

DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

240 – Main Entrance Unit



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Executive Summary

Main Entrance Unit includes a series of 'front of house' functions including an entry to the hospital, drop-off and collection area, main reception and information desk, public waiting areas and often retail outlets in the case of a hospital.

The Main Entrance Unit is generally located on the ground level, in a location easily seen and accessible from car parking and drop-off area. A security station located in close proximity to the Main Entrance Unit is ideal.

An Airlock should be provided at the Entrance of the facility if access into the healthcare facility is from outside. Controlled access at the Entry Airlock should be considered.

The Unit should have sufficient display of way finding signages to various units within a facility. The Unit will have access to lifts, connecting corridors and public amenities including Public and Accessible Toilets, Parenting/ Baby Change facilities, as well as prayer rooms.

The Main Entrance of a facility should be at grade level, sheltered from inclement weather (sun or rain) and accessible to People with Determination. Access Ramp, in addition to stair should be considered if main entrance is not at grade level.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical units at Role Delineation Levels (RDL) 3 to 6. Users should follow the principles established in these guidelines if they wish to create units of different sizes and configurations.

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

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



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240. Main Entrance Unit

1 Introduction

The Main Entrance Unit provides for the following functions:

- Entry to the hospital
- Drop off and collection area
- Patient reception
- Patient and visitor enquiries
- Way finding to hospital units
- Patient and visitor waiting

2 Unit Planning Models

2.1.1 Location

The Main Entrance Unit is generally located on ground level, in a location easily seen and accessible from car parking and public transport stations.

2.1.2 Configuration

The Reception desk may include an Admissions area or Cashier stations, depending on the Operational Policy of the facility.

A security station may be located in close proximity to the Main Entrance in addition to security stations in other areas such as Emergency Unit.

Retail areas may be included as determined by the size and the Service Plan of the facility.



The Main Entrance area will have access to lifts, connecting corridors and public amenities including Public and Accessible Toilets, Parenting/ Baby Change facilities and Prayer Rooms if provided in the facility.

Refer to Part B - Public & Staff Amenities in these guidelines for further information.

2.2 Functional Zones

The Main Entrance will include the following functional areas:

- Entry Areas
 - External drop-off and collection point, preferably under cover
 - Airlock
 - Entrance Lobby
 - Storage for wheelchairs
- Reception/ Enquiries Area
 - Reception desk, which may be shared with Admissions Unit
 - Office for administrative support functions, switchboard operators
- Public Areas
 - Waiting Areas, which may be shared with Admissions and other adjacent hospital units
 - Internet Kiosk, an optional area for visitors to use computers, internet and recharge mobile phones while they wait
 - Access to Public Amenities including toilets, baby change, telephone, public transport, vending machines, prayer rooms
- Retail Areas are optional and commonly include:
 - Florist
 - Kiosk / Coffee Shop
 - Gift Shop
 - Retail Pharmacy
 - ATM / Banks
 - Optical Shop
 - Other retail areas considered viable

2.2.1 Entry Areas



2.2.1.1 Airlock

An Airlock connecting external areas with internal areas is recommended to:

- Maintain air-conditioning temperature and air pressurisation from internal to external areas
- Prevent outside air contaminants such as dust entering the building

The Airlock should be sized to accommodate the amount of people arriving and exiting, and cater for people with mobility aids.

Refer to **Standard Components - Airlock-Entry** for additional details.

2.2.1.2 External Drop-off and Collection Area

The external drop off and collection areas, including public transport stations should be covered with direct access to the Main Entry doors. Size will be dependent on number of vehicles expected in the vicinity. There should be easy access to accessible parking bays; and the inclusion of a valet parking booth is optional.

2.2.1.3 Entrance Lobby

The Entrance lobby is the area through which patients and visitors arrive at the Main Entrance to the facility connecting the drop-off and collection areas with the Reception and circulation routes.

The Lobby will direct visitors to the Reception of Information Desk area- and provide waiting areas and public amenities. The size of the Lobby will be determined by the functions to be accommodated, the volume of persons through the area and the impact the arrival point has on the whole facility.

The Lobby will have direct access to circulation corridors and lifts providing the thoroughfare to hospital units and will preferably be in close proximity to the vehicle drop off/ collection areas.

Security features provided in this area may be discreet and not noticeable to the observer, including closed circuit television (CCTV), a security room, and controlled access points.



Signage and wayfinding in this area needs to be clear and highly visible. This may include electronic directories.

2.2.2 Reception Areas

2.2.2.1 Reception or Information Desk

The Reception or Information Desk should be highly visible from the entry with good signposting indicating the enquiry point for visitors and patients. The Reception or Information Desk may be open plan, partially enclosed or fully enclosed, to be determined by a security risk assessment. Security features such as duress alarms should be included.

The Reception or Information Desk will need to accommodate Reception staff and a range of other personnel that may include cashiers, security staff and porters to assist with patients and public enquiries and way finding.

Refer to **Standard Components - Reception/ Clerical** for additional details.

2.2.3 Public Areas

2.2.3.1 Waiting Areas

Waiting areas will require seating for a range of occupants including children, elderly and disabled patients and visitors. Gender separated Male and Female waiting areas should also be provided. Seating may be arranged to provide a degree of privacy to groups of seats, including male/ female separation, and may include separate family waiting areas. Waiting areas will require close access to public amenities.

Refer to **Standard Components - Waiting** provided in a range of sizes for additional information.

2.2.3.2 Public Amenities

The Main Entry will include access to public amenities including Toilets, Parenting Rooms and Prayer rooms. The sign posting to public amenities should be highly visible and easily understood;



use of pictograms is recommended. All public amenities will require access for people with disabilities.

Refer to **Part B - Public & Staff Amenities** in these guidelines for further information.

2.2.4 Retail Areas

Retail areas may be included in the Main Entry area according to the Operational Policy of the facility providing services that will benefit patients, visitors and staff.

The size and requirements of each shop will be dependent on the service provided. Local authority regulations may apply to provision of services such as food/ drinks outlets and retail Pharmacy.

Retail areas will require good public access, and ready access to public amenities.

3 Functional Relationships

3.1 External Relationships

The Main Entrance will have a strong functional relationship with:

- Vehicle set down and collection areas including public transport ranks
- Car parking areas

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

- Access from drop off, pick-up and transport stations to the Main Entrance
- Airlock at the entrance between the Main Entrance and Lobby
- Controlled access at the Airlock entry

3.2 Internal Relationships

Within the Main Entry, the following relationships are important:



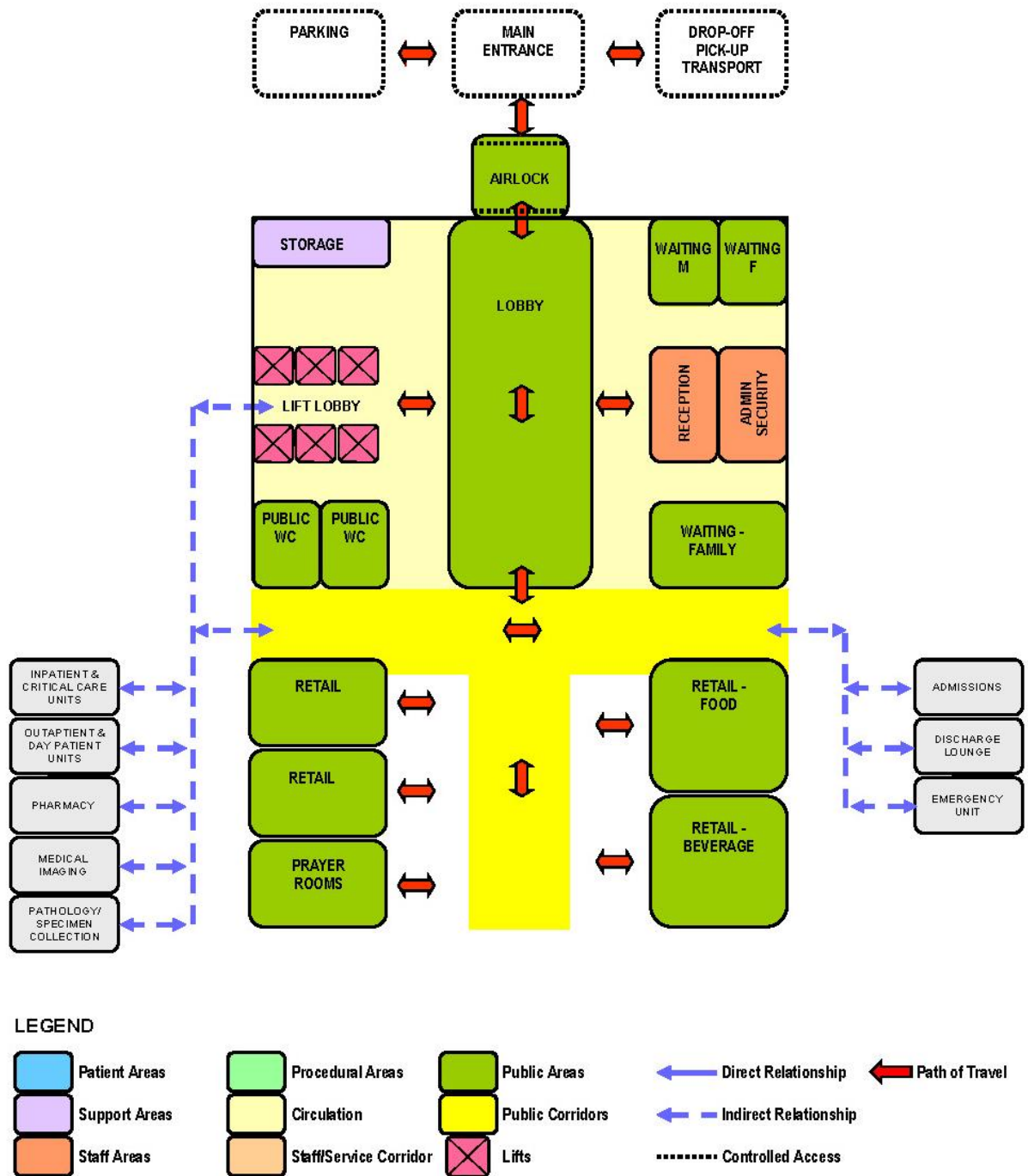
- The Reception Desk should have a direct view of Main Entry / Waiting Areas for patient / visitor enquiries and security issues
- The Admissions Unit and Discharge Lounge areas may be located in adjacent areas for patient and visitor convenience
- Public Amenities may be located in the area or in close proximity
- Lifts and corridors should be visible, well signposted and easily accessible
- Retail areas may be located in adjacent areas for patient and visitor convenience.

These internal relationships are outlined in the diagram below, notably:

- Access to all inpatient outpatient and day patient areas through public corridors
- Access to service and diagnostic areas through a public access corridor
- Access to Admissions, Discharge Lounge and Emergency Unit, ideally located in adjacent areas on the same level as the Main Entrance



3.3 Functional Relationship Diagram



4 Design Considerations

4.1.1 Entry Area



The Main Entrance shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

4.2 Environmental Considerations

4.2.1 Acoustics

The Main Entrance 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 should be provided to:

- Interview and Meeting Rooms
- Offices and Reporting Areas

Additional acoustic privacy considerations include:

- Waiting Areas should not be located close to Offices, Meeting and Interview Room/s
- Staff Room/s should not be located close to Public and Waiting Areas

Acoustic measures to reduce sound reverberation may include:

- Installation of sound absorbing surface materials to walls, floors and ceilings
- Provision of acoustic fabrics to waiting chairs
- Acoustic screen panels to waiting areas
- Sound absorbing fabric drapes to windows

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

4.2.2 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.



4.2.3 **Signposting**

Signposting in the Main Entrance is an important consideration for ease of access through the area.

Particular attention must be given to key areas including:

- External signs identifying the Main Entrance
- Internal signposting the Reception Desk and Enquiries area
- Signposting public amenities including Accessible Toilets; relevant guideline requirements for disability are to be applied
- Directional signs to major thoroughfare routes and lifts.

4.3 **Accessibility**

Design should provide ease of access for wheelchair bound patients and visitors at pathways and external ramps, Airlocks, Reception Desk and in Waiting areas.

4.4 **Doors**

Entry doors should be automatic where possible and be sized to provide access for wheelchairs and people with mobility aides entering and exiting concurrently.

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

4.5 **Ergonomics/ OH&S**

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

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



4.6 Size of the Unit

The size of the Main Entrance Unit is influenced by the size of the facility, the service complexity, the expected volume of patients and visitors through the area and the required ambience of the space.

Schedules of Accommodation have been provided in this guideline for a typical unit sized in a range of role delineation levels.

4.7 Safety & Security

The Main Entrance 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.

A safety risk assessment should be undertaken in early planning. Security issues that may need to be addressed in the Main Entrance include:

- Unobstructed viewpoints for staff from counters to Waiting areas and the Main Entrance
- Duress alarms and emergency exit points to all counters
- Security to the Reception Desk to prevent unauthorised access behind counter areas
- Controlled after-hours access to prevent unauthorized entry and exit; external doors locked (preferably electronically) and monitored
- CCTV to Waiting areas and Cashier stations
- Provision of emergency and safety lighting to drop-off and pick-up transport zones for after-hours use.

4.7.1 Finishes

Internal finishes including floor, walls, joinery, and ceilings should be suitable for heavy traffic and sustained usage 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.

4.8 Fittings, Fixtures & Equipment

All furniture, fittings and equipment selections for the Main Entrance Unit must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

4.8.1 Counters

If a Cashier is located at the Reception Desk, an appropriate barrier should be provided to the Cashier's counter.

Refer to OH&S guidelines for appropriate depth of workstation counters suitable for staff working with computers. The counter top height shall be suitable for standing interactions with patients and visitors. Counters should be provided with disabled access by patients and visitors compliant with the Dubai Universal Design Code.

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

4.8.2 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 natural lighting.



4.9 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.

4.9.1 Information and Communication Technology

The Main Entrance 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
- CCTV surveillance if indicated
- Data connections for electronic payment systems

4.9.1.1 Duress Alarms

A duress alarm system should be designed into the Reception Desk, Enquiries stations and Cashier positions.

4.9.2 Heating, Ventilation and Air conditioning

The Main Entrance 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.

4.10 Infection Control

Infection Control measures applicable to the Main Entrance will involve prevention of cross infection between staff, patients and visitors.

4.10.1 Antiseptic Hand Rubs



Antiseptic hand rubs should be located so they are readily available for use at Reception, entry points, circulation corridors 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.

5 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 Main Entrance 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**.

5.1 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.

5.1.1 Entrance Lobby

The Entrance Lobby adjoins the Entry Airlock, Main Reception and Waiting areas. Convenient access to public amenities is required.



Key consideration in the Entrance Lobby are:

- Selection of floor finish to reduce the risk of slips and falls to visitors, patients and staff
- Provision of handrails where appropriate
- Storage areas for wheelchairs close to the entry doors
- Provision of good internal lighting
- Sufficient signposting and directional signs to identify key areas within the zone including Reception, Enquiries, Public Amenities, Lifts and circulation routes

5.1.2 Internet Kiosk

Internet Kiosks may be included to provide persons waiting with facilities to use laptops, recharge mobile phones and access the internet. If provided, the internet Kiosks should be located conveniently to Waiting areas.

Internet Kiosks will require:

- Bench with seating
- Power and USB connections to each seated station for charging mobile phones
- Internet connections or wireless internet to the entire zone

5.1.3 Retail Areas

Retail areas located within the Main Entrance may be provided as modular uniform areas or sized according to the retail outlet requirements and service provided. Retail areas should be located along circulation routes with good public access.

Considerations for Retail areas include:

- Security features such as lockable perimeter doors, CCTV surveillance
- Signage to shop fronts



- Provision for display of wares
- Mechanical, Electrical and Plumbing/ drainage services to be provided according to type of retail store and equipment located within the space



6 Schedule of Accommodation

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

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

The 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 Framework (Part A - Appendix 6)** in these guidelines for a full description of RDL's.

The table below shows alternative SOA's for Role delineations from RDL 2 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.



6.1 Main Entrance Unit

ROOM/ SPACE	Standard Component Room Codes		RDL 2 Qty x m ²	RDL 3 Qty x m ²	RDL 4 Qty x m ²	RDL 5/6 Qty x m ²	Remarks
Entry Areas							
Airlock - Entry	AIRLE-10-D similar		1 x 10	1 x 12	1 x 15	1 x 25	Size according to project requirements
Entrance Lobby	NS		1 x 20	1 x 30	1 x 50	1 x 150	Size according to project requirements
Bay - Wheelchair Park	BWC-D similar		1 x 4	1 x 4	1 x 4	1 x 8	
Reception Area							
Reception/ Clerical	RECL-10-D RECL-15-D similar		1 x 10	1 x 12	1 x 15	1 x 20	
Office - Shared	OFF-2P-D OFF-3P-D OFF-4P-D		1 x 12	1 x 12	1 x 16	1 x 20	Administrative support, switchboard
Public Areas							
Waiting – Family (Male/ Female)	WAIT-10-D WAIT-20-D WAIT-30-D similar		2 x 10	2 x 20	2 x 25	2 x 50	Size of waiting areas can be modified to suit the demand of the facility
Internet Kiosk	NS			1 x 2	1 x 5	2 x 5	Optional
Retail Areas							
Bay-ATM	BATM-6-D similar		1 x 2	1 x 2	1 x 2	2 x 6	Optional
Coffee Kiosk	NS		1 x 15	1 x 15	1 x 20	1 x 30	Optional
Florist	NS			1 x 15	1 x 20	1 x 30	Optional
Gift Shop/ Newsagent	NS			1 x 15	1 x 20	1 x 30	Optional
Optical Outlet	NS				1 x 20	1 x 30	Optional
Retail Pharmacy	NS				1 x 20	1 x 30	Optional In addition to Inpatient and Outpatient Pharmacy
Sub Total			93	159	257	495	Sub Total includes Retail Areas
Circulation %			10	10	10	10	
Area Total			102.3	174.9	282.7	544.5	Total includes Retail Areas

*For public amenities refer to the Staff and Public Amenities Unit

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components



Part B: Health Facility Briefing & Design

Main Entrance Unit

- Rooms indicated in the schedule reflect the typical arrangement according to RDL
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Offices are to be provided according to the number of approved full-time positions within the Unit



7 Further Reading

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

- ADA Standards for Accessible Design 2010 (US), refer to website:
https://www.ada.gov/regs2010/2010ADAStandards/2010ADAStandards_prt.pdf
- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, 0430 - Front of House Unit, Rev 6, 2016; refer to website: www.healthfacilitydesign.com.au
- Guidelines for Design and Construction of Hospitals and Outpatient Facilities; The Facility Guidelines Institute (US), 2014 Edition; refer to website: www.fgiguilines.org
- Health Building Note 00-04 Circulation and communication spaces, Department of Health (UK), 2013 refer to:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/187026/Health_Building_Note_00-04_-_Circulation_and_communication_spaces_-_updated_April_2013.pdf
- 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.fgiguilines.org
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website: www.fgiguilines.org
- _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>

- Wales/NHS (UK) HTM 63 Wayfinding, DH (UK), 2005, refer to:

<http://www.wales.nhs.uk/sites3/Documents/254/Wayfinding2nded2005.pdf>