



Centre for Health Assets Australasia

Australasian Health Facility Guidelines Manual v1.2



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ENVIRONMENT

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Preface

This manual has been written for those engaged in the funding, planning, briefing, design and delivery of health capital projects. It explains the purpose, development process, and application of the AusHFG to these projects. The manual brings together material that provides a clear description of the background, structure and use of AusHFG, and offers a detailed guide on how to develop or review a guideline. It outlines the rationale for creation of the AusHFG including their purpose and intent. It defines the main users and explains the content, structure, language use and processes used for development.

For further information please contact CHAA on CHAA.Admin@unsw.edu.au or call (02) 9385 5619. Please visit our website at www.chaa.net.au for information regarding CHAA and the AusHFG - this site also links to the AusHFG website at www.healthfacilityguidelines.com.au For jurisdiction-specific information such as how the AusHFG are applied in your jurisdiction, or how they apply to your specific project, please follow the links to each jurisdiction available from the AusHFG website. Please note that CHAA is unable to provide project-specific information including interpretation of the AusHFG. However, we welcome all other feedback on the content or use of the AusHFG - please email us on CHAA.Admin@unsw.edu.au

How To Use This Manual

This document has been written for a wide range of users. Therefore it has been structured to allow readers to access information of interest as quickly and easily as possible. The following table sets out the sections of the documents likely to be of most interest to different groups of readers - and may provide a starting point for reading this manual.

Reader-Type/ Group	Sections/ Pages
AHIA representatives	1.0 Introduction 2.0 Policy
AusHFG Steering Committee members	1.0 Introduction 2.0 Policy 3.0 Process
AusHFG Project Control Working Group Members	1.0 Introduction 2.0 Policy 3.0 Process 4.0 Procedures 5.0 Process for Development
AusHFG Writers / Reviewers	All sections
Users/ readers of the Aus HFG	All sections

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1.0 INTRODUCTION

In the development of the Australasian Health Facility Guidelines (AusHFG) a number of documents covering policy, process and procedure have been created and endorsed over time. This Manual brings these documents together for the first time to ensure that all parties involved in the development or administration of the AusHFG are fully informed and can contribute efficiently and effectively to the ongoing development, review and endorsement processes.

The AusHFG are developed and distributed entirely in an electronic format. While this method of publishing and distribution has distinct advantages, the management of risk in each of the different electronic processes is considerably more complex than a traditional hard copy publishing process. The use of databases, electronic formats and website delivery greatly increases the speed with which documents are drafted, circulated for comment, endorsed and finally published on a website for download. The speed and volume of traffic in such a transient medium requires that effective quality control measures are in place and operating to oversight all stages in the development and distribution process.

The need for this Manual becomes apparent when the number of individual jurisdictions represented by the Australasian Health Infrastructure Alliance (AHIA), who administer the AusHFG, is considered. The numbers of AHIA are the capital and for assets representatives of all Australian States and Territories and the New Zealand Ministry of Health. This document recognises and references the different administrative requirements for each jurisdiction.

The AusHFG have many stakeholders with different viewpoints resulting from the different professional backgrounds and experience. Clearly, these stakeholders will not always agree on every matter. However, key decisions have to be made to enable the project to progress. These continue to be re-visited from time to time in conjunction with the Project Steering Committee and other stakeholders, as appropriate. We invite you to familiarise yourself with this Manual, including the history and purpose of the AusHFG. Please contact CHAA for further clarification, as required.

2.0 POLICY

2.1 AusHFG and AHIA

The Australasian Health Facility Guidelines (AusHFG) are an initiative of the Australasian Health Infrastructure Alliance (AHIA), formerly the Health Capital Asset Managers' Consortium (HCAMC) of Australia and New Zealand which was formed in 2004. The AHIA includes representatives from all jurisdictions in Australia and New Zealand. A list of members with links is provided under AHIA quicklinks on the AusHFG website www.healthfacilityguidelines.com.au

One of the purposes of AHIA is to support organisations to better plan, procure and manage their health capital assets. It works across Australia and New Zealand bringing together information, research, knowledge and practical experience about developing and managing health assets and infrastructure.

AHIA provides a link between strategic thinking and realistic application. It is research-based, solution-oriented and practical in its approach. The Alliance meets regularly to discuss health investment, procurement and asset sustainability issues in common around Australasia.

The AHIA commissioned the Centre for Health Assets Australasia (CHAA) to develop nationally consistent health design guidelines for the design and construction of health facilities.

2.2 Purpose of the AusHFG

The AusHFG help deliver faster and more efficient project briefs for capital projects, in addition to cost benefits as a result of providing standardised components. Many managers and users may be planning a health facility and managing the procurement process for the first time. The AusHFG are expressed in plain language and present the concepts underpinning the design of health projects including commonly accepted standards.

The AusHFG have been developed with the aim to:

- Assist in producing healthcare facilities that will support the required service delivery needs, models of care and operational policies required by health service providers and funding agencies.
- Establish an acceptable level of space provision for all healthcare facilities that will reflect and support the delivery of acceptable and contemporary standards of clinical, design and procurement practices.
- Inform and guide architects, designers, users and client groups and assist them in meeting the requirements of the relevant Health Department, funder or regulator for the design and planning of healthcare facilities.

2.3 Benefits of using the AusHFG

The AusHFG are a central resource for all government and non-government bodies. The principal benefits to be gained from the use of the AusHFG can be summarised as follows:

- Streamlining of project briefing and design processes at management level for Health Departments/Authorities and their Health Capital Asset Managers and Project Directors, by providing a set of endorsed design guidelines for use in all jurisdictions.
- Reduction of planning time and costs for health facilities at project level by removing debate around standard Health Planning Units, rooms/spaces and their configurations, and allowing user groups and designers to concentrate their efforts on project-specific design features.
- Increased reliability of estimates of space requirements and project costs at the planning stages of projects as a result of the introduction of a level of standardisation to the design and construction of health facilities.
- Fewer variations between projects and within individual projects through the use of commonly accepted standards that make user groups more productive and allow design teams and health managers more certainty in briefing and planning projects in different locations.
- Dissemination of current industry knowledge regarding good health facility design and accepted clinical practice in a format accessible to project design teams on all health projects; potentially saving the expenditure of valuable project funds on unnecessary research and user group debates. Ultimately, this should improve the design and delivery of health facilities that support, appropriate standards of clinical practice.

2.4 Use of the AusHFG

The AusHFG are intended to assist project teams to consider the interaction of a service plan, models of care and operational policies for a facility before the capital planning process is commenced. The assumption underpinning the use of the AusHFG is that a well-developed service plan exists for every capital project.

They establish an acceptable level of quality for design and space provision to be met in all health facilities. The final design solution, however, will depend on how the AusHFG have been interpreted and applied, including reviews of individual project-specific facility requirements. Project outcomes will also depend on project funding and decisions supporting the allocation of available resources.

The AusHFG are not mandatory. They provide a starting point for briefing and with appropriate justification or approval can and should be modified to suit specific project requirements.

2.5 NSW Health Facility Briefing System (NSW HFBS)

The AusHFG development process is managed by the Centre for Health Assets Australasia (CHAA). Although initially developed in conjunction with the AusHFG, the NSW Health Facility Briefing System (NSW HFBS) is a separate system managed independently by NSW Health and Health Projects International (HPI). Therefore, CHAA is unable to advise users on either the content or use of the HFBS - see below for how to obtain further information regarding the HFBS.

The NSW HFBS is a web based service for briefing and specifying health projects. It accesses the AusHFG Standard Components and Schedules of Accommodation for use in briefing, planning, specifying and documenting a project. The material can be imported directly into individual projects and further edited and customised. Users can assemble detailed briefs, specifications and schedules on the web, within a secure environment and without needing specialist software. They can save their work directly to the web and print database driven/formatted reports for project-specific use.

Use of the NSW HFBS has extended to the establishment of separate web-based domains in a number of jurisdictions. While the information is controlled by the jurisdiction, it is envisaged that project information may be shared and future benchmarking undertaken.

Refer to the NSW Health document, *Health Facility Guideline & Health Facility Briefing System, Evergreening Process* available online at www.healthfacilityguidelines.com.au/review.htm

Also refer to jurisdiction-specific policies regarding use of the NSW HFBS for health projects in your jurisdiction. See AHIA quicklinks on the AusHFG website www.healthfacilityguidelines.com.au for contact details.

3.0 PROCESS

3.1 Background to the AusHFG

The starting point for the Health Facility Guidelines project was the Victorian Guidelines for Hospitals and Day Procedure Units developed for the Department of Health and Human Services by Health Projects International (HPI) in 2001-2002. These guidelines had a private hospital focus, were developed in an electronic database format and were effectively an amalgam of guidelines from many sources.

In 2002 a NSW Health project (2002-2003) continued the development of the guidelines database. This was made available to NSW Health to use in the creation of nine priority unit guidelines for use in NSW alone.

In 2004 the NSW Health Facility Guidelines (NSW HFG) were published, and in the same year the Health Capital and Asset Management Consortium (HCAMC), now the AHIA was formed. In 2005 CHAA was established in the Faculty of the Built Environment (FBE) at UNSW. The NSW HFG continued to be developed and became the basis for the AusHFG. In late 2006 the AusHFG were implemented by agreement of all the AHIA jurisdictions. NSW Health replaced the NSW HFG with the AusHFG for use on NSW health projects in March 2007.

The AusHFG have been available for use since December 2006. However Victoria continues to use the Design Guidelines for Hospitals and Day Procedure Centres (DGHDP) in that State.

The guidelines are created from a MS Access database that was originally made available to UNSW by HPI. Clauses continue to be amended, added and revised in accordance with the HPI system. Database reports are generated and converted to PDF documents for loading to the AusHFG website. Guidelines are free to access and download for use on health projects. They are accessed by a wide range of users both nationally and internationally.

3.2 Application of the AusHFG

The AusHFG are not legislation, nor do they have the force of a National Standard or Code. They are not mandatory and hence the language used within them is consistent with this approach, generally using terminology consistent with recommendations. Where their partial or full use is to be mandated in any jurisdiction, this will be enacted through the relevant enabling legislation.

State Based Administrative Provisions are referenced within the AusHFG. The application of the AusHFG in capital projects may vary within individual jurisdictions and is prescribed by each jurisdiction e.g. NSW Health, 2008, Guideline GL2008_017, Health Facility Guidelines - Australasian Health Facility Guidelines in NSW.

In most jurisdictions public and private health facilities are usually developed, approved and operated in accordance with different legislation, codes and other requirements. Despite this a level of agreement is achievable regarding the design recommendations that should apply to all types of health facilities.

Each jurisdiction has determined and made explicit whether the guidelines cover both public and private health facilities, and where necessary, reference the guidelines appropriately by the relevant legislation.

In Part A (AusHFG) the implementation of the AusHFG is covered under the heading Prescribing Guideline Material in the following statement ‘...individual jurisdictions will provide instructions regarding the application of the Guidelines in capital projects...’

3.3 Aims and Objectives of AusHFG

The various sections and components of the AusHFG are intended to support the aims and objectives in the following way:

- Facilitate the use of guidelines in practice by providing appropriate introductory remarks, guidance and commentary on the application and use of various sections of the guidelines.
- Provide an agreed and clearly defined set of performance recommendations for use in the design of health care facilities (for all jurisdictions), whether the use of the guidelines is mandated by legislation in one or more jurisdictions or its use is advisory only.
- Provide guidance on how to achieve the nominated performance measures in designs for facilities by:
 - supplying deemed to satisfy precedents - where guideline use is mandated or examples of acceptable practice that may be followed in whole or in part - where use is advisory only.
 - providing information that will assist designers in developing additional alternative or innovative solutions that can then be assessed against the recommended facility performance measures.

3.4 Development and Review Process

A policy of continual review, improvement and expansion is in place to ensure that the AusHFG reflect new Models of Care, best practice in construction methods, evidence-based design practices and national clinical benchmarks.

- These built in review and revision cycles are designed to maintain currency and consequent user confidence.
- Review follows a carefully staged and controlled process. This is enabled by the database system, where within a consistent format and in a controlled and managed medium, discrete clauses can be simply and independently modified, added or removed.
- The use of common information blocks assists the review process and reduces the dangers inherent in the duplication of information.

- Guideline development relies on the input of industry experts, widespread consultation and review, which includes extensive literature review and research from a variety of sources i.e. existing guidelines by various organisations including professional associations, Standards and Codes.
- Draft guidelines are reviewed extensively by industry groups whose comments are then assessed and the guidelines amended accordingly.

3.5 Development Process from 2009

A new development process for the AusHFG has been implemented from mid 2009. This process has been developed from the methodology followed by the development team since 2006.

From mid 2009, the process has better defined steps and outputs and includes a face to face meeting with AHIA jurisdictional representatives. This is intended to reduce the amount of time required for jurisdictional reviews that delay endorsement and publication of guideline content. The process will produce more rigorous and better documented evidence base for the developed guidelines, ensuring appropriate levels of clinical input and we anticipate will produce higher quality project outputs. The following diagram illustrates the new process:

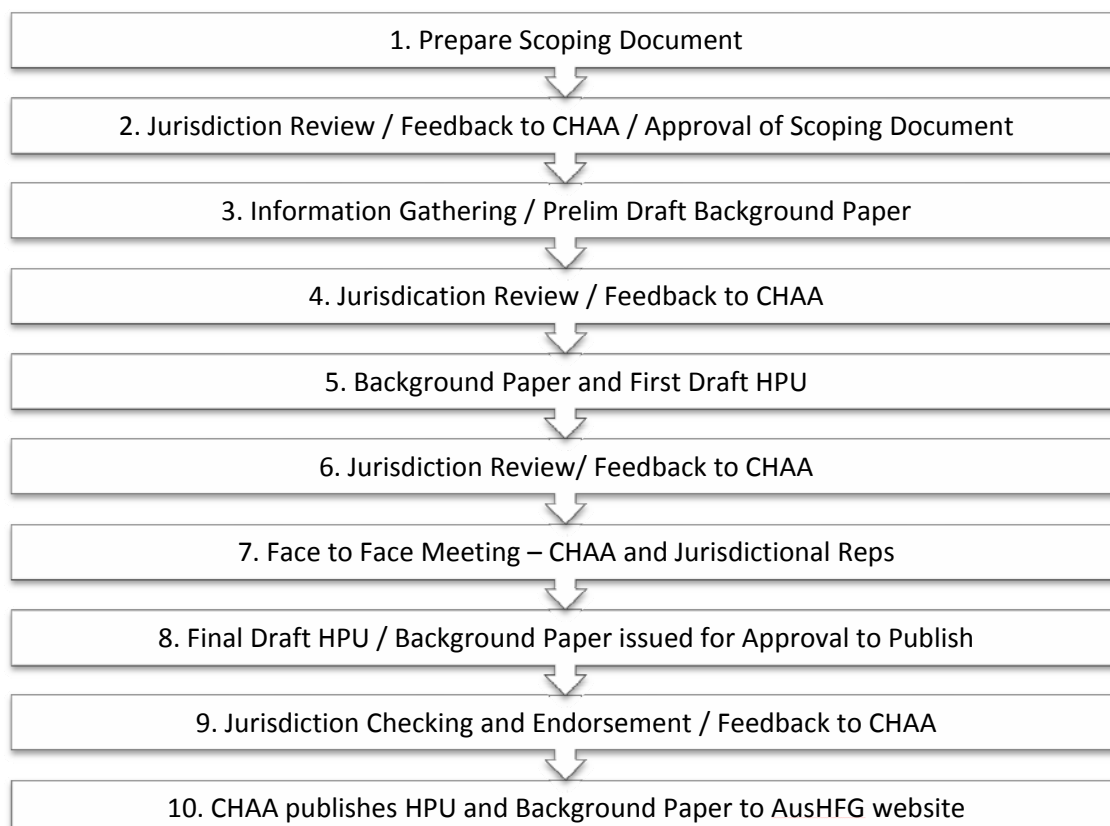


Figure 1: Development Process for AusHFG: from mid-2009

3.6 Reference Documents

A general description of the Guidelines Development and Review Process is also provided in the following documents (see Appendix 2 - AusHFG Reference Documents):

- Australasian Health Facility Guidelines (AusHFG) - AHIA Proposed Review Process 2009: AusHFG Governance Structure and Review Process
- Australasian Health Facility Guidelines (AusHFG) - Development and Review Process.

4.0 PROCEDURES

4.1 Background Information

4.1.1 AusHFG Format and Delivery

The use of a Microsoft (MS) Access database to hold all AusHFG content provides the flexibility to present content in different formats or to select content for different purposes. A further advantage is that updating or correction of information occurs once only rather than in several different locations.

The AusHFG are available only as an online resource. This ensures the currency of the material and reduces the risk associated with the use of out of date or incomplete electronic (CD/DVD) or hard copy versions. Strict version control is followed for publication of website content and this is documented on the AusHFG website, with revisions, versions and amendments dated and nature of revisions noted.

The AusHFG are available as downloads in PDF format from the Australasian Health Facility Guidelines website managed by CHAA www.healthfacilityguidelines.com.au

4.1.2 Program for Development and Revision

A current approved program of work is included on the CHAA website and updated and reported on within the regular CHAA quarterly newsletter. The program is regularly reviewed by the AusHFG steering committee and updated as required.

For details of the development program, visit www.healthfacilityguidelines.com.au To receive regular updates via the CHAA newsletter, go to www.chaa.net.au Subscription is free and can be opted out from at any time.

4.1.3 Existing Documents

The various procedures relating to the AusHFG are covered in the following documents (see Appendix 2 - AusHFG Reference Documents):

- Australasian Health Facility Guidelines (AusHFG) - Development & Review Process (flowchart)
- Australasian Health Facility Guidelines (AusHFG) - Development & Review Process: Resource Allocation for Development of One HPU
- Australasian Health Facility Guidelines (HFG) Project - Australasian HFG Standard Components Revision Process
- Australasian Health Facility Guidelines - Enquiry and Clarification Communication Process.

4.2 Guideline Elements

4.2.1 AusHFG existing documents and structure

The Structure of the AusHFG and relationship between the HFG Parts and Components are shown in the diagram below:

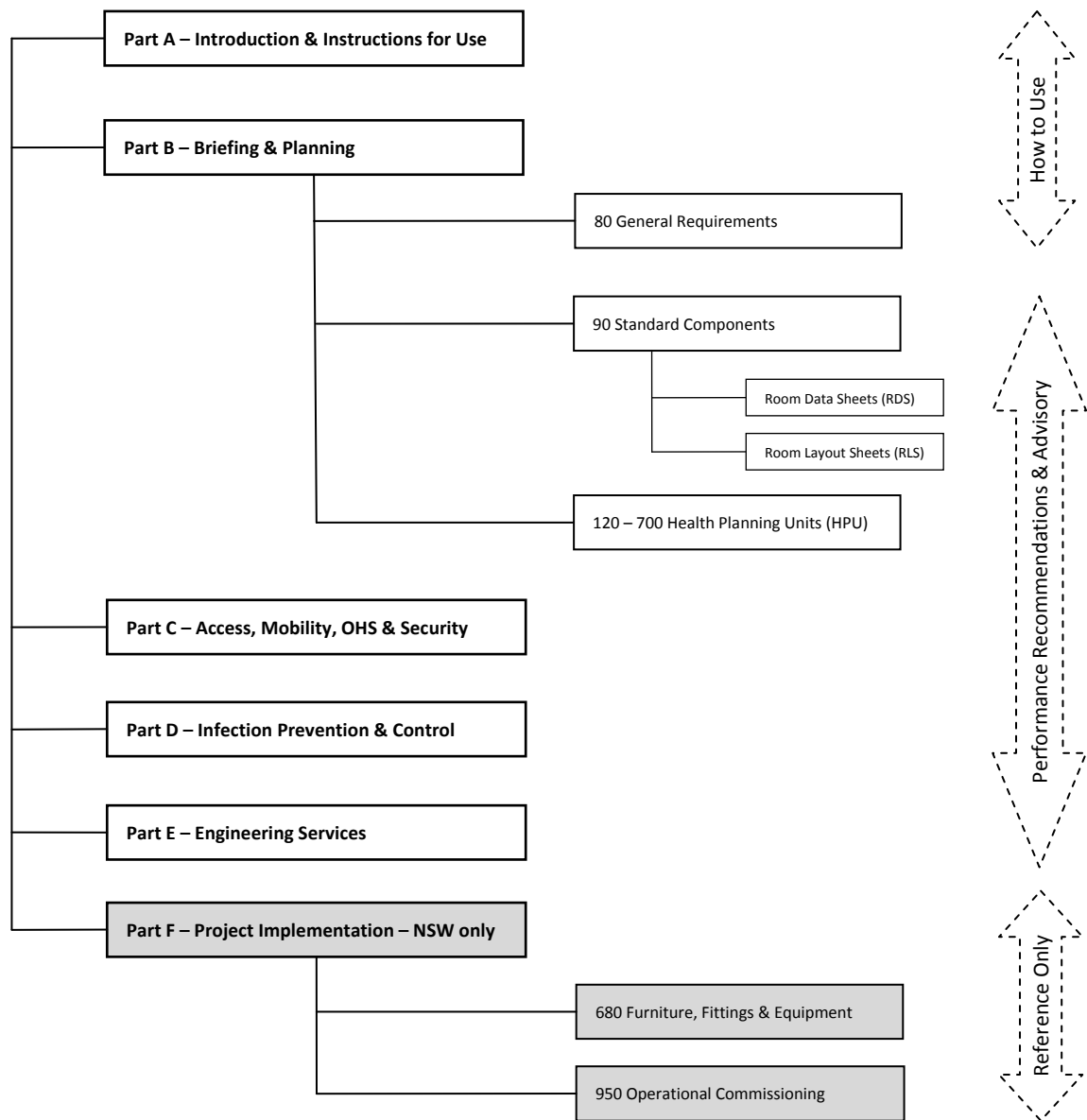


Figure 2: Structure of the AusHFG

4.2.2 Guideline Components

Part A - Introduction and Instructions for use

This document provides information about the AusHFG including:

- Description
- Background
- Objectives
- Terms of Reference
- Facilities covered
- How to Read
- The Structure and Administration of the Guidelines
- Codes, Regulations, Accreditation
- Glossary, Definitions and Abbreviations, etc.

Part A also contains a number of relevant statements that define the aims, contexts and scope of the AusHFG.

Part B - Health Facility Briefing and Planning

General Requirements (Section 80)

Part B Section 80 - General Requirements is an overarching document that collects the common elements applying to HPUs into one location, preventing repetition in each guideline and ensuring that the content is uniform and current. The scope and purpose of General Requirements is covered in the Planning - General section. Knowledge of this document is essential when using or working with any of the guidelines within Part B.

Section 80 covers the following subjects at a general level while referencing the different jurisdictional requirements:

- Service Planning
- Role Delineation
- Capital Development Guidelines
- Cost Planning Guidelines
- Cost and Area Benchmarks
- Recurrent Costs
- Environmentally Sustainable Design
- Natural Disaster
- Occupational Health and Safety
- Access
- Infection Control
- Culture and Health as an Element of Design
- Engineering Services/Standards
- Information and Communications Technology
- Standards and Codes
- Fittings and Fixtures
- Operational Policies.

Health Planning Units (HPUs)

Part B Sections 120 and up, consists of a series of Sections, each dealing with and containing information specific to a particular HPU e.g. 510 - Maternity Unit.

Standard Components (Section 90) - Room Data Sheets (RDS)

A Room Data Sheet is a schedule containing a full description of the room/space, with information grouped by type in a standardised format. This includes:

- Area - m²
- Special Requirements
- Materials and Finishes
- FF - Furniture and Fittings where no services are required
- FE - Fixture and Equipment where services are required
- Building Services
- Quantity and type of service outlets
- Equipment Groups (1, 2 & 3).

Room Data Sheets act as a guide for designers and users in briefing commonly occurring rooms and spaces.

Standard Components (Section 90) - Room Layout Sheets (RLS)

A Room Layout Sheet is primarily a drawing showing one particular acceptable solution based on the content contained in the Room Data Sheet. Each RLS includes a detailed plan and wall elevations at 1:50 scale and provides a guide for designers and users showing:

- One example as a deemed-to-satisfy layout for the space
- Workable clearances between objects and building elements
- An acceptable application of ergonomic design principles
- A preferred location for service outlets such as electrical, nurse call, gas, etc.
- Relationship of associated rooms such as bedrooms/ensuites.

Infection control concepts such as separation of clean/dirty, isolation, etc.

The RLS is a simple method of illustrating design elements in a deemed-to-satisfy example. Elements such as relationships, locations, ergonomics, clearances and infection control, are difficult to describe in words and more easily shown on a drawing.

The layouts provided are *not mandatory* and may be edited to be project-specific. Note that some jurisdictions require documentation of variations from the AusHFG. Notwithstanding the layouts shown, it remains the responsibility of the design and planning team to ensure compliance with relevant legislation, including the BCA.

Part C - Access, Mobility, OHS and Security

Part C draws together a range of issues that guide the development of the detailed planning and physical design of a healthcare facility. These issues are dealt with at the generic level only i.e. OHS, security. Where there are issues specific to a particular HPU, these are covered in detail by the guideline for that HPU.

The following subjects are covered in general in Part C:

- Physical planning models and policies
- Space standards and dimensions
 - Building elements
- Human engineering
 - Access and mobility
 - Ergonomics
- Signage
- Safety and Security precautions.

Note: Part B Section 80 - General Requirements identifies some of the subjects above e.g. OHS, Safety and Security while referencing Part C for further information.

Part D - Infection Prevention and Control

Part D addresses infection control under:

- Physical environment
- Surfaces and finishes
- Construction and renovation.

Part E - Building Services and Environmental Design

Part E briefly examines the range of building engineering services and the application of environmentally sustainable design. It provides a general coverage of the subject and is intended to inform designers, facility managers and similar groups.

It is not intended to act as a specification or briefing document, or to be used by services engineers. Documents such as *NSW Health, Engineering Services and Sustainable Development Guidelines TS11 2007*; *Western Australia Health Facility Guidelines for Engineering Services 2006* and the relevant codes and Australian Standards fulfil this role.

Part F - Project Implementation (NSW specific and provided for information to other AHIA jurisdictions)

Part F deals with the procurement and installation of furniture, fittings and equipment (FF&E) and with operational commissioning. It is provided for information only to other jurisdictions.

The section covering FF&E represents a revised edition of NSW Health Department, *DS-31 Guidelines for Furniture Fittings and Equipment Budgeting for Health Building Projects* (1992). Although based on the four FF&E Equipment Groups specific to NSW the document provides a useful general guide.

The section on general commissioning was developed from the Queensland Health Department, *Guideline on the Commissioning of Health Facilities* prepared by GHAAP, UNSW, 2003.

5.0 PROCESS FOR DEVELOPMENT FROM MID-2009

5.1 Scoping Document

This document provides the brief for the Guideline and is developed by CHAA together with the jurisdiction Project Coordination Working Group (PCWG) and industry experts. It establishes the scope of work, principal issues and areas for research, development and future directions.

It will outline the information to be provided or reviewed by the expert sources in each jurisdiction, and the individuals or groups to be consulted in the preparation/review of the document. The Scoping Document Template provides the scope and the structure for the HPU or guidelines section being revised or created.

5.2 Background Paper

A short targeted Background Paper will be developed prior to the development or revision of each HPU or guidelines section (e.g. Part C, Part D, etc). The Background Paper is a companion document to the HPU or guideline section. It provides a commentary with detailed information on the issues dealt with, with links to resources for further reading or research.

The Background Paper will provide summary information regarding changing clinical practice, technology or Models of Care that may influence or change elements of the AusHFG. Discussion and clarification of issues underpinning development of the Guideline will be provided through:

- evidential support for the statements made
- comment and expand on the topics covered in the scoping document where necessary
- interpretation, variations and other solutions/viewpoints
- an expanded reference and further reading list
- electronic links to resources.

The material in the Background Paper will enable reviewers to understand the development of the HPU or guideline section and the issues to which it has responded. Further it will provide an evidence base to support overall quality management, approval, endorsement and implementation processes.

Equally importantly an orderly method of data gathering and record keeping is required. This enables substantiation and verification of material used in creating or presented in the HPU e.g. research papers, evidence based data, images and graphics, consumer group studies, etc.

The writing style uses plain language and is informal and informative, the content aims for the accuracy and accountability required in academic papers.

5.3 HPU or other guidelines section e.g. Part C, Part D, etc.

This document contains only that information considered necessary for the effective briefing, design and development of a healthcare project. The contents are presented in as clear, concise and consistent a manner as possible. Additional supporting and explanatory material is intentionally excluded from the HPU or other guideline section, and reserved for the Background Paper or other reference documents.

5.4 Schedules of Accommodation

Each HPU Section includes a Schedule of Accommodation, where the minimum requirements for healthcare facility components (Rooms/spaces) are usually defined for Role Delineation Levels 2 to 6 or for other measures of facility complexity.

Components marked Y in the Standard Components column indicate that a Standard Component is available and should be used.

All Components listed are recommended for inclusion unless marked *Optional* or *Shared*. The Remarks column holds explanatory notes and special conditions e.g. variations in the number of components.

5.5 Checklists

Each section (Part C, Part D etc) of the AusHFG and each HPU Section within Part B may include a Checklist for completion by the designers or the approving authority (depending on the individual administrative requirements of each Client Group). These checklists are intended to provide a means of self-certification for compliance verification.

The AusHFG incorporate standard checklists applying to all HPUs. If required, users may print and complete one checklist for each proposed HPU for the health facility project.

5.6 Diagrams

A simplified Functional Relationships Diagram is provided with each HPU guideline, to be used when arranging these components into a functional plan. The diagram(s) represents the hierarchy and linkages between the individual components,

The style used for this type of diagram should use network diagram techniques to avoid becoming a layout or de-facto plan as follows:

- Identify a single component, or functional group e.g. support
- Show the links to other components (within HPU) with a line
- Identify the type of link by a defined line type, solid, thick/thin, broken
- Identify other factors with a defined arrow type e.g. access, connection with other HPUs, views, daylight
- Uses colour coding if needed e.g. to define different functional groups
- Show alternative functional models where these exist (e.g. Operating Suite)

- Avoid cross-over lines and sub-divide if necessary
- Sub divide large, complex diagrams into more easily understood parts.

Avoid the use of three dimensional or other projection methods such as axonometric, unless this provides the only or best option. This method is sometimes used for site maps or directories in complex facilities.

Typical Functional Relationships Diagrams that illustrate the techniques above can be found in HPU Guidelines for Intensive Care - General (360), Intensive Care - Neonatal / Special Care Nursery (390) and Medical Imaging - General (440). Other examples within Part B may depart from the recommendations given above and will be amended during the next revision.

5.7 General

5.7.1 Enclosures

Enclosures are not encouraged nor used in the AusHFG. If their use is unavoidable then the methods given in the *AGPS Style Manual* should be followed.

Enclosures are free-standing material that is not integral to the publication but is included in the contents, typical enclosures are maps, charts, diagrams, CDs etc.

5.7.2 Fold-out pages

Fold-out pages in hard copy are necessary to allow the inclusion of an oversize diagram or chart i.e. if printed on a single page would need magnification. The rules for dealing with them in electronic formats are similar to those for hard copy publications, and are covered in the *AGPS Style Manual*.

5.7.3 Quality of Draft guidelines for external comment

Draft documents prepared in MS Word (or saved in PDF format) are distributed for comment. To ensure that external reviewers can concentrate on content without having to comment on Style matters, the layout, format, style, and quality of the draft documents circulated should match the quality of a final document.

5.8 References and further Reading

Each HPU or Guideline section (Part C, Part D, etc) provides a list of unit-specific references and further reading. This includes references cited in the text, useful websites, government policies, design guidelines, standards, etc. The unit-specific list compliments a generic list of references placed on the AusHFG website.

The purpose of the generic list of references is to remove the need for duplication of references across multiple HPU and other sections. The list is updated regularly with input from all AHIA jurisdiction reviewers, and as a result of CHAA investigation or research. References are formatted in the Harvard/AGPS style adopted for the AusHFG. This takes account of the limited ability to format text within the AusHFG Access database.

5.9 AusHFG - Associated Reference Documents

Additional reference material directly referenced or relating to the AusHFG content is accessed through Reference Documents in the main menu and is grouped by jurisdiction. The following examples indicate the type of material available:

- Health Planning Units (HPUs) Jurisdiction Naming Convention (AHIA)
- TS11 - Engineering Services and Sustainable Development Guidelines (NSW)

5.10 Searching the AusHFG

When revising or creating a new guideline many of the documents listed above may have relevance and require cross-referencing. Searches can be made by:

- using the Google search utility provided on the webpage displaying the AusHFG PDF documents
- using the normal Adobe Acrobat *search* and *find* functions in each individual guideline or in the combined PDF document
- by searching within the database system that holds the complete AusHFG, however this last option has fairly restricted application.

6.0 WRITING A GUIDELINE

6.1 Use of this guide

This working guide for authors and reviewers covers the following issues:

- minimum quality standards to achieve consistency in format, style and content
- electronic word processing and formatting issues
- details of the database used to store and deliver the final AusHFG documents
- the process for creating a new guideline component such as an HPU or revising an existing one
- rules that apply to authors for managing documents
- the basis for the principles and recommendations.

AusHFG policies, procedures and processes are covered in considerable detail in the reference documents for this Manual (see Appendix 2 - AusHFG Reference Documents). Those parts that apply to writing a guideline component are summarised and presented in this section to avoid overloading an author or reviewer with unnecessary management and procedural detail.

6.2 Guideline Components

The AusHFG are structured to avoid the unnecessary duplication of information. Each HPU is based on a template of standard headings and sub-headings which may be expanded or modified to suit unit-specific requirements. This template also contains standard clauses under some headings where these are used across most, if not all, HPUs.

Standard Components are room/spaces that occur many times across a health facility often in different departments. Non-standard components usually appear in only one HPU (or rarely), and are defined in each HPU as required.

Each HPU uses a consistent set of Headings and Sub-Headings.

6.3 Guideline Document Structure

The AusHFG Guideline template (see Appendix 2 - AusHFG Reference Documents) sets out the structure and headings for a typical guideline. Although this template is specific to Part B, the structure and heading hierarchy apply equally to a guideline that may be written on another subject. Guide notes are given within the template itself.

6.4 Guideline Style

Guideline has acquired a broad meaning and is often used to describe a Policy, Code, Technical brief, or specification. This can create some confusion on the best style to adopt.

The primary aim of the AusHFG is to provide **guidance**. This is usually expressed in the form of advice, recommendations, performance requirements, examples, and information.

6.4.1 Style types

The AusHFG comprises a set of different documents. While some of these differ in subject matter e.g. Parts A, B and C and the sections that make up Part B Section 90 all deal with one planning type (the HPU), using a standard format with common headings. Identifying the writing styles that convey to the reader the use or interpretation of the information provided is therefore fundamental.

To avoid ambiguity in communication or interpretation there are a number of writing styles available to choose from:

- Advisory - a soft prescriptive form common to guidelines e.g. recommend, should, consider.
- Performance Based - an open style used for briefing, performance based specifications/regulations and guidelines, allowing innovation and alternative solutions by saying 'achieve this'.
- Deemed-to-Satisfy - indicates acceptable practices or solutions by stating an example; used in both regulations and guidelines it allows for alternative solutions that are at least equal to the example given e.g. typical patient bedroom layout.
- Instructive or directive, this *hard* prescriptive form is used in legislation, regulations and descriptive specifications e.g. *shall* or *must, comply with*.
- Proscriptive - the reverse of Prescriptive and only used where the context requires it e.g. *do not, shall not*.

Each of these writing styles can then be expressed in different language styles such as:

- Expanded, descriptive text with a loose structure (as in the guidelines written by professional organisations and colleges).
- Short text, supported by tables and diagrams (as in the Australian/NZ Standards).
- Legalistic language with numerous internal references to clauses and sub-clauses (as in the Building Code of Australia).
- Multiple structures for various parts of the guidelines, as in the current AusHFG and Victorian HFG.

6.4.2 Styles for use in the AusHFG

With the need to maintain consistency and continuity over time within such a large combined body of work (AusHFG), and with this number of writing and language styles to choose from, it was essential in the development of the AusHFG to define a recognizable house or master style. This was (and is) achieved in the following way:

- Employ the principle of one clause - one concept, using relatively short paragraphs. This format facilitates the acceptance, modification or rejection of an individual concept/clause by different Jurisdictions.
- Use a combination of Performance Based and advisory (soft prescriptive) styles e.g. 'acoustic privacy in patient bedrooms should achieve the minimum

level recommended in AS/NZS 2107', and 'If used for health education classes after-hours access will be required', or 'The Unit should have ready access to.....'

- Use a positive language style e.g. 'An Inpatient Unit includes the following Standard Components'.
- Avoid a negative language style e.g. 'A hospital may not be built unless it provides the following Standard Components in every Inpatient Unit'.
- Limit the use of a hard prescriptive style except when advising legislative, regulatory or other mandated requirements e.g. comply with AS1428.1.
- Use Deemed to Satisfy where appropriate e.g. Standard Components - Schedules of Accommodation; Room Data Sheets (RDS).

Note: The Room Layout Sheets (RLS) use graphics to show just one acceptable solution (approach) to illustrate a successful application of the minimum standards required.

6.5 Clarification of purpose and content

Part A reiterates the aims and purpose of the AusHFG, and how these are reflected by writing style under:

- Introduction - Objectives
- How to Read - the Structure of these Guidelines
- Application- Objectives (and Application)
- Legislation.

6.6 Resources for authors

To ensure consistency the following resources and methods should be used:

- For all issues regarding writing style refer to *AGPS Style Manual*. Where alternatives are offered follow the particular option adopted in the existing AusHFG.
- *Macquarie Dictionary* for spelling and word usage.
- For technical words, terms and abbreviations - use an accepted resource, such as the regulation, Australian or other Standard, policy document or Guide related to the issue e.g. ACEM, Standard Terminology.
- Health Planning Units (HPUs) Jurisdiction Naming Convention (AusHFG website).
- Define a term for use where there is a variation across Jurisdictions e.g. OHS to cover OHS, OHWS and other alternatives.

6.7 References

Where information is used in the text, the source of that material is acknowledged. These acknowledgements are known as citations or references.

The HPU holds only that information necessary for the effective use of the guideline, with citations expanded and listed under References and Further Reading. This list contains only references specific to that section of the AusHFG. Additional

supporting or explanatory material may be cited in a Background Paper or other explanatory documents. Generic references that apply to many if not all, guidelines are listed in separate document available from the AusHFG website.

6.7.1 Method of referencing

The AusHFG uses the author-date system (also known as the Harvard System). The AusHFG adopts the version given in *AGPS Style Manual* to avoid the many variations to this style. The *AGPS Style Manual* covers most types of resource e.g. books, part of a book, journal articles, Government publications, legislation, multimedia, electronic material, web documents, web sites, etc.

6.7.2 In-text citations

In text citations should be consistent throughout the AusHFG. The method of writing these and their placement are given in the *AGPS Style Guide* under the Author-date system and should be followed in all cases. The family name of the author(s) (or authoring body) and the year of the cited work in parentheses are normally all that is required in the text e.g. (Carthey 2005).

Note 1: Every citation made in the text must be listed in full under the References and Further Reading section in the correct format.

Note 2: The recommended *AGPS Style Manual* examples may be modified slightly by the electronic referencing application (EndNote X3) used in the production of the AusHFG.

6.7.3 Cross references

Links to associated material within the guideline or the AusHFG should contain sufficient material to inform the reader of what is to be found at the referenced location. Cross references should aim to minimise interruptions to the flow in reading.

Generally, cross references should be made to Elements e.g. titles, sections, headings or sub-headings within the AusHFG, for example:

- Refer to Part D - Infection Control
- As stated in Standard Components/Clean Utility/RDS/Room Fabric.

Inflexible (hard) internal cross references e.g. Clause 3.2 or '.....Clause 23.5.1 (b) on page 375' should not be used as this method is incompatible with the database, web delivery system, and the revision process which can change clause numbering.

Avoid full references to sources within the text where possible. Give a generic reference similar to those shown below:

- Refer to 710 Doors
- For NSW requirements see References and Further Reading
- Refer to AS1428.1, section 7.

6.7.4 References and Further Reading list - Unit-Specific

Where there are specific State Based Administrative Provisions in addition to those commonly accepted e.g. State OHS regulations, these should be dealt briefly following the procedure for references within the text - covered above.

In the References and Further Reading list, resources are listed alphabetically and sub-divided if necessary by type, source or subject e.g. by jurisdiction, to help identification. Each HPU or guideline section contains only references specific to that unit as section. All other references are found in the generic reference list on the AusHFG website.

6.7.5 Examples of the Harvard Style as adopted for the AusHFG

Italics or underlined text are *not* used because they cannot be replicated in the database application used to publish the AusHFG.

Book

- Miller, C & Lewis, D (1999), *Wayfinding - Effective Wayfinding and Signing Systems*, Guidance for Healthcare Facilities, The Stationery Office, NHS Estates, London.

Electronic material - websites

- With unduly long and complex web addresses, a higher level or the home page address can be used for brevity - provided the path to the resource from that webpage is clearly defined.

Disability Pregnancy & Parenthood International (DPPI), Meeting Cultural Needs, DPPI Publications, viewed 19 November 2009,
www.dppi.org.uk/journal/64/goodpractice2.php

- One of a series of web based documents.

Davis Langdon 2005, *Safe Design - Info Data series*, viewed 31 May 2009,
www.davislangdon.com

- Multiple citations from one source can be listed under the organisation, to save undue duplication.

Australian Council on Healthcare Standards, viewed 2 April 2008,
www.achs.org.au

- 2001, *Fundamentals for Infection Control*, ACHS 14
- 1999, *Fundamentals for Operating Suites*, ACHS 720

Document from a Series

- Series number G15 is treated as a description:

Australasian College of Emergency Medicine 1998, Guidelines on Emergency Design - G15, Australasian College of Emergency Medicine.

- Document numbers (and dates) are integral parts of the title and are often used on their own. This convention is useful in listing standards by number for easy retrieval. The publisher in this case can be omitted, but the edition (date) of the standard is included as content can vary significantly between editions.

Standards Australia 1997, AS/NZS 2982.1 - 1997: Laboratory design and construction - General requirements, SAI Global.

Standards Australia 2003, HB260 - 2003: Hospital acquired infection - Engineering down the risk, SAI Global.

Note: The AusHFG has condensed Standards Australia to Stds Aust due to the constant repetition of this author. This may be further reviewed in the future.

6.8 General

6.8.1 Shortened forms

The shortened form on the first use of a term can be dealt with either by placing the shortened form in parentheses after the full term e.g. Room Data Sheets (RDS), or when the shortened form is more familiar placing the full name in parentheses after the full name e.g. PVC (Polyvinyl chloride). After this first iteration the shortened form can be used on its own throughout the text.

Where there are a number of unfamiliar forms used throughout the document, provide a list of shortened forms at the back.

7.0 INDIVIDUAL GUIDELINE REVIEW PROCESS

7.1 Review Process

The review process for a scoping document, a background paper, an individual HPU or Section is thoroughly covered in the documents cited below. The information given in this Manual and the use of the Checklist provided in the Appendices forms part of that process.

Review of all AusHFG components is coordinated by CHAA and disseminated via the AHIA jurisdiction representatives in accordance with locally defined review processes. Commentary is sought and coordinated at jurisdiction level for compilation, endorsement and forwarding to CHAA. Important points to note:

- Review commentary must be received on the relevant review template available from the AusHFG website. In particular, phone calls, emailed notes, tracked commentary on word documents, etc are not able to be processed by the guidelines development team and will not be actioned.
- All commentary is collated and actions taken in regard to all commentary received is recorded and then reviewed at the time of approval of the final publication documents.

For further information regarding jurisdictional review processes, contact your AHIA jurisdictional representative - information regarding these contacts are available from the AusHFG website.

For general enquiries regarding review processes or to make commentary directly to CHAA regarding general issues e.g. website functionality, please contact CHAA directly.

7.2 Reference Documents

7.2.1 Documents Available Online

The AusHFG website www.healthfacilityguidelines.com.au provides a link to the various documents covering the review process, these are listed by jurisdiction. Other documents covering the review process for Standard Components and the review cycle are also listed. These documents are listed under AusHFG Reference Documents (see Appendix 2).

7.2.2 Other Documents

The review process is also covered in detail in the following documents (see Appendix 2 - AusHFG Reference Documents):

- Australasian HFG - Governance Structure and Review Process, Diagram 2 and under the table Tasks and Responsibilities
- Australasian HFG Development and Review Process 2009 - Resource Allocation for development of 1 HPU
- Australasian HFG - Standard Components Revision Process
- HFG Comment Form

7.3 Part B: Health Facility Briefing and Planning - Individual HPUs

A detailed guide to development or revision of these guidelines are covered by the following documents (see Appendix 2 - AusHFG Reference Documents):

- Health Planning Unit (HPU) Guideline Development - General Information
- AusHFG Part B - Health Facility Briefing and Planning (HPU Guideline Template).

7.4 Guideline Help

CHAA provides information and assistance to authors working on the AusHFG for the first time through the information set out in this Manual. Assistance is also given to users with general queries relating to the AusHFG, in particular, where to find various pieces of information, forthcoming program of work and reviews, development processes, etc.

CHAA is unable to answer project-specific enquiries or to provide interpretation of the AusHFG for specific project issues. Enquiries such as these will be referred back to the AHIA jurisdiction for the specific project.

For all other enquiries, please email CHAA on CHAA.Admin@unsw.edu.au or call (02) 9385 5619. Please note all enquiries are logged and responses noted.

7.5 AusHFG Website

7.5.1 AusHFG website

The AusHFG website www.healthfacilityguidelines.com.au provides a portal for accessing the AusHFG and a range of related information and links. The website also contains the following general topics and links:

- Process for Guidelines Development - links to CHAA webpages for Report and References
- Link to Project News (same as main menu link)
- What's New - expands on the list given within project news, with links
- Key Milestones - edited Schedule list
- History of Revision

7.5.2 AusHFG Information

The website Main Menu list links directly to these primary AusHFG webpages:

- Guidelines - all guideline components in PDF format
- Reference Documents - associated documents in PDF format, by jurisdiction
- HFG Variations - Variation Process and Variation Form documents, by jurisdiction
- Review Process Schedule - Review Process documents or links, by jurisdiction
- Schedule - Guideline release milestones and dates
- Project News - reports new guidelines and those under development.

7.5.3 Development and Review Process

Documents on the Review Process Schedule webpage cover (by jurisdiction) the Development and Review Process for Guidelines and Standard Components, including flowcharts for the process. The Guidelines Review Cycle is presented in table format.

Note: The Development and Review Process is covered in detail by the documents cited in Section 2 of this document.

The development and revision of the AusHFG website is covered in AusHFG Project, AusHFG Website Adoption and Revision Issues: Proposed Methodology (see Appendix 2 - AusHFG Reference Documents):

7.5.4 General

Material gathered during the literature review and research is assessed and collated into regularly issued reports on emerging trends that affect health facility design. Useful lists of references are compiled that impact on guideline development and on health facility design, with this material made available via the CHAA website.

Screenshots of typical webpages on the AusHFG website are shown below.

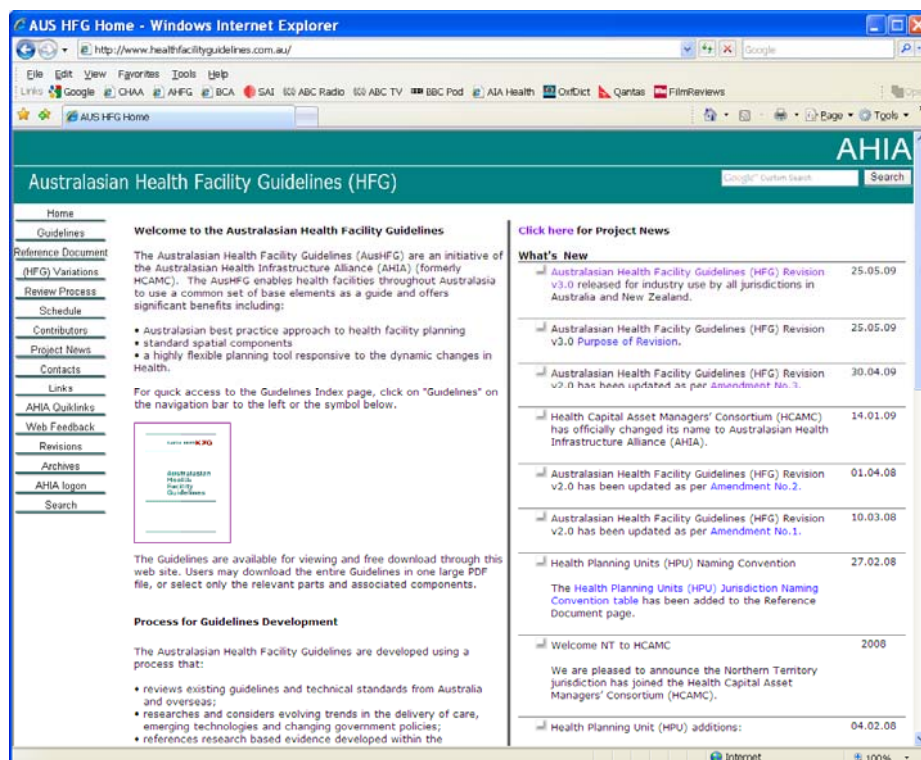


Figure 3: AusHFG Home Webpage

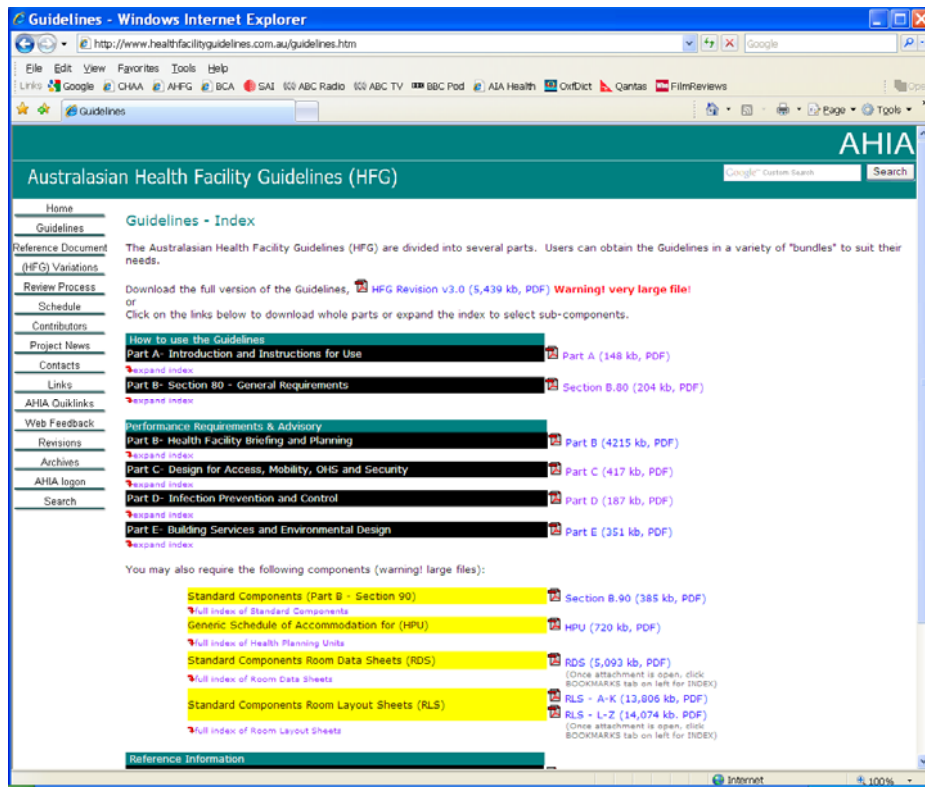


Figure 4: AusHFG Guidelines Index

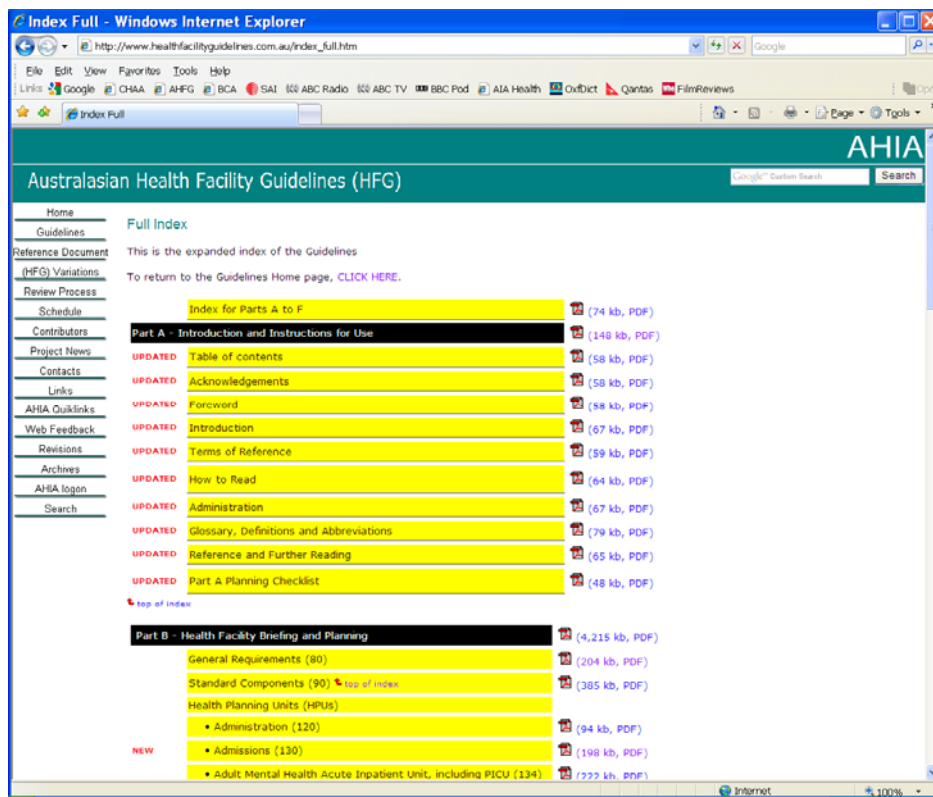


Figure 5: AusHFG Guidelines Index Expanded

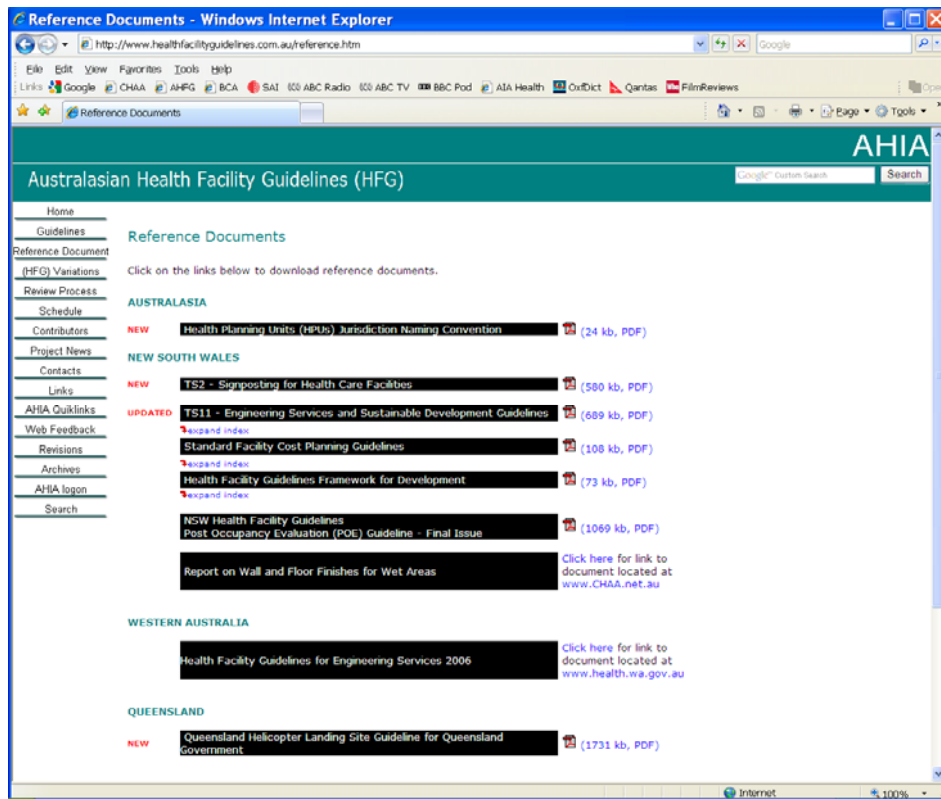


Figure 6: Reference Documents

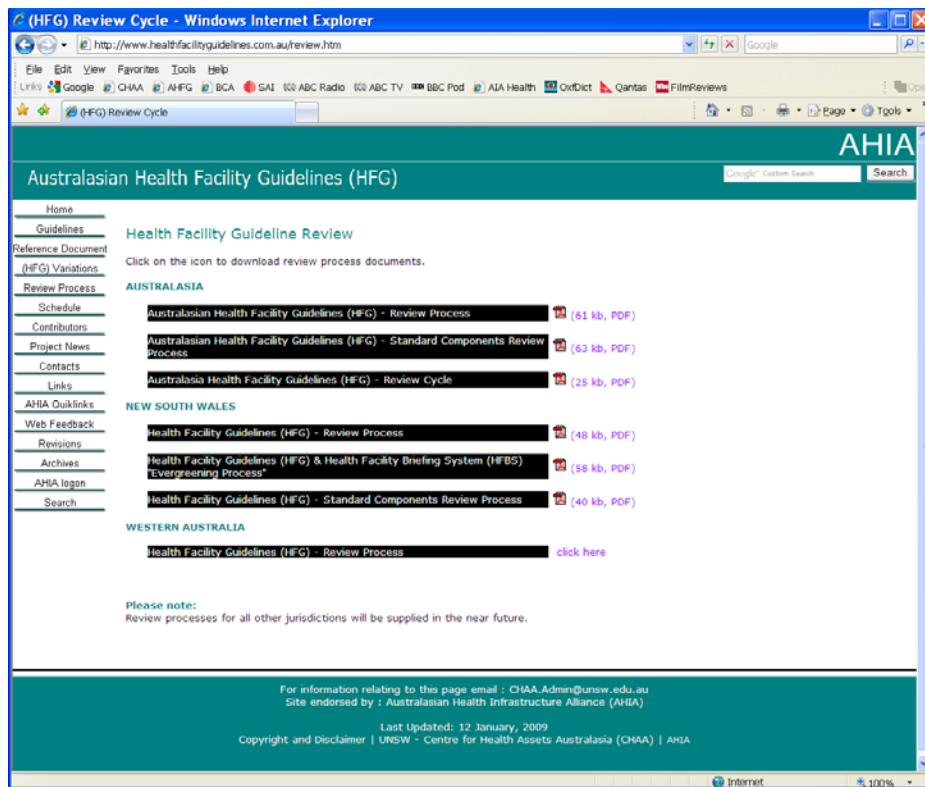


Figure 7: AusHFG Review Documents



Figure 8: CHAA Website - Links and References

7.6 AusHFG Database

The material making up the AusHFG is held in a MS Access database and any work to the database or its contents is subject to strict procedural guidelines e.g. Amendment to HPU - Example (see Appendix 2 - AusHFG Reference Documents).

The Guideline information available on the website is the product of output from the database. However, this material is not linked to the database and is presented as individual PDF documents identified by a version number and the date of issue.

APPENDICES

Appendix 1

Abbreviations

AHIA	Australasian Health Infrastructure Alliance (previously HCAMC)
AusHFG	Australasian Health Facility Guidelines
ACEM	Australasian College of Emergency Medicine
AGPS	Australian Government Publishing Service
CHAA	Centre for Health Assets Australasia
DGHDP	Design Guidelines for Hospitals and Day Procedure Centres (Victoria)
HCAMC	Health Capital Asset Managers' Consortium
HFBS	NSW Health Facility Briefing System (now AHIA)
HPU	Health Planning Unit
NSWHFG	NSW Health Facility Guidelines
PCWG	Project Coordination Working Group
RDS	Room Data Sheets
RLS	Room Layout Sheets
SC	Steering Committee

Glossary

Standard Components These comprise the RDS and RLS (see Abbreviations)

Appendix 2

AusHFG Reference Documents

To avoid confusion the abbreviation AusHFG has been substituted for the different versions of Australasian Health Facility Guidelines found in the various titles listed below. Documents are available online at AusHFG website:

www.healthfacilityguidelines.com.au/reference.htm

- AusHFG, AHIA Proposed Review Process 2009 - AusHFG Governance Structure and Review Process
- AusHFG Project - Development & Review Process (Flowchart)
- AusHFG Project - Development & Review Process 2009, Resource Allocation for development of one HPU
- AusHFG - Part B - Health Facility Briefing and Planning (HPU Guideline Template)
- Health Planning Unit (HPU) Guideline Development- General Information
- AusHFG - Comment Form
- AusHFG Project, Australasian HFG Development and Review Process
- AusHFG Project, AusHFG - Standard Components Revision Process
- Australasian HFG Review Cycle (Table)
- AusHFG Project , AusHFG Enquiry & Clarification, Communication Process
- AusHFG Enquiries Log
- AusHFG Terminology List
- AusHFG Project, AusHFG Website Adoption and Revision Issues: Proposed Methodology
- AusHFG Report Production Procedure, AusHFG - Access Data Entry Procedures
- AusHFG, Amendment to HPU - Example
- CHAA Reporting Relationships Diagram
- NSW Health HFG documents including HFBS Evergreening Process
- WA Australasian Health Facility Guidelines Review Process

References and Further Reading

AGPS 2002, Style Manual: For Authors, Editors and Printers, Department of Finance and Administration, Australian Government, Canberra

NSW Health 2007, Engineering Services and Sustainable Development Guidelines, Technical Series 11, www.healthfacilityguidelines.com.au

Department of Health 2006, Western Australia Health Facility Guidelines for Engineering Services, www.healthfacilityguidelines.com.au

Appendix 3

Guideline Proofreading Checklist

Check for the following common style issues before issuing drafts or publishing material.

Checked by:

Date checked:

	ITEM	AGPS Manual Reference	Checked
	<i>Chapter and page refs relate to AGPS Style Manual Sixth Edition</i>		
	Document		
	Title, Version/Draft references		
	Headers/footers		
	HFG Template structure and formatting		
	File formatting translation changes/errors e.g. MS Word file formats .docx to .doc or MS Word to PDF		
	Page numbers/contents list accuracy		
	Content		
	Introduction: Preamble and Introduction - correspondence to text		
	Reflects Scoping document and Background paper e.g. scope and completeness		
	Language	Chap 4	
	One subject-one clause (AusHFG principle)		
	Advisory and Proscriptive writing styles - avoid prescriptive		
	Content in other HFGs - avoid doubling up/repeating		
	Grammar	Chap 5	
	Spelling and word punctuation. <i>See also Macquarie Dictionary</i>	Chap 6	

	Spelling consistency – see agreed AusHFG terminology list for spellings agreed for commonly used terms		
	Sentence punctuation	Chap 7	
	Dashes (em and en rules)	pp.106-109	
	em rule (unspaced), when used as punctuation in sentence		
	2-em rule-reference lists, omitted text in list e.g. --2003		
	en rule e.g. HIV-positive (2001-2002)		
	spaced en rule e.g. Commonwealth - NSW		
	Forward slash - male/female check for incorrect use i.e. for to 2001-02	p. 109	
	Quotation single 'marks' for quoting	pp. 112-114	
	Parentheses to (clarify) or [add information]		
	Capital letters	Chap 8	
	Capital letter use - Names, terms	pp. 118-135	
	Non capitals - common nouns e.g. Braille		
	Textural contrast	Chap 9	
	Headings, sub headings, clause headings - check accuracy, required, or missing		
	Numbering, Contents list - check correspondence		
	Formatting style consistency e.g. line spacing		
	Bullet styles and indents		
	Dot point series	pp. 142-144	
	Note, Note series - style and indents		
	Technical terms - defining		
	Avoid italics - databases cannot reproduce		

	Writing and editing	Chap 10	
	Short forms	pp. 159-161	
	Numbers and measurement	Chap 11	
	Citations	Chap 12	
	Author/Date	pp. 188-208	
	In text citations	p. 189	
	Reference & Further reading list - incl all refs		
	Government publications	pp. 220-228	
	Electronic media references - date viewed	pp.230-232	
	Include/check cross references to other HFGs		
	Other components -	Chap 13	
	Appendices	pp. 242-244	
	Schedule of Accommodation		
	Diagrams - legible in published document		
	Checklists - Security checklist and other		
	Glossary	p. 243	
	List of shortened forms		
	Content		
	Introduction: Preamble and Introduction - correspondence to document content and purpose	p.241	
	Scoping document and Background paper - correspondence to contents and intent		

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