

## AUSTRALASIAN HEALTH FACILITY GUIDELINES

### HPU No. & Name

Endorsement Draft – issued 18 Dec 2009

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# WORKING DOCUMENT ONLY

## Part B – Health Facility Briefing and Planning

### HPU No. & Name UNIT (Template for Inpatient Units)

#### NOTES FOR REVIEWERS AND THOSE WRITING NEW HPUS

This HPU template documents standard clauses and paragraphs that appear in all Inpatient Unit HPUs. The standard text has by and large been taken from HPU 340 Inpatient Unit.

CHAA will use this template when writing the new HPUs.

Once this Standard HPU Template has been endorsed by all jurisdictions, CHAA will grey out the standard text passages in new HPUs, indicating that this text has already been endorsed and should not be changed.

When reviewing or using this template, please note the following:

1. The black text under the various sub-headings is “standard” text and, in general, applies to all HPUs. It is preferred that this text be modified only if essential to the logic of the document. Additional information may always be added under a different but consecutive number. There is no limit to the numbers that may be used under each main heading.
2. The blue text shown in boxes under the various sub-headings is “variable standard” text. The text may need to be slightly modified according to HPU specific requirements.
3. *Instructions / suggestions are in red italics.*
4. The sample template has been given the number **100** to clarify the numbering convention.

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## INTRODUCTION

### Preamble

Existing code & number if a revision	100.1.00	PURPOSE OF GUIDELINE
	Code inserted by CHAA	This Health Planning Unit (HPU) has been developed for use by project staff – architects, planners, engineers, project managers and other consultants, and for end users, to facilitate the process of planning and design.
	100.1.05	<i>It is a revision of the HPU originally developed for NSW Health and issued for Australasian use in 2006. Its development has been informed by an extensive consultation process.</i>

#### ALTERNATIVE TEXT:

It is intended to assist with the planning and design of a unit that will be fit for purpose in accordance with its designated service delineation / capability and defined catchment population.

It is a new HPU written for Australasian use in 2009. Its development has been informed by an extensive consultation process.

### Introduction

Existing code & number if a revision	100.2.00	GENERAL
		<i>This HPU outlines the specific requirements for the planning and design of a ..... Unit.</i>
	100.2.05	It should be read in conjunction with AusHFG generic requirements including Standard Components described in:  Part A - Introduction and Instructions for Use Part B - Section 80 - General Requirements & Section 90 - Standard Components, Room Data and Room Layout Sheets Part C - Design for Access, Mobility, OHS and Security Part D - Infection Prevention and Control and Part E - Building Services and Environmental Design

### Policy Framework

Standard text	100.3.00	GENERAL
		Policies for the provision of healthcare services are formulated in accordance with the following principles:  - appropriate service models that ensure a comprehensive service network

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- throughout state and regional health jurisdictions
- safe and effective care that minimises both staff and patient risks
  - deployment of resources in a fair and cost effective manner to optimise health outcomes
  - development and support for enhanced information systems to monitor, plan and evaluate healthcare services
  - provision of a safe and efficient environment which minimises risk to all users of the facility.

#### 100.3.05 DIVERSITY AND SPECIAL GROUPS

Policy frameworks recognise the diversity of our community and special groups within communities often require specific consideration to meet their needs and to enhance the effectiveness of any services provided.

These groups include:

- Aboriginal and Torres Strait Islanders in Australia, and Maori and Pacific Islanders in New Zealand
- people with physical and cognitive disabilities including obese (bariatric) patients
- people from cultural and linguistically diverse backgrounds
- people from rural and remote areas
- children and adolescents
- older persons and the frail aged.

100.3.10 Overarching policies include the Commonwealth Disability Discrimination Act 1992 (Commonwealth of Australia 1992).

SPECIFIC POLICIES (where relevant) e.g. Mental Health Acts

## Description of Unit

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Existing code & number if a revision	100.4.00	DESCRIPTION OF HEALTH PLANNING UNIT (HPU)
		UNIT DESIGN
		PATIENT CHARACTERISTICS

*ADDITIONAL SECTIONS AS REQUIRED*

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## PLANNING

### Operational Models

Existing code & number if a revision	100.5.00	HOURS OF OPERATION
	100.5.05	MODELS OF CARE

### Operational Policies

Existing code & number if a revision	100.6.00	GENERAL
		<p>The development of operational policies is integral to defining how the unit will operate within a healthcare facility or health service, as well as in relation to adjoining health services from where patients may be referred. They impact on the capital and recurrent costs of a facility and will vary from unit to unit depending on a wide range of factors such as the clinical characteristics of the patients and the defined role of the unit. The cost implications of proposed policies should be fully evaluated to ensure the most cost-effective and efficient design solutions are developed in providing therapeutic and high quality physical environments.</p> <p>Operational policies should be developed for every unit as part of the project planning process. Refer to Part B Section 80 for further information.</p> <p>The following are particularly relevant to this unit</p> <p><b>OTHER POLICIES SPECIFIC TO UNIT</b></p>
	100.6...	STAFFING
		<p>Staffing levels will vary for each unit, depending on the size of the unit, the operational policies, availability of staff and differing skill mix, levels of supervision required, clinical case mix, and dependency and unit activity levels.</p> <p>The unit should provide sufficient functional area to support the number of staff in the safe and efficient delivery of care.</p> <p>The environment should be secure and facilitate effective emergency responses to acute situations on each shift. Designing the unit on this basis will support efficient unit operation without imposing additional costs whilst enabling compliance with security and OHS requirements.</p>
	100.6.15	STAFF ESTABLISHMENT

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## Planning Models

100.7.00	GENERAL PRINCIPLES	
		The operational model chosen for the HPU will greatly influence the planning model adopted.
100.7.10	LOCATION	
		The shape of the building and the location of the HPU within the building will affect the planning of the unit. However there are a number of other issues/ planning parameters that will need to be evaluated prior to commencing the internal planning of the Unit as described in the following sections.
100.7.15	TRAFFIC FLOWS	
		NSW change to 340 Inpatient Unit 2/12/09 Consider the requirements associated with moving patients between units to minimize transportation distances and to avoid movement through high traffic public areas.
100.7.20	CONFIGURATION / LAYOUT	
100.7.25	BUILDING DESIGN	

## Functional Areas

100.8.00	FUNCTIONAL ZONES	
		<i>List and then address in more detail in following sub-headings. The following is an example only.</i>
		<i>entry, reception, waiting</i>
		<i>inpatient areas</i>
		<i>visitor amenities</i>
		<i>clinical support areas</i>
		<i>storage</i>
		<i>staff offices and amenities</i>
		<i>shared areas, education and staff development</i>
		<i>research</i>

## Functional Relationships

Existing code & number if a revision	100.9.00	EXTERNAL
		INTERNAL

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Planning of the HP Unit is complex and requires the correct relationships to be achieved between the functional zones listed previously.

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## DESIGN

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### Access

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100.10.00	EXTERNAL
100.10.10	INTERNAL

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### Parking Requirements

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Existing code & number if a revision	100.11.00	<i>Address any specific parking requirements for deliveries, disabled access and drop-off etc.</i>  For staff parking, refer to Part C, Clause 790 of these Guidelines for further information.
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### Disaster Planning

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Existing code & number if a revision	100.12.00	<p>Each unit will have operational plans and policies detailing the response to a range of internal and external emergency situations.</p> <p>Consider issues such as the placement of emergency alarms, the need for emergency or uninterrupted power supply (UPS) to essential clinical equipment, electronic sensor taps, services such as emergency lighting, telephones, duress alarm systems and computers and the emergency evacuation of patients, many of whom will require assistance.</p> <p>A number of items (e.g. duress alarms, central computer) require connection to an uninterrupted power supply and a generator to provide continuous power between the time of power failure and the time it takes the generator to kick in - otherwise systems have to be re-set and/or don't function during a power failure - the importance of a UPS may not be appreciated during procurement/construction.</p> <p>Refer to Part B Clause 80 and Part C for further information.</p>
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### Infection Control

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Existing code & number if a revision	100.13.00	<p>GENERAL</p> <p>The following aspects contribute to the effective infection prevention and control, and are relevant within the context of this HPU:</p> <ul style="list-style-type: none"><li>- hand hygiene facilities</li><li>- provision for the isolation of infectious patients</li><li>- linen handling</li><li>- separation of clean and dirty work flows</li><li>- storage</li></ul>
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- waste management
- surface finishes

Refer to Part D for and to individual jurisdiction policies and guidelines.

100.13.05 **ANY OTHER SPECIFIC REQUIREMENTS**

E.g. Isolation rooms

## Environmental Considerations

100.14.00 ENVIRONMENTALLY SUSTAINABLE DESIGN

Sustainability applies to many areas such as:

- air handling and ventilation
- thermal integrity (insulation, etc)
- water management
- choice of sustainable products e.g. low VOC floor finishes
- support of operational recycling policies.

Many of these issues will be addressed at overall facility level but may have greater or lesser implications for this HPU.

100.14.05 ACOUSTICS (Patient-occupied areas only)

Mainly  
inpatient  
areas.

Noise is a constant source of complaint from patients and may compromise patient comfort and recovery. In particular, noise at night may have a negative impact on the ability of patients to sleep.

Confidentiality of patient information should also be protected.

Noise sources may arise both within and from outside the unit and include:

- sanitary facilities
- equipment
- other patients
- staff activities e.g. conversations, **talking on phone**, rounds, meetings, cleaning
- areas of public movement, lift lobbies, etc
- traffic through the unit including visitors, food, linen and other trolleys, or movement of patients into or out of the unit
- **helipad/helicopter noise.**

NSW  
change to  
Inpatient  
Unit HPU

Solutions to be considered include:

- location of the unit
- use of sound absorbing materials and finishes
- sound isolating construction
- separation of quiet areas from noisy areas
- changed operational management.

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Refer to Part C for further information.

#### 100.14.10 NATURAL LIGHT

Natural light contributes to a sense of wellbeing for all building occupants including patients, staff and other users. A limited number of research studies suggest a link between greater levels of natural light and improved clinical outcomes.

Higher levels of natural light may help people better orient themselves in the building thus enhancing wayfinding. However glare should be minimised.

Greater use of natural light may also reduce energy usage in terms of reducing the need for artificial lighting.

For these reasons, the use of natural light should be maximised throughout the unit.

Natural light is required to all bedrooms in accordance with the BCA (ABCB 1990).

#### 100.14.00 PRIVACY

A major conflict in the design of inpatient accommodation often arises due to the need to ensure that patients and staff can see each other, while also ensuring patient privacy.

Bedrooms and other areas occupied by patients should be designed and configured to give staff the greatest ability to observe patients, particularly unstable or vulnerable patients. Different styles of unit design offer varying degrees of visibility / observation.

#### 100.14.00 INTERIOR DECOR

Interior decor includes furnishings, style, colour, textures, ambience, perception and taste that can help ameliorate an institutional atmosphere. However, cleaning, infection control, fire safety and patient care requirements and the patients' perceptions of a professional environment should always be considered.

Some colours, particularly the bold primaries and green should be avoided in areas where clinical observation occurs such as bedrooms and treatment areas. Such colours may prevent the accurate assessment of skin tones e.g. yellow / jaundice, blue / cyanosis, red / flushing.

#### 100.14.00 SIGNAGE AND WAYFINDING

The orientation of people to and within healthcare facilities, and even safety and security issues are greatly assisted or hampered by the quality and location of signage which may be directional, used as a means of

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identification and/or statutory

All signage and wayfinding should be easily understood by staff and the general public whether patients or visitors. Where necessary and appropriate, languages other than English and / or consistent use of pictograms/symbols should also be used.

*Signage should comply with guidelines to promote access for people with disabilities.*

Any signposting, or other initiatives put in place, should be considered from the perspective of out-of-hours use. Certain access points may be locked out of office hours or after visiting hours. Directions indicated through signposting should, therefore, be evaluated in this context.

Refer to Part C Section 750 – Signage and *TS- 2 - Wayfinding for Health Facilities* (NSW Health 2009)

- 100.14.00 Consideration needs to be given to the system used in the numbering of patient rooms. These rooms should be given non-permanent functional names for future flexibility.

## Space Standards and Components

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Existing code & number if a revision	100.15.00	<b>HUMAN ENGINEERING</b>  Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities.  Refer to Part C Section 790 – Safety and Security
	100.15.05	<b>ERGONOMICS</b>  Design and build the unit to ensure that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.  Refer to Part C Section 730 for details.  <b>ACCESS AND MOBILITY</b>  Where relevant, comply with AS 1428 – Design for Access and Mobility (Stds Aust 2003). This would apply to bathrooms, public toilets and ensuites designed for independent wheelchair users including staff.  Refer to Part C Section 730 for further details.  <b>BUILDING ELEMENTS</b>  Building elements include walls, floors, ceilings, doors, windows and corridors. Refer to Part C Section 710 for further details.

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#### DOORS AND DOORWAYS

Ensure doorways are sufficiently wide and high to permit the manoeuvring of beds, wheelchairs, trolleys and equipment without risk of damage or manual handling injury, particularly in rooms designed for bariatric patients.

## Safety and Security

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#### 100.16.00 SAFETY

Design and construction of the facility and selection of furniture, fittings and equipment should ensure that users are not exposed to avoidable risks of injury.

100.16.05 Facility planners and designers should enhance safety by means of the design, the methods of construction and the materials chosen, including the selection of fittings, fixtures and equipment.

#### 100.16.10 SECURITY

Facility planners and designers should enhance security by incorporating the principles of territorial reinforcement, surveillance, space management and access control into design decisions.

#### 100.16.10 RISK / HAZARD MANAGEMENT

Added by  
NSW to  
Inpatient  
Unit HPU  
30/11/09

The physical environment has a significant impact on the health and safety of end users. A risk management approach ensures risks are managed systematically utilising a process that supports the anticipation, identification and avoidance of risks that may have an impact on users and services. Broad consultation with all stakeholders and other identified processes may be utilised to identify risks according to the availability of expertise to ensure security, health and safety risks are proactively managed. Individual jurisdictions should refer to their local legislation for further requirements for plant and buildings.

100.16.15 Occupational Health & Safety (OHS) legislation requires designers to identify, assess and control risks in order to provide an optimal ergonomic design and to do this in consultation with stakeholders.

Safety considerations need to address the health and safety of end users, including staff, maintenance personnel, patients and visitors.

By adopting a risk management approach, many safety and security related hazards can be eliminated or minimised at the planning stage before work even begins, reducing the likelihood of adverse incidents occurring.

100.16.20 Refer to:

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- AS/NZS 4360:2004 Risk Management (Stds Aust 2004)
- Part C Section 790 – Safety and Security Precautions
- Individual jurisdiction policies and OHS legislation
- NSW Health TS-11 Engineering Services & Sustainable Development Guidelines, New South Wales Department of Health, Sydney (NSW Health 2007b)
- NSW Health TS-7 Floor Coverings in Healthcare Buildings, V1.1, NSW Health Department, North Sydney (NSW Health & CHAA UNSW 2009)

## Finishes

Existing code & number if a revision	100.17.00	GENERAL	<p>Finishes in this context refer to walls, floors, windows and ceilings.</p> <p>Refer to Part C Section 710 – Space Standards and Dimensions.</p>
	100.17.05	WALL FINISHES	<p>Adequate wall protection should be provided to areas that will regularly be subjected to damage. Particular attention should be given to areas where bed or trolley movement occurs such as corridors, bed head walls, treatment areas, equipment and linen trolley bays.</p>
	100.17.10	FLOOR FINISHES	<p>Floor finishes should be appropriate to the function of the space.</p> <p>Consider acoustic performance, slip resistance, consequences of patient falls, infection control, movement of beds and trolleys, maintenance and cleaning protocols.</p> <p>Selection of floor finishes should take into account manual handling issues including the impact of the flooring on push/pull forces for wheeled equipment and be adequate to avoid the potential for slips and trips caused by joints between flooring.</p> <p>Refer to Part C Section 710 Space Standards and Dimension and to TS-7 Floor Coverings in Healthcare Buildings (NSW Health &amp; CHAA, UNSW 2009).</p>
	100.17.15	CEILING FINISHES	<p>Ceiling finishes should be selected with regard to appearance, cleaning, infection control, acoustics and access to services.</p> <p>Refer to Part C Section 710 for further details.</p>

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## Fixtures and Fittings

Existing code & number if a revision	100.18.00	<p><b>DEFINITIONS</b></p> <p>The Room Data and Room Layout Sheets in the Australasian Health Facility Guidelines define Fixtures and Fittings as follow.</p> <p>Fixtures: Items that require service connection (e.g. electrical, hydraulic, mechanical) that include, but are not limited to handbasins, light fittings, medical service panels etc but exclude fixed items of serviced equipment.</p> <p>Fittings: Items attached to walls, floors or ceilings that do not require service connections such as curtain and IV tracks, hooks, mirrors, blinds, joinery, pin boards etc.</p> <p>Refer to Part C Section 710 and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.</p> <p>Also refer to Part F, Section 680.</p> <p><i>SPECIFIC ITEMS MAY BE ADDRESSED</i></p>
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## Building Services Requirements

Existing code & number if a revision	100.19.00	<p><b>GENERAL</b></p> <p>In addition to topics addressed below, refer to:</p> <p>Part E – Building Services and Environmental Design; TS11 – Engineering Services and Sustainable Development Guidelines (NSW Health 2007); Western Australian Health Facility Guidelines for Engineering Services (WA Health 2006).</p>
	100.19.10	<p><b>AIR HANDLING SYSTEMS</b></p> <p>Provision of natural ventilation to patient care areas should be approached with caution. The management of airflows and the creation of a stable environment are essential to the control of the spread of infection so; generally air conditioning should be provided. Refer Part D and HB260 – Engineering down the risk (Stds Aust 2003c).</p>
	100.19.15	<p><b>ELECTRICAL SERVICES</b></p> <p>It is essential that services such as emergency lighting, telephones, duress alarm systems (including the central computer) and electronic locks are connected to the emergency power supply.</p>

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#### 100.19.20 INFORMATION TECHNOLOGY & COMMUNICATIONS

Address the following Information Technology / Communications issues and the associated infrastructure requirements to ensure long term flexibility:

- wireless technology
- radiofrequency identification (RFID) for access control, locks etc
- duress alarm systems
- voice / data (telephone and computers)
- videoconferencing capacity / telemedicine
- electronic medical records
- Clinical Point of Care;
- Picture Archiving Communication System (PACS)
- Patient Administration Systems (PAS)
- Radiology Information Systems (RIS)
- paging and personal telephones replacing some aspects of call systems
- patient multimedia devices including bedside monitors that function as
- televisions, computer screens for internet access, etc
- bar coding for supplies and x-rays / records
- patient information screen integrated with menu ordering, nurse call and
- other modalities
- server and communications rooms
- E-learning & simulation
- E-medication management and e-storage systems e.g. automated
- dispensing systems

#### 100.19.25 NURSE/STAFF CALL SYSTEM

Healthcare facilities should provide a call system that allows patients and staff to alert other staff in a discreet manner at all times. These systems should be compatible throughout the facility.

Call systems should be designed and installed to comply with AS 3811 – Hard wired Patient Alarm Systems (Stds Aust 1998a).

The call system should:

- allow change of the call notification between end users and the system
- operate within acceptable noise levels
- provide sufficient capacity in terms of the anticipated level of use.

#### 100.19.30 DURESS ALARMS

Duress alarms – personal or fixed - should be provided in accordance

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- with jurisdiction health policies.
- Refer to Part C for further information.
- 100.19.35 HYDRAULIC SERVICES
- Warm water systems will be required.
- 100.19.40 MEDICAL GASES
- Each bed will require oxygen, suction and medical air.
- Consideration may be given to recessed or covered service panels enclosing oxygen, suction, and air outlets to minimise the risk of injury to or damage by patients with dementia.
- Refer to Standard Components for patient bedrooms.

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## COMPONENTS OF THE UNIT

### Standard Components

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Existing 100.20.00 Standard Components (SC) refer to rooms/spaces for which room data code & number if a revision sheets, room layout sheets (drawings) and textual descriptions have been developed and are available on the AusHFG website. Their availability in is indicated by Y in the SC column of the Schedule of Accommodation.

Standard components are provided to assist with the development of a project. Their use is not mandatory and if used they can be edited to be project specific.

Refer to Part B, Section 90 for the text and to separately itemised Room Data and Room Layout Sheets, [www.healthfacilityguidelines.com.au](http://www.healthfacilityguidelines.com.au).

### Non-Standard Components

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100.21.00 Non-Standard Components are unit-specific and are described below.

LIST here – *OR*.

There are no non-standard components in this unit.

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## APPENDICES

### Schedule of Accommodation

170.22.00 The Schedule of Accommodation lists generic spaces for this HPU. Quantities and sizes of spaces will need to be determined in response to the service needs of each unit on a case by case basis.

SC = Standard Component (drawings and data sheets)

Y = Standard Component available on the AusHFG website.

170.22.05 **Space 1**

Room / Space	SC	Qty x m <sup>2</sup>	Remarks Y = available O = optional

170.22.10 **Space 2**

Room / Space	SC	Qty x m <sup>2</sup>	Remarks Y = available O = optional

170.22.15 **Space 3**

Room / Space	SC	Qty x m <sup>2</sup>	Remarks Y = available O = optional

### Functional Relationships

100.23.00 The following diagram sets out the functional relationships between zones in a XXX Unit.

### Checklists

100.24.00 Refer to the Planning Checklists at the ends of Parts A, B, C and D.

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## References and Further Reading

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100.25.00	SERVICE PLANNING
100.25.05	DESIGN AND TECHNICAL GUIDELINES
100.25.10	DISABILITY
100.25.15	INFECTION CONTROL
100.25.20	OFFICE POLICIES
100.25.25	POLICIES AND GUIDELINES
100.25.30	RELEVANT STANDARDS AND LEGISLATION
100.25.35	SAFETY AND SECURITY
100.25.40	SUSTAINABLE DEVELOPMENT
100.25.45	WASTE MANAGEMENT
100.25.50	WORKPLACE HEALTH AND SAFETY

References (Generated by endnote)

*This section will vary from Unit to Unit.*

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