حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

# DHA Health Facility Guidelines 2019

## Part B – Health Facility Briefing & Design

## 20 – Admissions Unit & Discharge

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# Executive Summary

This Functional Planning Unit (FPU) covers the requirements of Admissions Unit and Discharge. The Admissions Unit is a central administrative service that co-ordinates and processes information to support a patient's admission and discharge to/ from a healthcare facility.

The Admission Unit and Dischrage FPU described operation, functional and design requirements to suit the administrative and clinical processes defined for admitting a patient. Admissions can be planned or unplanned.

The Functional Zones and Functional Relationship Diagrams indicate the ideal external relationships with other key departments and hospital services. There are primarily two functional zones – the admission unit and the discharge lounge. For the Admissions Unit and Discharge this includes a relationship with Inpatient and Outpatient Areas. Optimum Internal relationships are demonstrated in the diagram by the juxtaposition of rooms and areas, with arrows indicating the path of travel.

Design Considerations address a range of important issues including Accessibility, Acoustics, Safety and Security, Building Services Requirements and Infection Control. This FPU describes the minimum requirements of a typical Admissions Unit and Discharge at Role Delineation Levels 3 to 6.

The typical Schedule of Accommodation is provided using Standard Components (typical room templates) and quantities for quantities for these numbers.

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** (**Part A - Appendix 4**) to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.

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# 20. Admissions Unit & Discharge

## 1 Introduction

The Admissions Unit is a central administrative service that co-ordinates and processes information to support a patient's admission and discharge to/ from a healthcare facility.

The admission of patients to a healthcare facility may be through an emergency department (unplanned) or as a booked admission (planned). The majority of patients who require admission into hospital are pre-planned booked admissions and are admitted as either a day patient (same day) or to an inpatient unit upon receipt of a request for admission by a medical practitioner/ specialist.

The Admissions Unit is often a patient's primary contact, so planning should minimize institutional imagery and provide the patient and family members with finishes and furnishings that are familiar and comforting to reduce stress and promote privacy.

The type of facilities required for the Admission unit may vary and would be dependent on the range of services to be provided in the organisations Clinical Operational Policies and Service Guidelines.

Provisions for the following Admission Unit services and functions should be considered early in planning process.

Administrative processes:

- Coordination, review and management of electronically and hard copy admission referral documentation
- Provision of assistance to patients in the completion of admission information requirements, in person or by phone

- Provision of a mobile service to a service or department to complete admission documentation at the point of the patients' arrival
- Assistance with inter hospital transfers
- Administrative functions related to the preparation and maintenance of the admission records
- Assistance with the bed management/ allocation in a healthcare facility
- Assistance with the co-ordination of patient arrival and admission to a healthcare unit
- Assistance with the co-ordination of operating theatre list management
- Assistance with the co-ordination of appointments for attendance to a pre-admissions outpatient clinic
- Collection of financial information for the finance unit.

Clinical Assessment processes:

- Completion of admission documentation and consent forms
- Organisation of patient referrals to anaesthetists or other health professionals
- Organisation of patient diagnosis tests (pathology, imaging, cardiac)
- Organisation of patient health records, assessments and diagnostic results
- Commencement of discharge planning.

### 1.1.1 Discharge Lounge

A Discharge Lounge may be provided according to Operational Policy. The purpose of the Discharge Lounge which is sometimes referred to as Transit Lounge or Departure Lounge, is for patients who have planned discharge to be transferred to an area to complete the discharge process to assist the

facility in bed capacity management. It provides stable patients a safe and comfortable waiting area with nursing supervision and assistance on the day of their discharge.

In this area, patients may: await transport and carers, be issued discharge summaries, future care plans, medications and medical certificates, arrange Allied Health consultations and/or community health services and finalise hospital accounts.

Some activities undertaken in the Discharge Lounge include:

- Completion of discharge paperwork such as discharge summary, care plans, medical certificate and medication prescription
- Waiting for specialist nurse/ allied health consultation
- Meeting transportation from family, friends, carers or patient transport services
- Receiving prescription medication from pharmacy
- Waiting for loaned equipment required by patient at home
- Settlement of hospital accounts if applicable.

# 2 Functional & Planning Considerations

## 2.1 Operational Models

For planned admissions there are usually four stages in the admission process:

- The receipt, completion and confirmation of the admission request received
- The interview either by phone or in person with the patient, family or carer to be admitted
- The confirmation of the admission date and to where the patient should present to
- The arrival and admission of the patient to the service on the date provided to finalise the admission to a unit or service.

These functions may be completed in the Admissions Unit, a Peri-operative Unit or decentralised to the specific clinical Unit the patient will be attending. The preferred model will be dependent on the hospital's Operational Policies.

The Discharge Lounge is used for planned discharge only. Patients are transferred from the ward level, Day Surgery or Endoscopy Procedure area to the Discharge Lounge on the day of discharge typically between 9 am to 6pm Sunday to Thursday. Larger facilities may provide longer operating hours or seven days a week service.

### 2.1.1 Hours of Operation

The Admission Unit services operating hours will be dependent on the organisation's Operational Policies and service profile. However, the Admissions Unit generally operates from 8am to 5pm daily for planned admissions. Many services are provided on a 24 hour per day basis with the admission documentation being completed by staff from the Admissions Unit.

In larger facilities unplanned/ emergency admissions may occur via the facility's Emergency Unit or Obstetric Unit operating 24 hours a day. In these Unit, generally there will be administrative staff trained to undertake and complete the admission documentation.

## 2.2 Models of Care

Contemporary models of care reveal increased demand for day only procedures, day of surgery admissions and pre-admission clinics requiring multi-disciplined staffing profiles to ensure streamlined services.

The Discharge Lounge provides are area where patients may be discharged from the clinical unit and await transportation in a separate area. This model of care frees up inpatient facilities for planned admissions and transfers releasing patients to the comfort of the discharge lounge with their carers during the discharge process.

### 2.2.1 Medical Record Management

The Admissions Unit will assist to enter patient data and track patients from pre-admission to discharge using electronic patient information systems or traditional paper-based records.

Operational policies determine storage and retrieval systems of medical records but hard-copy secured storage space may be required unless all documents are stored and accessible electronically.

## 3 Unit Planning Models

The Admission Unit may be provided as:

- A single stand-alone unit
- A Unit collocated with the Main Reception
- A satellite unit located either in or near to the Outpatient service or in the Operating Unit/ Day Surgery reception area
- A mobile service to a healthcare facility's Inpatient or Emergency Units
- A combination of the above.

Admission Units are generally located at the main entry to the facility or with ease of access from main circulation routes, public transport and parking areas.

The clearly defined description of the service model or models to be provided should assist with the early design of the Unit within the healthcare facility.

The Discharge Unit may be a stand-alone Unit but is often co-located with Admissions Unit near the Main Entrance. An alternative location for the Discharge Unit is an area accessible from a secondary hospital entrance with easy access to the patient pick-up zone.

## 3.1 Functional Zones

The Admissions Unit may include the following functional areas, arranged together or separately as directed by the health facility's Operational Policies.

### 3.1.1 Admissions Unit

- Entry/ Reception including:
  - Patient waiting areas (gender segregated areas if required)
  - Reception desk, that may have discussion booths incorporated
  - Public Amenities (may be located in adjoining areas)
- Patient Areas:
  - Interview rooms and cubicles for patient admissions, interviews and private discussions
  - Access to a Cashier (this may be a centralised or decentralised service provision)
- Staff and Support Areas including:
  - Offices and workstations to provide administrative area and for receiving and making phone calls
  - Storage for files, wheelchairs, stationery, photocopier/ printer

### 3.1.2 Discharge Lounge

- Patient Areas
  - Discharge Lounge with recliner and lounge chairs
  - Patient Bays, for patients requiring bed waiting
  - Property bay for luggage
  - Patient toilets
- Staff and Support Areas
  - Staff Station
  - Handwashing bays
  - Clean and Dirty Utilities
  - Beverage Bay for patient refreshments
  - Storage for linen, supplies and equipment used in the unit.

### 3.1.3 Patient Waiting Areas

Gender segregated areas may be provided and sized accordingly to the predicted patient profile on a daily basis. Space for wheelchairs, prams, trolleys, mobility equipment, and wheelchair storage should be considered when designing this space. A separate waiting area for families including a play space for children may also be appropriate. Facilities to display reading materials, information pamphlets, and entertainment system (TV, speakers for music) should be considered.

A queuing management system (electric or manual) should be provided in the waiting area to assist with the order and management of arriving patients in this area.

A satellite unit providing access by patients from the Outpatients Unit would require interview rooms, (the number dependent on the assessed volume of patients requiring access for admission) and a waiting area.

### 3.1.4 Patient Interview Cubicle/ Rooms

Configuration and design of Interview cubicles/ rooms shall provide a high level of visibility from outside without compromising privacy. The rooms will require acoustic privacy, for confidential discussion between the admission staff, patients and accompanying family or carers.

### 3.1.5 Cashier

A Cashier may be incorporated within Admission Units & Discharge Lounges if required by the healthcare facilities operational policies. If provided, the following factors should be considered during planning:

- Accessibility during normal business hours and after-hours
- Safety provisions for Staff
- Secured storage where money is handled

- Safe routes of delivery and collection of money to and from the cashier's area
- Secure electronic payment systems.

### 3.1.6 Staff and Support Areas

Staff will require:

- Offices and workstations for the Unit Manager, Supervisors and administrative staff
- Access to toilets, showers, change rooms and lockers
- Access to a staff room with beverage and food storage facilities
- Access to shared Meeting room/s for education, training and meetings.

Support areas will include:

- Bays for linen, resuscitation trolley, mobile equipment and wheelchairs
- Beverage Bay for patient refreshments in Discharge areas
- Cleaners room
- Clean Utility with provision for drug storage
- Dirty Utility room including facilities for urine testing and waste holding
- Storage areas for stationery, records, general stock, equipment used in patient areas and patient luggage in Discharge Lounge areas.

# 4 Functional Relationships

## 4.1 External Relationships

The Admissions Unit is ideally located adjacent to the Main Reception area with close access to public amenities and waiting areas.

Peri-operative outpatient clinic services will require access to diagnostic units including Pathology and Medical Imaging.

The Discharge Unit is often located in close proximity to the Main Reception with ready access to external patient transport pick-up zones.

The optimum external functional relationships are demonstrated in the diagram below including the following:

#### 4.1.1 Admissions Unit

- A direct relationship between Admissions Unit, the Main Entry and car parking
- A direct relationship to Admissions Unit
- Indirect relationship to related hospital Units including Day Surgery Unit, Emergency Unit, Inpatient Units and Diagnostic units
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor.

#### 4.1.2 Discharge

- A direct relationship between Discharge area and the Main Entry and car parking
- Indirect relationship to related hospital Units including Day Surgery Unit, Inpatient Units and Pharmacy
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor.

### 4.2 Internal Relationships

Decentralised admission areas should be configured to be visible and prominent for easy of way-finding by patients, family, carers and visitors.

If the Cashier is to be located with an Admissions Unit, access to security is recommended

Correct internal relationships creating efficient design include the following:

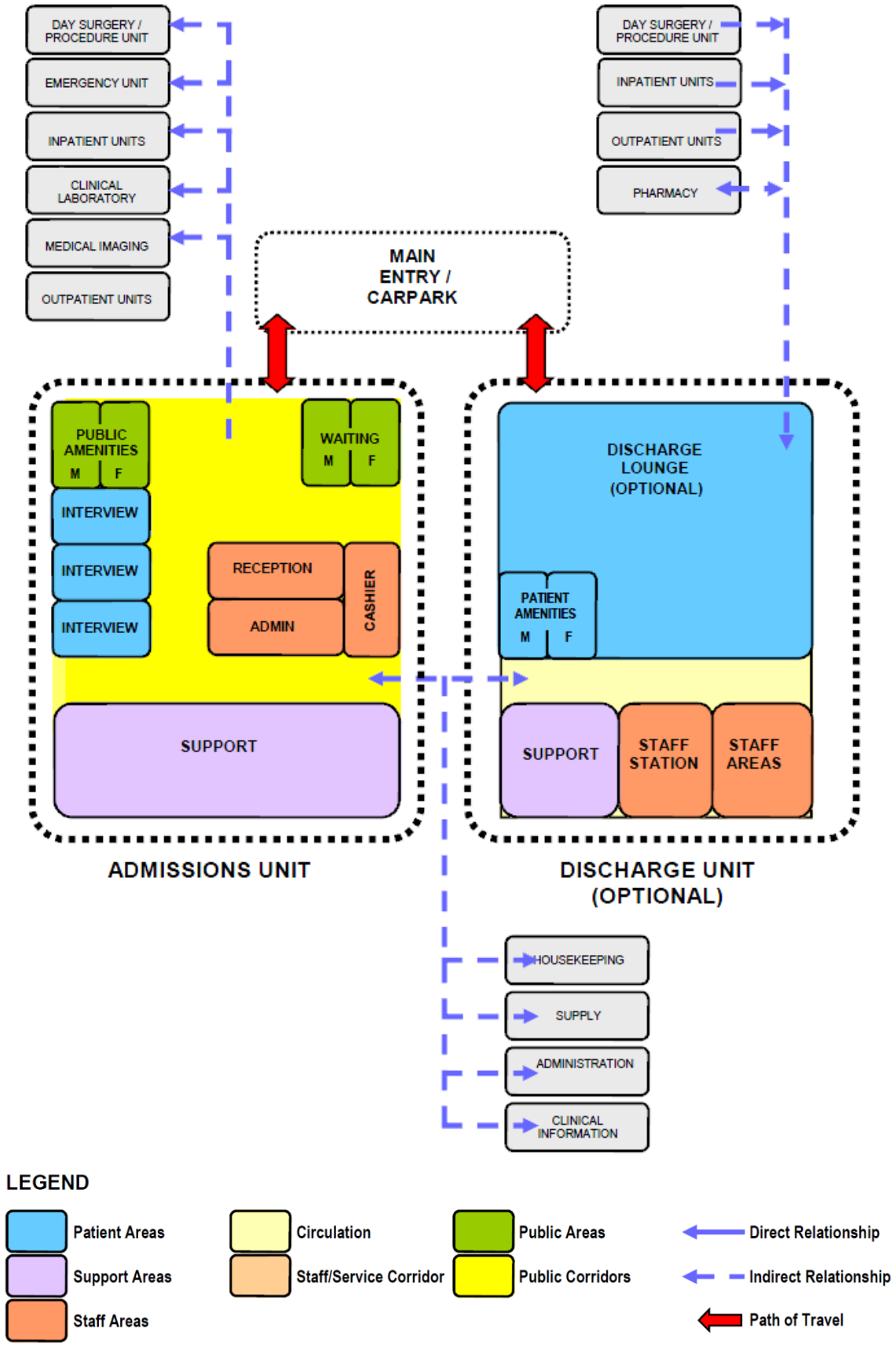
### 4.2.1 Admissions Unit

- Reception, Cashier, Waiting and Interview areas at the entry to the Unit
- Ready access to Interview room/s from waiting areas
- Ready access to public amenities
- Support rooms located with convenient access to staff areas.

### 4.2.2 Discharge

- Ready access to patient amenities from the lounge area
- Support and staff areas located for ease of staff access.

## 4.3 Functional Relationship Diagram



# 5 Design Considerations

The Admissions Unit, and Discharge Lounge should be located with easy access to a vehicle drop-off and pick-up zones. The Admission unit and Discharge area should be designed to accommodate all types of patients including the elderly, disabled, carers with prams and young children and bariatric patients.

## 5.1 Environmental Considerations

### 5.1.1 Acoustics

The Admissions & Discharge Unit should be designed to minimise the ambient noise level within the Unit and transmission of sound between patient areas, staff areas and public areas.

Acoustic privacy is required in Interview rooms and area where confidential information will be discussed, to ensure confidential conversations are not audible in adjoining rooms or spaces.

Provision of an augmented hearing loop service for patients and visitors with hearing impairment should be considered.

### 5.1.2 Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of staff and patients. Windows are particularly desirable in waiting and lounge areas.

### 5.1.3 Privacy

Patient privacy is an important consideration to be addressed in the design of admissions & discharge rooms and waiting spaces. Interview rooms should be located away from public corridors and doors to admission & discharge rooms should be located to avoid patient exposure to circulation areas. Privacy screening is required to Patient Bed Bays in the Discharge Lounge.

## 5.2 Accessibility

Design must provide ease of access for disabled patients to all patient areas including Consult and Interview rooms/ cubicles. Seating in waiting areas shall be provided at a range of heights to cater for the different mobility levels of patients. Consideration should be given to selection of seating offering bariatric support.

An accessible height counter should be provided for patients/ visitors with disabilities that need to sit on a chair or in a wheelchair during the interview process.

## 5.3 Doors

Entry points, doors and openings to the Admission Unit and Discharge Lounge should be a minimum of 1200 mm wide, unobstructed. Doors used for bed transfers should be a minimum of 1400mm wide, unobstructed.

Doors must provide acoustic privacy. Door openings must allow risk free passage of patients, carers, staff and manoeuvring room for equipment, wheelchairs and trolleys where necessary.

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

## 5.4 Ergonomics/ OH&S

Design and dimensions of counters and workstations shall ensure privacy and security for patients, visitors and staff. Counter heights should be made identical for patients/ visitors and staff to enhance communication and minimise aggressive behaviour.

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

## 5.5 Size of the Unit

The size of the Admission Unit and Discharge Lounge is dependent on facility location, service complexity, patient flow and model of care.

Schedules of Accommodation provided in this Guideline provide typical units sized for a range of role delineation levels.

## 5.6 Safety & Security

The Admissions & Discharge Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to optimal healthcare outcomes.

The following security issues shall be addressed when designing Admission Units and Discharge Lounges:

- Unobstructed waiting room viewpoints for staff from counters and staff stations
- Duress alarms and emergency exit points to all counters, Interview rooms and Cashier stations
- Controlled after-hours access to prevent unauthorized entry and exit; external doors locked (preferably electronically) and monitored
- CCTV to Waiting areas and Cashier - if culturally acceptable.
- Provision of emergency and safety lighting to patient drop off/ pick up transport zones for after-hours use
- Restricted access from Waiting areas to staff and administrative areas for patients and visitors
- Use of shutters and screens to provide additional security to public access points.

Security provisions for a Cashier may include:

- Security glazing to secure the Cashier counter
- Fire proof safe sized to accommodate sufficient cash and concealed visually from patients, visitors and others; a pneumatic tube system or after-hours hatch may be provided

- Electronically locked external doors with alarms linked to Security Unit.

## 5.7 Finishes

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

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards.

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

## 5.8 Fittings, Fixtures & Equipment

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

### 5.8.1 Counters

If the Cashier is located within the Admissions Unit, then an appropriate barrier should be provided to the Cashier's counter.

Depth of counters is recommended to be between 900 mm to 1200 mm. The counter height shall be suitable for standing interactions; high stools may be provided for staff. If a seated position is required, there shall be a section to be reduced to 720 mm, with standard height chairs for staff and

patients. Counters should be provided with disabled access by patients compliant with relevant codes and guidelines.

Refer also to Part C - Access, Mobility, OH&S of these Guidelines.

### 5.8.2 Window Treatments

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

## 5.9 Building Service Requirements

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

### 5.9.1 Information and Communication Technology

The Admissions & Discharge Unit requires reliable and effective IT / Communications service for efficient operation of the service. The IT design should address:

- Booking, appointment and queuing systems
- Patient/ clinical information systems and electronic records
- Voice/ data cabling and outlets for phones, fax and computers.

### 5.9.2 Staff Call

Patient, staff assist, and emergency call facilities shall be provided in all patient areas (e.g. Discharge Lounge, Holding bays and Toilets) in order for patients and staff to request for urgent assistance.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be located in strategic points visible from Staff Stations and audible in Staff Rooms and Meeting Rooms.

### 5.9.3 Heating, Ventilation and Air conditioning

The Admissions & Discharge Unit should be air-conditioned to provide a comfortable working environment for staff and visitors. Refer to Part E - Engineering Services in these guidelines and to the Standard Components, RDS and RLS for further information.

### 5.9.4 Medical Gases

Medical gases may be provided within selected discharge recliner/ bed bays as required by the facility's operational policy.

## 5.10 Infection Control

Standard precautions apply to the Admissions & Discharge Unit to prevent cross infection between patients, staff and visitors. Paths of travel for inpatients should be separated from outpatients as far as possible. Hand hygiene is important, and it is recommended that in addition to hand basins, medicated hand gel dispensers be located strategically in staff areas and circulation corridors. Consideration should be given to separate clean and dirty workflows in all imaging/ procedure, preparation and clean-up rooms.

### 5.10.1 Hand Basins

Hand washing facilities for staff shall be readily available in the Discharge lounge. In the Discharge Lounge the minimum provision is one hand basin per 4 bed or chair bays.

Hand basins should comply with Standard Components for Bay - Handwashing. Refer to the Standard Components, RDS and RLS of these guidelines for additional information.

### 5.10.2 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.

For further information related to Infection Control refer to **Part D - Infection Control** in these Guidelines.

### 5.10.3 Waste Management

Clinical waste management shall be provided within the Discharge areas according to the facility's operational policies. Provision of sharps containers shall be in compliance with the Hospital's Infection Control Policy.

Refer also to **Part D - Infection Control** for further information.

## 6 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for

providing the item according to a widely accepted description as follows:

| Group | Description |
|---|---|
| 1 | Provided and installed by the builder |
| 2 | Provided by the Client and installed by the builder |
| 3 | Provided and installed by the Client |

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Admissions & Discharge Unit contains Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

## 6.1 Non-Standard Rooms

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

Non-standard rooms are identified in the Schedules of Accommodation as NS and are described below.

### 6.1.1 Cubicle - Interview

The Interview cubicle will provide a small booth type area for private discussion between patients and staff. Acoustic privacy will be required. The cubicle will include:

- Desk or counter for completion of paperwork
- Computer and telephone
- Chairs for staff, patient and support person

### 6.1.2 Vital Signs Room

The Vital Sign room is a room for measurement and recording of patient vital signs. The room will include:

- Desk and chair for staff
- Chairs for staff, patient and support person
- Hand basin with paper towel and soap dispensers
- Clinical measurement equipment:

- Weighting scales
- Stadiometer – height measurement device
- Vitals signs monitoring equipment, electronic

### 6.1.3 Discharge Lounge

The discharge lounge will provide a comfortable environment for patient to wait for transport following discharge from a clinical unit. As the length of waiting may vary and in some cases be prolonged, the lounge should have provision for patient refreshments, patient entertainment and access to amenities.

The lounge should include:

- Recliner chairs and lounge chairs for patients and accompanying support persons
- Bed bays for patients being transferred to other health facilities in beds, with privacy screening
- Lockers for secure storage of patient property
- Beverage bay for patient refreshments
- Patient toilets
- Support Areas:
  - Staff station
  - Handwashing bays
  - Storage for linen, resus trolley, equipment and supplies used in the unit

Staff areas such as staff rooms, toilets and property bays may be shared with adjacent units where possible.

All patient areas will require patient and emergency call systems to enable patients and staff to call for urgent assistance.

## 7 Schedule of Accommodation

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

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

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framwork** (**Part A - Appendix 6**) in these gduielines for a full description of RDL's.

The table below shows four alternative SOA's for role delineations from 3 to 6 of varying sizes.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A - Appendix 4**) with any departure from the Guidelines for consideration by the DHA for approval.

## 7.1 Admissions Unit

| ROOM/ SPACE | Standard Component Room Codes | RDL 1 & 2 N/A | RDL 3 & 4 Qty x m2 | RDL 5 Qty x m2 | RDL 6 Qty x m2 | Remarks |
|---|---|---|---|---|---|---|
| **Entry / Reception** | | | | | | |
| Waiting, - Male | wait-10-d wait-20-d wait-30-d | | 1 x 10 | 1 x 20 | 1 x 30 | |
| Waiting - Female | wait-10-d wait-20-d wait-30-d | | 1 x 10 | 1 x 20 | 1 x 30 | May include play area |
| Reception/ Clerical | recl-10-d similar recl-15-d | | 1 x 9 | 1 x 12 | 1 x 15 | Space for 2 - 3 staff |
| Bay - Wheelchair Park | bwc-d | | 1 x 4 | 1 x 4 | 1 x 4 | Locate in Entrance Area |
| Toilet - Accessible | wcac-d | | 1 x 6 | 2 x 6 | 2 x 6 | Optional; May share with another collocated FPU |
| Toilet - Public, M/F | wcpu-3-d | | 2 x 3 | 4 x 3 | 6 x 3 | Optional; May share with another collocated FPU |
| **Patient Areas** | | | | | | |
| Cubicle - Interview | NS | | 2 x 5 | 3 x 5 | 5 x 5 | For one-on-one discussions/interviews, Alternative interview room may be provided |
| Cashier | cash-5-d | | 1 x 5 | 1 x 5 | 1 x 5 | |
| Interview/ Multipurpose Room | meet-9-d | | 1 x 9 | 1 x 9 | 1 x 9 | For private one-on-one discussions/interviews |
| Interview Room - Family/ Large | intf-d | | | 1 x 12 | 1 x 12 | Optional; Dependent on operational policies |
| **Staff and Support Areas** | | | | | | |
| Office - Single Person | off-s9-d | | 1 x 9 | 1 x 9 | 1 x 9 | Unit Manager; refer to Note 1 |
| Office - Workstation | off-ws-d | | 1 x 5.5 | 1 x 5.5 | 2 x 5.5 | Offices provided according to approved full time positions |
| Office - Billing | off-s9-d | | 1 x 9 | 1 x 9 | 1 x 9 | Offices provided according to approved full time positions |
| Bay - Storage | bs-2-d similar | | 1 x 2 | 1 x 2 | 1 x 3 | Optional; may be added to Cashier for safe |
| Cleaner's Room | clrm-6-d | | 1 x 6 | 1 x 6 | 1 x 6 | |
| Store - Equipment | steq-10-d similar | | 1 x 6 | 1 x 10 | 1 x 10 | Optional |
| Store - Files | stfs-10-d similar | | 1 x 8 | 1 x 10 | 1 x 10 | |
| Store - Photocopy/ Stationery | stps-8-d similar | | 1 x 4 | 1 x 8 | 1 x 8 | |
| **Sub Total** | | | **118.5** | **180.5** | **226** | |
| **Circulation %** | | | **20** | **20** | **20** | |

| ROOM/ SPACE | Standard Component Room Codes | RDL 1 & 2 N/A | RDL 3 & 4 Qty x m2 | RDL 5 Qty x m2 | RDL 6 Qty x m2 | Remarks |
|---|---|---|---|---|---|---|
| **Area Total** | | | **142.2** | **216.6** | **271.2** | |

## 7.2 Discharge Unit (Optional)

| ROOM/ SPACE | Standard Component Room Codes | RDL 1 & 2 N/A | RDL 3 & 4 Qty x m2 | RDL 5 Qty x m2 | RDL 6 Qty x m2 | Remarks |
|---|---|---|---|---|---|---|
| **Patient Areas** | | | | | | |
| Discharge Lounge | NS | | 2 x 16 | 2 x 25 | 2 x 30 | 5 m2 per recliner bay plus circulation space; no. dependent on operational policy; separate M & F areas |
| Patient Bay - Bed holding | pbtr-h-10-d | | 1 x 10 | 1 x 10 | 2 x 10 | No. dependent on operational policy, refer to Note 2 |
| Property Bay | prop-3-d similar | | 2 x 2 | 2 x 2 | 2 x 2 | For Patient; Optional if bedside locker not provided in bays, refer to Note 2 |
| Toilet - Accessible | wcac-d | | 1 x 6 | 1 x 6 | 1 x 6 | refer to Note 2 |
| Toilet - Patient | wcpt-d | | 1 x 4 | 1 x 4 | 2 x 4 | refer to Note 2 |
| **Staff and Support Areas** | | | | | | |
| Staff Station/ Clean Utility | sscu-d | | 1 x 9 | | | refer to Note 2 |
| Staff Station | sstn-5-d sstn-14-d similar | | | 1 x 5 | 1 x 10 | refer to Note 2 |
| Bay - Beverage, Open Plan | bbev-op-d | | 1 x 5 | 1 x 5 | 1 x 5 | refer to Note 2 |
| Bay - Handwashing, Type B | bhws-b-d | | 2 x 1 | 3 x 1 | 4 x 1 | refer to Note 2 |
| Bay - Linen | blin-d | | 1 x 2 | 1 x 2 | 1 x 2 | refer to Note 2 |
| Bay - Resuscitation Trolley | bres-d | | 1 x 1.5 | 1 x 1.5 | 1 x 1.5 | refer to Note 2 |
| Clean Utility - Sub | clur-8-d | | | 1 x 8 | 1 x 8 | refer to Note 2 |
| Dirty Utility - Sub | dtur-s-d | | 1 x 8 | 1 x 8 | 1 x 8 | refer to Note 2 |
| **Sub Total** | | | **83.5** | **106.5** | **136.5** | |
| **Circulation %** | | | **20** | **20** | **20** | |
| **Area Total** | | | **100.2** | **127.8** | **163.8** | |

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

Note 2: Required only if Patient waiting to be transferred to other Facilities. This can be regarded as part of Day Surgery Lounge.

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the RDL and size of proposed facility
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations may be acceptable to reflect the needs of individual Unit

# 8 Further Reading

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

- International Health Facility Guideline (iHFG) www.healthdesign.com.au/ihfg
- Ministry of Health UAE, Unified Healthcare Professional Qualification Requirements, 2017, refer to website: https://www.haad.ae/haad/tabid/927/Default.aspx
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2018. Refer to website www.fgiguidelines.org
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website www.fgiguidelines.org
- UK Department of Health, Health Building Note 26: Facilities for surgical procedures in acute general hospitals refer to website: https://www.gov.uk/government/collections/health-building-notes-core-elements
- https://www.hse.ie/eng/about/Who/clinical/natclinprog/anaesthesia/modelofcare.pdf
- Wales/NHS UK, Health Building Note 51 Accommodation at the main entrance of a district general hospital, 1991; refer to website http://www.wales.nhs.uk/sites3/Documents/254/HBN%2051.pdf