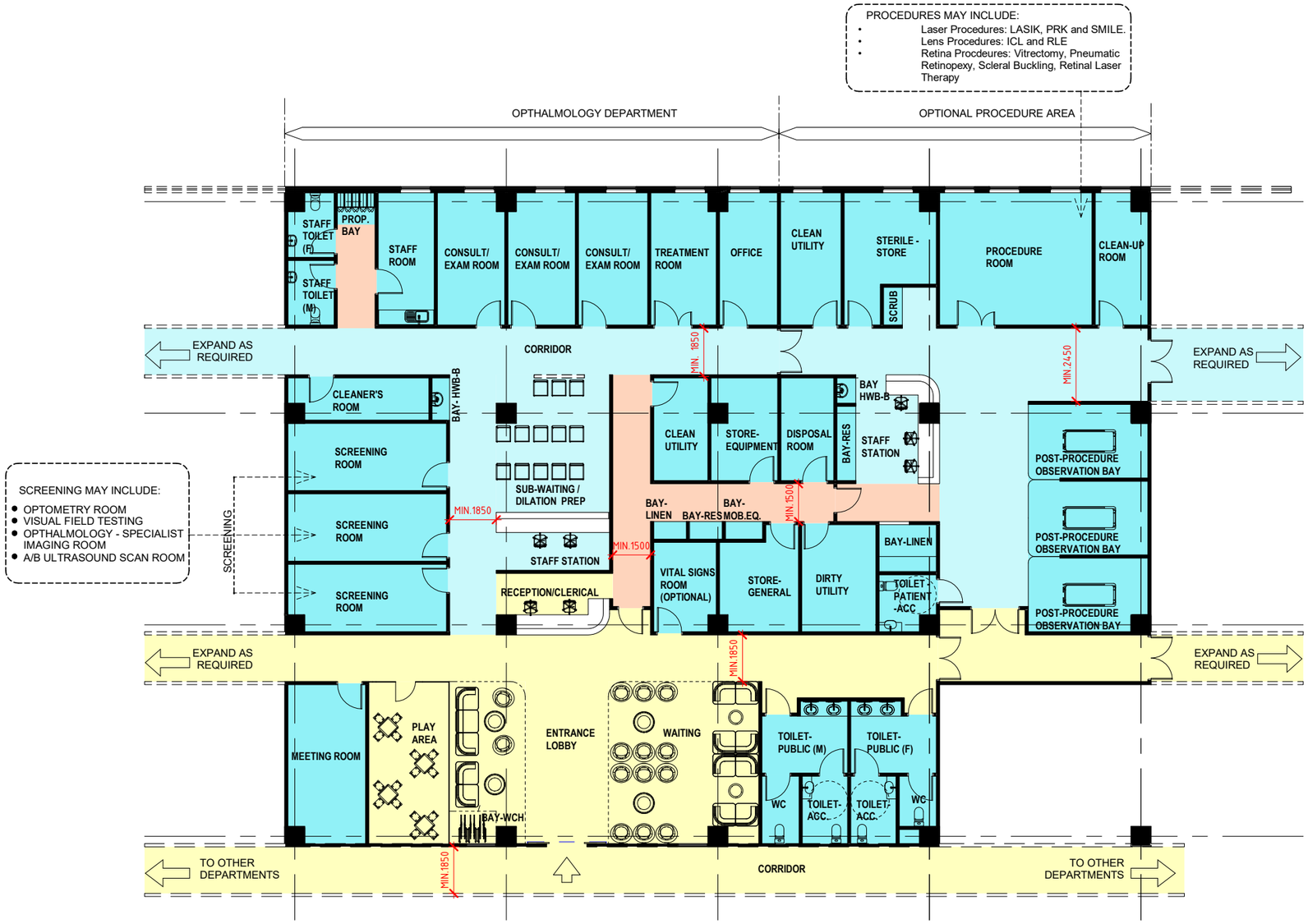
COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation

ABBREVIATION LEGEND	
ACC	Accessible
DISP	Disposal Room
DU	Dirty Utility
EEG	Electroencephalogram
EMG	Electromyography
EXAM	Examination
EQ / EQUIP	Equipment
F	Female
HWB-B	Handwashing, Type-B
M	Male
MIN	Minimum
MOB	Mobile
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation

ABBREVIATION LEGEND	
ACC	Accessible
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MIN	Minimum
PREP	Preparation
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation



ABBREVIATION LEGEND	
ACC	Accessible
ASSESS	Assessment
DISP	Disposal Room
DU	Dirty Utility
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MED	Medication
MIN	Minimum
MOB	Mobile
PROP BAY	Property Bay- Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation

ABBREVIATION LEGEND	
ACC	Accessible
EQ / EQUIP	Equipment
EXAM	Examination
F	Female
HWB-B	Handwashing, Type-B
M	Male
MIN	Minimum
MOB	Mobile
OB-GYN	Obstetrician-Gynecologist
PROP. BAY	Property Bay - Staff
RES	Resuscitation Trolley
TOI	Toilet
WC	Water Closet
WCH	Wheelchair

COLOR FILL LEGEND	
	Clinical Circulation
	Functional Areas
	Public Areas
	Staff Circulation