

# DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

390 – Rehabilitation – Allied Health



800342 (DHA) | [dha.gov.ae](http://dha.gov.ae)

[Twitter](#) [Instagram](#) [Snapchat](#) [Location](#) @dha\_dubai

[LinkedIn](#) [YouTube](#) [Facebook](#) Dubai Health Authority

## Executive Summary

The Rehabilitation - Allied Health Unit is to provide a multi-disciplinary rehabilitation service care in which the treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. The disciplines incorporated in the Rehabilitation - Allied Health Service generally include Physiotherapy including gait analysis, Occupational Therapy including Diversional Therapy, Speech Therapy, Podiatry, Audiology, Dietetics, Social Work and Clinical Psychology.

Models of Care are influenced by the inclusion of patient education sessions, satellite units, hydrotherapy, gait analysis and day patients' programs. The Rehabilitation- Allied Health Unit is arranged in Functional Zones that include Entry/ Reception, Patient Therapy Areas, Support Areas and Staff Areas. Access for patients with mobility aids and wheelchair accessibility to all areas within the Unit are key considerations.

The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other units and services. Key external relationships include car parking, drop-off and pick-up areas, the Main Entrance and Support Units such as Supply and Housekeeping. Optimum Internal Relationships are demonstrated in the diagram according to the Functional Zones whilst indicating the important paths of travel.

The size of the Rehabilitation – Allied Health Unit may vary dependent on the service plan, the specialties to be included 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 using references to Standard Components (typical room templates) and quantities for typical Units at Role Delineation Levels (RDLs) 4 to 6.

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.



## Table of Contents

<b>Executive Summary</b> .....	<b>2</b>
<b>Table of Contents</b> .....	<b>3</b>
<b>390. Rehabilitation – Allied Health</b> .....	<b>5</b>
<b>1 Introduction</b> .....	<b>5</b>
1.1 Description .....	5
<b>2 Functional &amp; Planning Considerations</b> .....	<b>7</b>
2.1 Operational Models .....	7
2.2 Models of Care .....	8
<b>3 Unit Planning Models</b> .....	<b>10</b>
3.1 Functional Zones .....	11
<b>4 Functional Relationships</b> .....	<b>17</b>
4.1 External Relationships .....	17
4.2 Internal Relationships .....	17
4.3 Functional Relationship Diagram .....	19
<b>5 Design Considerations</b> .....	<b>20</b>
5.1 General .....	20
5.2 Environmental Considerations .....	20
5.3 Accessibility .....	21
5.4 Safety & Security .....	22
5.5 Finishes .....	23
5.6 Fittings, Fixtures & Equipment .....	23
5.7 Building Services Requirements .....	23



- 5.8 Infection Control.....25
- 6 Standard Components of the Unit..... 26**
- 6.1 Non-Standard Rooms.....27
- 7 Schedule of Accommodation ..... 30**
- 7.1 Rehabilitation – Allied Health Unit.....31
- 7.2 Hydrotherapy Pool (optional).....33
- 8 Further Reading..... 35**



## 390. Rehabilitation – Allied Health

### 1 Introduction

The prime function of the Rehabilitation - Allied Health Unit is to provide a multi-disciplinary rehabilitation service care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap.

The Unit must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff. All ages from children to the elderly may be treated in the Unit. Almost all patients attending the Rehabilitation Unit are physically incapacitated to some extent, many of whom use wheelchairs or walking aids and - increasingly - motorised chairs that have implications for parking and recharging. Many patients may be disfigured (burns, throat surgery etc.) and require a non-threatening, private environment. Patients may require access to interpreter services.

#### 1.1 Description

The disciplines incorporated in the Rehabilitation - Allied Health Service include (but not limited to):

- Physiotherapy; including
  - Gait Analysis
  - Hydrotherapy
  - Manual Therapy
  - Electrotherapy
  - Electromyography
- Occupational Therapy including diversional therapy
- Speech Therapy
- Podiatry
- Audiology



- Dietetics
- Social Work
- Clinical Psychology
- Orthotics

Facilities for Physiotherapy and Occupational Therapy vary greatly, ranging from large, purpose-designed, central facilities for inpatients and/or outpatients, to basic on-ward or bedside services. Extent, design and location of facilities is affected by the presence or otherwise of the following services (not inclusive):

- Rehabilitation Medicine
- Aged Care
- Spinal Cord Injury Service
- Orthopaedic Services
- Neurosciences - (Strokes, Multiple Sclerosis, Traumatic Brain Injuries etc.)
- Amputees
- Hand Surgery / Plastic Services
- Hospital-based acute rehabilitation

Speech Pathology plays a major role in Neonatal, Paediatric, ENT / Maxillofacial and Neurological Services; in the absence of these, Speech Pathology may be provided on a part-time basis.

At higher Role Delineation Levels, it is possible that each discipline may have its own discrete department, but every attempt should be made to collocate the therapy units to maximise the potential to facilitate multidisciplinary care. The rehabilitation services are generally supported by full time Social Work services. At RDL 4, Dietetics and Podiatry are generally provided as part time services and can be incorporated into the Unit while at RDL 5 & 6 these may be discrete Units.



Clinical Psychology and Neuropsychology also play an important role in some aspects of service provision and require access to office/treatment areas.

The Rehabilitation Inpatient Unit accommodates medical, surgical and some aged care patients and in larger health facilities may include specialist medical and surgical patients, for example cardiac, neurology / neurosurgery and orthopaedic patients. – Refer to **Inpatient Unit – General** in these Guidelines for details of the typical inpatient unit.

## 2 Functional & Planning Considerations

### 2.1 Operational Models

The Operational Model provided in the Rehabilitation - Allied Health Unit is dependent on the level of service of the healthcare facility and the clinical service plan for the Unit. This is influenced by the need for facilities to service clinical specialties such as:

- Orthopaedics and musculoskeletal specialties
- Cardiac rehabilitation
- Rehabilitation medicine
- Spinal cord injuries
- Brain injuries and other neurosciences specialties
- Paediatrics
- Aged Care

The facilities of the Unit are utilised by inpatients and outpatients, and long-term care for slow stream rehabilitation patients. It is expected that the majority of inpatients accommodated in the Rehabilitation Inpatient Unit attend the Unit on a daily basis. The function of the unit provide areas



common to both Inpatient and Outpatient units. As with other areas of health care, rehabilitation services are constantly evolving. This is manifest in terms of:

- Clinical development - many more categories of patients are able to be rehabilitated than was previously considered feasible
- Organisational development - the interrelationship of the various medical, nursing and allied health services that participate in the rehabilitation process is of paramount importance
- Technological development - advances in technology have developed techniques which ultimately become routine aspects of rehabilitation. Such developments include kinematic analysis, electromyography and ergometry

### **2.1.1 Hours of Operation**

The Unit generally operates during week days with no restriction on business hours; after-hours on-call physiotherapy services are available for Inpatient Units as required. Some departments may provide a limited service on evenings and weekends. If used for health education classes (e.g. antenatal classes), after-hours access may be required. If a hydrotherapy pool is part of the facility it may be made available to the community after hours and at week-ends.

## **2.2 Models of Care**

Traditionally the Model of Care has been one-to-one, therapist to patient. Alternative models include higher staff to patient ratios for patient education including:

- Group sessions for peer support
- Group exercise classes
- Involvement of carers so that they can learn how much activity the patients can safely tolerate at home and how best to support them
- Education programmes



- Bedside care
- On-ward gym
- Home healthcare with rehabilitation (Rehabilitation in the Home – RITH)

Separate areas may be required for respiratory rehabilitation, cardiac rehabilitation and general rehabilitation for patients with differing needs and equipment. However, this is dependent on the number of sessions and the ability to share areas between programmes.

### **2.2.1 Satellite Units**

One of the problems of providing therapy services for inpatients within the Unit itself is transport to and from hospital units, particularly, for example, neuroscience patients whose attention span may be limited and who need a quiet environment. It also requires either a portering service or use of valuable therapist time in transport functions. If distance from Inpatient Units to the Rehabilitation Therapy Areas is considerable and throughput can justify, provision of a small satellite unit may be considered- mainly for physiotherapy- near the units most affected, usually Neuroscience & Orthopaedics. Alternatively, a small therapy/ multipurpose room in an Inpatient Unit may serve such a purpose.

### **2.2.2 Gait Analysis Laboratory**

Quantitative gait analysis is useful in objective assessment and documentation of walking ability as well as identifying the underlying causes of walking abnormalities in patients with cerebral palsy, suffered strokes, obtained head injuries and other neuromuscular problems. The results of gait analysis have been shown to be useful in determining the best course of treatment for these patients. Equipment for gait analysis may be incorporated into a gymnasium.

#### **2.2.2.1 Outdoor Gait Area**



It is essential to provide mobility training on a range of uneven surfaces necessary for community integration.

### **2.2.3 Day Patients**

Patients attending for a series of treatments by different therapists may be admitted as day patients where stay is more than 4 hours. Day patients require an area for rest and refreshment between treatment and access to patient transport services.

## **3 Unit Planning Models**

The extent, design and location of facilities are influenced by the service streams the Allied Health/Therapy Unit supports defined by the service plan of the facility. A ground floor location may be ideal where the Unit services a majority of outpatients for convenient access; for the pick up and drop off of loan equipment. Where the Unit provides services to both inpatients and outpatients, a location convenient to both areas would be preferable.

Depending upon the needs of the individual hospital, it may be decided that the Rehabilitation Allied Health Unit provides the hospital's Acute Therapy Services. If such a Policy is adopted it may be necessary to upgrade the accommodation to provide:

- Additional therapy spaces for general acute inpatient and outpatient therapy
- Additional group office space for physiotherapists to write up notes
- Additional staff amenities

This Guideline defines functional spaces as discrete areas for defined activities. The Operational Policy of a facility may require the design team to view the various functions and activities within the Unit from the framework of a team philosophy. Accordingly, patient flow would determine the definition of spaces rather than individual allied health disciplines.



### 3.1 Functional Zones

The Rehabilitation – Allied Health Units services may include Dietetics, Hydrotherapy, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Speech Pathology, and Social Work, depending on the Service Plan.

The Rehabilitation – Allied Health Unit includes the following Functional Zones:

- Entry, Reception Areas with:
  - Waiting areas, gender separated
  - Patient Holding Bays as required
  - Patient amenities including drinking water and toilets
  - Storage for wheelchairs, files, stationery
- Patient Therapy Areas should be gender separated in common therapy areas; which can be done by time or space separation. These areas may include:
  - Allied Health specialties such as Audiology, Speech Pathology, Clinical Psychology, Dietetics, Social Work and Podiatry
  - Occupational Therapy
  - Physiotherapy
  - Hydrotherapy
  - ADL facilities
- Support Areas that may be shared between disciplines including
  - Clean and Dirty Utilities
  - Cleaner’s Room
  - Disposal room
  - Plaster Room
  - Consultation
- Staff Areas including:
  - Offices
  - Meeting Rooms
  - Staff Amenities with Shower, Toilets and Lockers

The above zones are briefly described below.



### **3.1.1 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.

Entry Areas should allow for a separate drop off point for cars and ambulances and community vehicles and patients arriving by public transport or walking.

### **3.1.2 Reception/ Waiting Area**

The Reception is the receiving hub of the Rehabilitation – Allied Health Unit for patients and arrivals and should be prominent and well signposted. The Reception also serves as the main access control point for the Unit to ensure security of the Unit and may include patient registration and cashier facilities where appropriate. The Reception/ Waiting Area may be shared by multiple specialties and should be located to provide convenient access to Treatment Areas while allowing access to Public and Disabled Amenities for patients and visitors.

Waiting Areas should be located at the Entry to the Unit and may also be decentralised, close to Consult and Treatment Rooms. Separate Waiting Areas are required for Males and Females.

Waiting Areas should accommodate a wide range of occupants including children, those less mobile or in wheelchairs. Waiting Areas shall be provided with drinking water and require convenient access to Public Amenities without accessing Treatment or Staff Work Areas.

An area should be provided near the entrance for parking wheelchairs and electric scooters with power outlets for recharging electric wheelchairs and scooters when they are not in use. Cupboards may be provided over wheelchairs for additional storage.

### **3.1.3 Patient Therapy Areas**



### **3.1.3.1 Occupational Therapy**

Where an Occupational Therapy service is to be provided the following functions or facilities may be allowed for:

- Therapy and Workshop Areas
- Office / Administrative Areas
- ADL facilities including Kitchen, Dining, Lounge, Laundry, Bedroom, Bathroom and Computer Room

The Occupational Therapy rooms and Workshops are large spaces provided to enable a range of static and dynamic activities to take place. The rooms may include space for table-based activities, such as upper limb activities or functional mobility activities such as woodwork or splinting activities in a workshop environment.

The Rooms should be sized according to the number of patients to be accommodated, the activities to be undertaken and are dependent on Operational Policy and service demand.

### **3.1.3.2 Physiotherapy**

Where a Physiotherapy service is to be provided the following facilities shall be allowed for:

- Individual Treatment Area or areas that provide for patient privacy
- Staff hand-washing facilities close to each treatment space; this may serve several treatment spaces
- An exercise area with facilities appropriate for the level of intended service
- Clean linen storage; in the form of built-in cupboards, cabinets or on mobile storage trolleys
- Storage for equipment and supplies
- Storage for soiled linen and waste
- Patient dressing and changing with secure storage of clothing and valuables, showering and



toilet facilities

- Ice-making facilities to be available in or near the department
- Wall oxygen in patient waiting areas depending on service mode, and access to appropriate outdoor therapy areas.

### **3.1.4 Optional Areas:**

#### **3.1.4.1 Hydrotherapy Pool**

The need for a Hydrotherapy Pool should be carefully considered. The cost per unit of treatment is high and conditions for which hydrotherapy is the only appropriate treatment are limited.

Hydrotherapy pools should only be provided where patient numbers are appropriate and where the pool is required for a minimum of four hours per day, five days per week.

The Hydrotherapy pool design requires consideration of the following:

- The recommended pool size is 6000mm x 5000mm, including a 1000mm zone for a ramp; inclusion of stairs is optional. However, the pool may also be any reasonable size in modules of 2000mm x 2000mm per patient, excluding the ramp or stair zone.
- The recommended depth for the pool is 1100mm to 1300mm in depth, and a minimum of 900mm at the shallow end is required.
- The recommended temperature is to be kept between 30 degrees to 35 degrees Celsius; with an average of 31 degrees Celsius.
- A rectangular shape is recommended, with the length of the pool generally one and a half times the width.
- The recommended minimum depth is 800mm at the shallow end and the maximum depth is 1500mm at the deep end; with an average of 1.1 to 1.3 metres. To optimise the use of a pool for therapeutic purposes, consideration should be given to the average height of both the



smallest users and the tallest users.

- The floor of the pool should contain no steps.
- Steps are the accepted method of entry and exit and can also provide functional training; Steps should be placed at the shallow end of the pool and should not intrude into the working area of the pool.
- A hoist should be provided and placed at a depth where the therapist can stand and maintain body balance to float the patient off and on the hoist without difficulty.
- The water temperature should be maintained in the range of 30 to 36 degrees Celsius with an optimum temperature of 33.5 - 35 degrees for most conditions being treated; The ambient temperature should be lower than the water temperature for comfort of pool side staff and patients.
- Humidity control needs to be provided to minimise condensation. A pool cover may be considered to assist in maintaining water temperature and to reduce heating costs.
- The lighting should allow the floor of the pool to be seen and should minimise reflection / glare off the surface of the water.
- Non-slip surfaces shall be used for the pool surrounds. Ample space should be provided around the pool for staff and patient movements as well as to provide space for patients who are waiting to enter the pool or relaxing after leaving the pool. The building structure, including all fittings, should be rust-proof.
- Change facilities are required for patients and staff; the area is dependent upon the size of the pool and the expected number of users.
- Adequate emergency call points should be provided; Emergency call points should also be accessible from the concourse area and from within the pool.



- Footbaths, foot sprays or showers may be considered in the design of the pool area.
- Security design should address:
  - Personal security of patients and staff
  - Property security of patients and staff
  - Unit premises and equipment
  - Emergency access and egress.
- Design should address the following storage requirements:
  - Therapy equipment
  - Consumables, and pool supplies
  - Pool aids and exercise equipment
  - Personal property of patients and staff.
- A Water Treatment Plant room is required; a lockable room for water treatment plant equipment used in the hydrotherapy pool such as booster pumps and filters.

### **3.1.5 Support Areas**

Support Areas for Rehabilitation – Allied Health Unit may be shared between service disciplines and include:

- Bays for linen, resuscitation trolley and mobile equipment including wheelchairs
- Cleaners Room
- Clean and Dirty Utility rooms
- Plaster/ Splint room
- Store Rooms for general consumables and equipment; this may include specialty equipment held in storage until needed in therapy areas and bulky or loan pool items such as wheelchairs, crutches, walkers and lifting equipment

### **3.1.6 Staff Areas**



Offices and Workstations are required for the Unit Director/ Manager and senior Allied Health staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff require 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, Showers and Lockers; optional

## 4 Functional Relationships

### 4.1 External Relationships

The most critical relationship in circumstances where Rehabilitation Medicine is an established service is with the Inpatient and Outpatient Unit/s. However, consideration must also be given to necessary relationships with the Units most utilising therapy services, in terms of the logistics of patient travel and transport. In some instances, there may need to be duplication of facilities.

Physiotherapy Areas require ready access to Orthopaedic Clinics.

The optimum External Relationships include:

- Patient access from a public corridor with a relationship to the Main Entrance, Car Park and drop off/ pick-up areas
- Separate entry and access for staff via a Service Corridor
- Access for services such as Supply, Housekeeping via a Service Corridor.

### 4.2 Internal Relationships

The internal planning of the Rehabilitation – Allied Health Unit should consider the Unit Functional Zones.

Some of the critical relationships to be considered include:



- Reception Area should allow patients to move conveniently to and from the Therapy Areas and accommodate the expected volume of patients, support staff, care-takers and mobility aids
- Interview Rooms for support services such as social worker etc. to be conveniently located
- Sub Waiting Areas may be located close to Therapy Areas for patient and staff accessibility
- Staff must be able to move easily to and from Therapy Areas, Reception and Waiting Areas; discreet and private work areas away from patients is recommended; Staff Areas may have restricted access to patients

Optimum Internal Relationships should include the following:

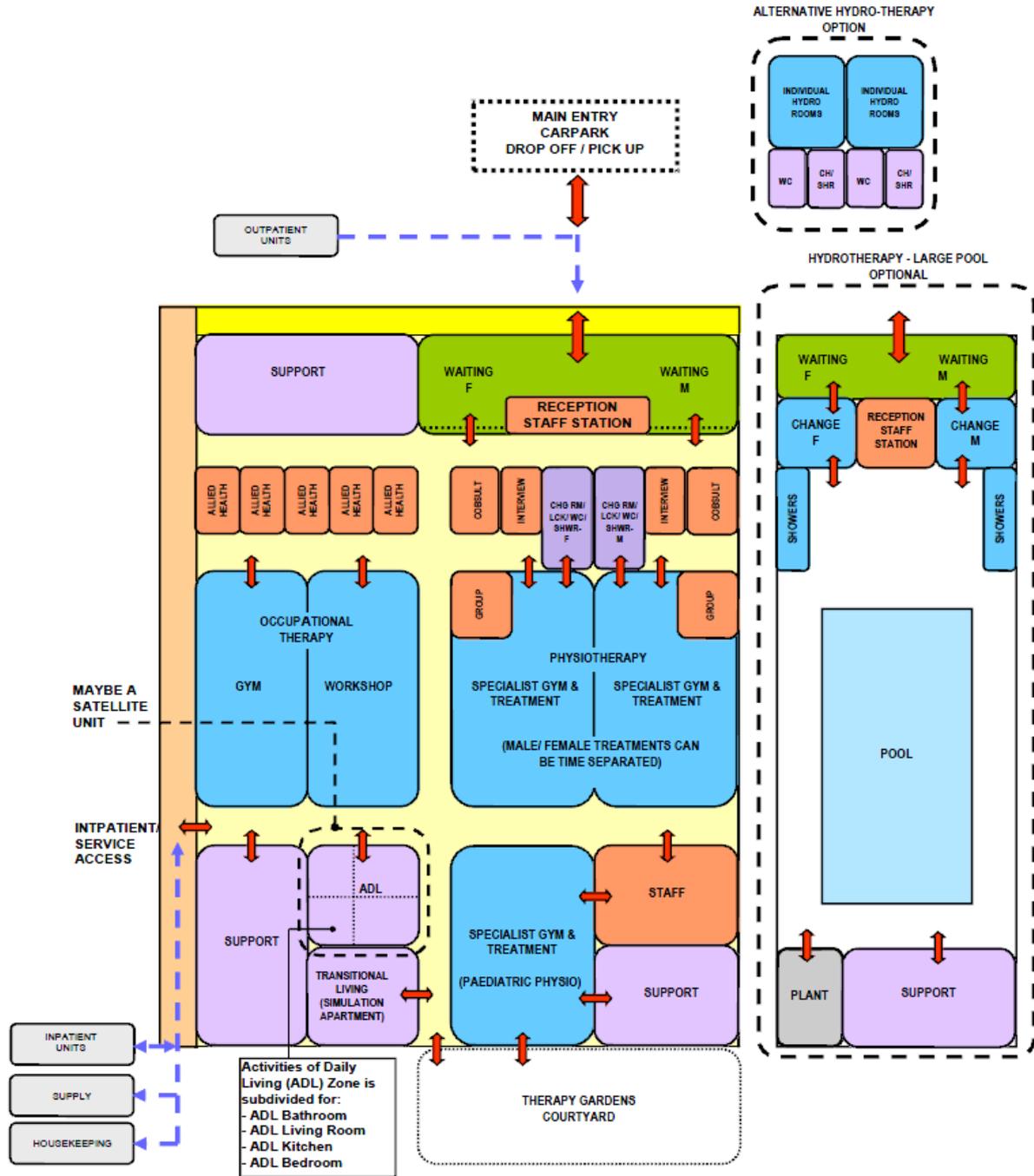
- Reception at the entrance with access to Consult, Interview and Group rooms
- Waiting Areas located near to the Unit Entry with access to circulation corridors; Sub-Waiting Areas may also be provided close to Therapy Areas for patient and staff convenience
- Access for patients to Therapy areas directly from Waiting Areas with Reception/ Administration acting as a control centre
- Support Areas located close to the activity centres for staff convenience

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

The relationships between the various components within the Unit are best described by the Functional Relationships Diagram below.



### 4.3 Functional Relationship Diagram



**LEGEND**

- Patient Areas
- Support Areas
- Staff Areas
- Circulation
- Public Areas
- Public Corridors
- Staff/Service Corridor
- Path of Travel, Patients & Staff
- Direct Relationship
- Indirect Relationship
- Controlled Access



## 5 Design Considerations

### 5.1 General

The design philosophy of the Rehabilitation Unit should convey a friendly and inviting environment and should encourage community members to utilise the available facilities for rehabilitation purposes. A non-institutional, safe and supportive environment needs to be promoted. Building design must be flexible and adaptable to enable the Unit to cater for varying client and service needs.

### 5.2 Environmental Considerations

#### 5.2.1 Acoustics

Most of the Therapy Areas in the Unit are open space and activities undertaken therein require hard, impervious flooring (timber or sheet vinyl) generating noise. 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.

Acoustic treatment is required to the following:

- Consult/Examination Rooms
- Interview, Group and Meeting Rooms
- Gymnasiums and Workshops
- Staff Rooms

Solutions to be considered include:

- Location of the Unit
- Selection of sound absorbing materials and finishes
- Use of sound isolating construction
- Planning to separate quiet areas from noisy areas



- Review of operational management and patient/client flows. This may include separate areas for patients with special needs and paediatrics

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

### **5.2.2 Lighting**

Natural lighting is highly desirable in large Treatment Areas such as Gymnasiums. Windows are particularly desirable in Waiting Areas and Staff Lounges. If windows cannot be provided, alternatives such as skylights atriums may be considered. Consideration should be given to lighting levels for patients who are visually impaired.

### **5.2.3 Privacy**

The design of the Rehabilitation – Allied Health Unit needs to consider patient privacy and confidentiality incorporating the following:

- Discreet discussion spaces and non-public access to medical records
- An adequate number of rooms for discreet discussions and treatments to occur whenever required
- Privacy screening to all Physiotherapy plinths, Examination Bays and Patient Bed Bays with sufficient space to permit curtains to be easily drawn whenever required
- The location of doors to avoid patient exposure in Consult Rooms.

## **5.3 Accessibility**

If a ground floor Unit with its own entry, an undercover set-down bay should be provided at the entrance to the Unit for those outpatients who arrive by public transport or car and for return of loan equipment. Access to other units in the facility should be convenient and covered.



Drop-off and parking for people with disabilities is required and wheelchair access is required to all patient-accessed areas of the Unit.

#### **5.4 Safety & Security**

The patient population of this Unit requires special consideration in terms of safety, as they may be disabled or incapacitated while being encouraged to be mobile and self-sufficient. Design and selection of finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff. Consider:

- Slippery or wet floors
- Protrusions or sharp edges
- Stability and height of equipment or fittings
- Handrails and wheelchair access are mandatory on one side, though positioning on both sides is highly desirable

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. 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. After-hours access control requires consideration if areas are used by the public for classes, e.g. Gyms and Hydrotherapy. Internally within the Rehabilitation- Allied Health Unit all offices require lockable doors and all Store Rooms for files, records and equipment should be lockable.



## 5.5 Finishes

It is essential that floor finishes are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

The following additional factors should be considered in the selection of finishes:

- Ease of cleaning
- Infection control
- Acoustic properties
- Durability
- Fire safety
- Movement of equipment and impact resistance

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

## 5.6 Fittings, Fixtures & Equipment

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

## 5.7 Building Services Requirements

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

### 5.7.1 Information Technology and Communications

Unit design should address the following Information Technology/ Communications issues:

- Electronic Medical Records (EMR) which may form part of the Health Information System (HIS)



- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Optional availability of Wi-Fi for staff, patients and waiting visitors

### **5.7.2 Staff Call**

Hospitals must provide an electronic call system next to each treatment space including Physiotherapy plinths, Consult, Examination, Plaster Rooms and Patient Areas (including toilets) to allow for patients to alert staff in a discreet manner at all times.

All calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

### **5.7.3 Heating, Ventilation and Air-conditioning**

The Unit should be air-conditioned with adjustable temperature and humidity in all Gymnasiums, Workshops, Consult and Interview/Meeting Rooms for patient and staff comfort.

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

### **5.7.4 Hydraulics**



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

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

## **5.8 Infection Control**

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. The design of all aspects for the Unit should take into consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

### **5.8.1 Hand Basins**

Handwashing facilities shall be provided in Gymsnasiums, Consult/Examination Rooms and located conveniently to patient Bed Bays. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room, as specified by the Standard Components. Where a handbasin is provided, there shall also be liquid soap, disposable paper towels and waste bins provided.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to the Staff Station. Handbasins are to comply with **Standard Components - Bay - Handwashing** and **Part D - Infection Control** in these Guidelines.

### **5.8.2 Antiseptic Hand Rub**

Antiseptic Hand Rubs should be located so they are readily available for use at points of care, at the end of patient examination couches 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.

## 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 Rehabilitation – Allied Health Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

## **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.

### **6.1.1 ADL Computer Room**

The ADL computer room provides an area for training patients on computer-based activities. The computer room may be located adjacent to the ADL Lounge or other ADL assessment areas.



Provide adjustable height computer workstations with the following:

- A variety of desktop and laptop computers and screens
- Printer and telephone
- Power and data outlets for each

### **6.1.2 Bay – Drinking Water**

The Bay – Drinking Water provides a recessed area for a drinking water unit.

The bay should be located in public access areas close to Waiting areas and include:

- Wall and floor finishes suitable for wet areas
- Drinking water unit, that may include a hydraulic connection to drinking water
- Fittings may include a dispenser for cups and waste bin

### **6.1.3 Occupational Therapy Room/s**

The Occupational Therapy Rooms are large rooms or workshops for a range of activities including table based, arts, crafts and woodworking. The Occupational Therapy rooms may be located adjacent to rehabilitation therapy areas, with ready access to waiting and amenities areas.

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height
- Hand-washing basin with liquid soap and paper towel fittings
- Pin board and whiteboard for displays



- Sufficient power outlets for equipment or tools to be used in activity areas

Workshop areas require suitable air extracton and exhasut for woodwork activities.



## 7 Schedule of Accommodation

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

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

The 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 four SOA's for role delineations RDL 2 to 6 depending of the size of the unit, including typical Rehabilitation specialties.

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 Rehabilitation – Allied Health Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m <sup>2</sup>			RDL 2-6 Qty x m <sup>2</sup>			RDL 2-6 Qty x m <sup>2</sup>			RDL 2-6 Qty x m <sup>2</sup>			Remarks
<b>Entry/ Reception</b>														<b>Shared between disciplines</b>
Reception / Clerical	recl-10-d similar recl-15-d	1	x	10	1	x	10	1	x	12	1	x	15	
Waiting	wait-sub-d wait-10-d wait-15-d wait-20-d	2	x	5	2	x	10	2	x	15	2	x	20	Gender separated
Bay - Drinking Water	NS				1	x	1	1	x	1	1	x	1	Optional
Bay - Wheelchair Park	bwc-d				1	x	4	1	x	4	1	x	4	
Interview Room - Family	intf-d	1	x	12*	1	x	12	2	x	12	2	x	12	*Optional
Patient Bay - Holding	pbtr-h-10-d							2	x	10	4	x	10	Quantity according to service plan
Store - Files	stfs-10-d similar				1	x	8	1	x	8	1	x	10	
Store - Photocopy/ Stationery	stps-8-d similar				1	x	4	1	x	6	1	x	8	
Toilet - Accessible	wcac-d	2	x	6	2	x	6	2	x	6	2	x	6	Separate male/female areas
Toilet - Patient	wcpt-d							2	x	4	2	x	4	Separate male/female areas
<b>Allied Health</b>														
Audiology Testing Room	audio-d				1	x	14	1	x	14	1	x	14	Including Audiology Booth
Consult/ Exam Room (Speech Pathology)	cons-d				1	x	13	1	x	13	2	x	13	
Observation Room (Speech Pathology)	obs-d				1	x	9	1	x	9	2	x	9	If required by the service Plan
Store - General (Speech Pathology)	stgn-8-d similar				1	x	6	1	x	6	1	x	8	
Consult/ Exam Room (Clinical Psychology)	cons-d similar				1	x	13	1	x	13	1	x	13	Depends on service demand. Provide comfortable lounge seating instead of exam couch
Office - Single Person (Dietetics)	off-s9-d off-s12-d				1	x	9	1	x	9	1	x	12	
Store - General (Dietetics)	stgn-8-d similar				1	x	6	1	x	6	1	x	8	
Office - Single Person (Social Worker)	off-s9-d off-s12-d				1	x	9	1	x	9	1	x	12	
Podiatry Treatment	podtr-14-d				1	x	14	1	x	14	1	x	14	
Meeting Room	meet-l-15-d meet-l-30-d similar				1	x	15	1	x	15	1	x	20	Group Room
<b>ADL (Assisted Daily Living)</b>														
ADL Bathroom	adlb-d				1	x	12	1	x	12	2	x	12	
ADL Bedroom	adlbr-d				1	x	18	1	x	18	2	x	18	



Part B: Health Facility Briefing & Design

Rehabilitation – Allied Health

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m <sup>2</sup>			Remarks									
ADL Computer Room	NS				1	x	10	1	x	15	1	x	20	
ADL Kitchen	adlk-enc-d				1	x	12	1	x	12	2	x	12	May be enclosed or open
ADL Laundry	adll-8-d				1	x	8	1	x	8	2	x	8	
ADL Lounge	adln-d				1	x	12	1	x	12	2	x	12	
<b>Occupational Therapy</b>														
Occupational Therapy Room - Adult	NS				1	x	28	1	x	42	1	x	70	7m2 per patient
Occupational Therapy Room - Paediatrics	NS							1	x	40	1	x	60	10m2 per patient, provide according to service plan
Plaster/ Splint Room	plst-14-d							1	x	14	1	x	14	Optional.
Store - Equipment	steq-10-d steq-14-d steq-20-d similar				1	x	10	1	x	14	1	x	25	For materials & equipment
<b>Physiotherapy</b>														
Bay - Handwashing, Type B	bhws-b-d	1	x	1	1	x	1	1	x	1	2	x	1	1 per 4 Patient Treatment Bays
Bay - Mobile Equipment	bmeq-4-d or bmeqe-4-d similar				1	x	4	1	x	6	1	x	10	Opened or enclosed bay
Bay – Drinking Water	NS				1	x	1	1	x	1	1	x	1	Optional; Disabled access
Clean Utility	clur-12-d							1	x	12	1	x	12	
Change - Patient (Male/ Female)	chpt-12-d similar	2	x	12	2	x	12	2	x	20	2	x	24	
Gymnasium	gyah-45-d similar	1	x	45*	1	x	45*	2	x	60	2	x	80	6m2 per patient; gender separated areas, * Time managed Gym
Gymnasium, Paediatric Therapy	gyah-p-d							1	x	45	1	x	45	Optional
Office - Write-up Bay/Room	off-wi-1-d similar off-wis-d similar				1	x	3	2	x	6	2	x	12	May be part of the Gym
Patient Bay - Non-Acute Treatment	pbtr-na-d	1	x	10	2	x	10	4	x	10	6	x	10	Separate male/female; no. depends on service demand
Plaster/ Splint Room	plst-14-d							1	x	14	1	x	14	
Store - Equipment	steq-10-d steq-14-d similar steq-20-d	1	x	10	1	x	10	1	x	15	1	x	20	For gym equipment
Toilet - Accessible	wcac-d							2	x	6	2	x	6	
Treatment Room	trmt-14-d				1	x	14	2	x	14	2	x	14	Respiratory & treatments that require privacy
<b>Shared Support Areas</b>														
Bay - Linen	blin-d				1	x	2	2	x	2	2	x	2	
Bay - Resuscitation Trolley	bres-d	1	x	1.5										



ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m <sup>2</sup>	Remarks			
Cleaner's Room	clrm-6-d	1 x 6	1 x 6	1 x 6	1 x 6	
Clean Utility	clur-8-d clur-12-d	1 x 8	1 x 12	1 x 12	1 x 12	
Clean-up Room	clup-7-d similar	1 x 7	1 x 7	1 x 7	1 x 10	Optional; For returned loan equipment
Consult Room	cons-d	1 x 13	1 x 13	2 x 13	2 x 13	
Dirty Utility - Sub	dtur-s-d similar	1 x 10*	1 x 8	1 x 8	1 x 8	* Dirty Utility and Disposal room combined
Disposal Room	disp-8-d		1 x 8	1 x 8	1 x 8	
Store – Loan Equipment	steq-10-d steq-14-d steq-20-d		1 x 10	1 x 15	1 x 20	Optional,
<b>Staff Areas</b>						
Meeting Room	meet-l-15-d meet-l-30-d similar	1 x 15	1 x 15	1 x 20	1 x 25	
Office - Single Person	off-s12-d	1 x 12	1 x 12	1 x 12	1 x 12	Director
Office - Single Person	off-s9-d off-s12-d		1 x 9	1 x 12	1 x 12	Chief Occupational Therapist
Office - Single Person	off-s9-d off-s12-d		1 x 9	1 x 12	1 x 12	Chief Physiotherapist
Office - 2 Person Shared	off-2p-d	1 x 12	1 x 12	1 x 12	1 x 12	Physiotherapists; No. according to staffing requirements
Office - Workstations	off-ws-d		1 x 5.5	2 x 5.5	4 x 5.5	Occupational Therapists; No. as required
Office - Workstations	off-ws-d		1 x 5.5	2 x 5.5	4 x 5.5	Physiotherapists; No. according to staffing requirements
Property Bay - Staff	prop-3-d similar	2 x 2	2 x 2	2 x 3	2 x 6	
Staff Room	srm-15-d similar srm-25-d similar	1 x 12	1 x 15	1 x 18	1 x 20	
Shower - Staff	shst-d	2 x 3	2 x 3	2 x 3	2 x 3	
Toilet - Staff	wcst-d	2 x 3	2 x 3	2 x 3	2 x 3	
<b>Sub Total</b>		<b>246.5</b>	<b>577.5</b>	<b>979.5</b>	<b>1312.5</b>	
<b>Circulation %</b>		<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	
<b>Area Total</b>		<b>308.1</b>	<b>721.9</b>	<b>1224.4</b>	<b>1640.6</b>	

**7.2 Hydrotherapy Pool (optional)**

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m2	Remarks			
<b>Hydrotherapy Pool</b>						
Change - Patient (Male/ Female)	chpt-d-d chpt-12-d similar	1 x 4	2 x 12	2 x 20	2 x 24	



ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m2			Remarks									
Change - Staff (Male/ Female)	chst-12-d similar				2	x	10	2	x	12	2	x	14	
Hydrotherapy Pool	hydp-d similar	1	x	32*	1	x	90	1	x	150	1	x	240	Includes concourse, * Individual Pool One Patient at a time
Hydrotherapy Pool Store	hydst-d similar	1	x	9*	1	x	9	1	x	12	1	x	16	Pool equipment, * Optional
Office - Single Person	off-s9-d				1	x	9	1	x	9	1	x	9	Manager
Office - Workstation	off-ws-d				1	x	5.5	2	x	5.5	2	x	5.5	No. dependent on service demand
Hydrotherapy Pool Open Shower Area	hydsh-d				1	x	6	2	x	6	3	x	6	Separate male/female areas; adjacent to pool concourse
Shower - Accessible	shd-d	1	x	4	2	x	4	2	x	4	2	x	4	Separate male/female areas; patient use
Toilet - Accessible	wcac-d	1	x	6	2	x	6	2	x	6	2	x	6	Separate male/female areas; patient use
Water Treatment Plant Room	wtpl-d similar	1	x	10	1	x	10	1	x	15	1	x	20	Size depending on Engineering
<b>Sub Total</b>		<b>65</b>			<b>193.5</b>			<b>293</b>			<b>410</b>			
<b>Circulation %</b>		<b>25</b>			<b>25</b>			<b>25</b>			<b>25</b>			
<b>Area Total</b>		<b>81.2</b>			<b>241.9</b>			<b>366.2</b>			<b>512.5</b>			

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



## 8 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](http://www.healthdesign.com.au/ihfg)
- HBN 08, 2004, Facilities for rehabilitation services, Department of Health UK, refer to website: <https://www.gov.uk/government/collections/health-building-notes-core-elements>
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2018. Refer to website: [www.fgiguilines.org](http://www.fgiguilines.org)
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website: [www.fgiguilines.org](http://www.fgiguilines.org)