



DOH Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design
10 – Administration Unit



Executive Summary

The Administration Unit provides an area of offices, workspaces and associated facilities for supporting the management of the facility and may include both clinical and non-clinical support staff to oversee the management of a hospital or unit. This may include administrative tasks, interviews and meetings by a range of executive, medical, nursing and support personnel.

Depending on the size of the facility, Administration Unit may be provided as a single unit or as separate functional units grouped according to services in multiple locations. The Administration Unit may be located in an area easily accessed by staff in the organisation and visitors. These planning principles are indicated in the Functional Relationship Diagram.

Design Considerations address a range of important issues including security, ergonomics, finishes and building services requirements.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical units in various sizes at Role Delineation Levels (RDL) 1 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.

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1. Administration Unit

1.1 Introduction

The Administration Unit provides an area of offices, workspaces and associated facilities for supporting the management of the facility and may include both clinical and non-clinical support staff to oversee the management of a hospital or unit. This may include administrative tasks, interviews and meetings by a range of executive, medical, nursing and support personnel.

The level and range of facilities provided for general office and executive administration functions will vary depending on the size and level of the service being delivered in the proposed health facility and as described in the endorsed Service Plan.

1.2 Functional & Planning Considerations

1.2.1 Operational Models

Depending on the size of the facility, Administration Unit may be provided as a single unit for small facilities, or as separate functional units grouped according to services (medical, nursing, finance, education, etc.) in multiple locations for larger facilities. The operational model will be determined by the size, Operational Policies and the Service Plan of the facility.

1.3 Unit Planning Models

The Administration Unit may be located in an area easily accessed by staff in the organisation and visitors. It is recommended that a separate secure entry be provided for staff.

The Administration Unit may be provided as:

- A Unit located in a non-clinical zone of a health facility
- A unit within a separate building on the campus.

1.3.1 Functional Zones

The Administration Unit functional areas include:

- Entry Area:
 - Reception
 - Waiting areas with amenities for visitors
- Administration Areas; Office/s and workstations for the following functions:
 - General Administration including:
 - Executive Suite (CEO, Divisional Directors and secretarial support)
 - Public Relations
 - Legal Services
 - Ancillary support staff which may include Occupational Health and Safety, Infection Control, Quality Assurance, Disaster Coordinator, Complaints Management/ Patient Advocate, PABX/ operator/s/ telecommunications
 - Nursing Administration
 - Finance and Accounts
 - Human Resources that may include Payroll
 - Information Technology and Communications

- Clinical and Medical Services Unit
- General Support Areas:
 - Beverage Bay for staff access
 - Cleaner's room
 - Disposal room
 - Mail Room
 - Pantry
 - Stores for files, stationery
- Staff Areas
 - Meeting Room/s; may be designated as a disaster coordination room or Board Room
 - Staff Room may be shared
 - Staff Toilets, may be shared

For facilities where space is not sufficient to include all functions required, some of the above components may be provided as separate units.

Entry Area:

Reception and Waiting

The Reception is the first point of contact with the Administration Unit for visitors and may act as an access control point to restrict access and direct visitors to the area required. Waiting areas should be located nearby and be suitable for a range of occupants including those in wheelchairs. Smaller Waiting areas may be provided close to offices as required.

Administration Areas

Administration areas may be provided as offices and workstations within in one unit to promote collaboration between divisions. The number of offices provided will be according to the endorsed full-time positions required for the Administration Unit, dependent on the size of the facility and the Operational Policies.

Consideration should be given to provision of the following:

- Separate offices, shared offices and workstations where possible for executive, finance and clinical staff that are required to be situated in the Administration Unit according to the facility's Service Plan
- Specialised administration functions such as Quality Management, Public Relations, etc. as required according to the Service Plan
- Offices for roster management, staff allocation and bed allocation staff.

Support Areas

Support areas for the Administration Unit, including stores for files and stationery, should be located convenient to staff requiring frequent access. Secured storage should be provided for confidential records including administration, finance and human resources records.

Meeting rooms with tele-conference or video-conference facilities provide for meeting flexibility with remote staff. A large Meeting Room may be used for disaster management and Board meetings.

If multipurpose meeting rooms are provided, they may be located to enable sharing by several services or Units. Meeting Room/s should have access to a pantry for food and beverages as necessary

Staff Areas

Staff Room/s and dining areas should include a beverage bay or access to a pantry for use during meal breaks.

Staff Room/s and toilets may be shared with adjacent units where possible.

1.4 Functional Relationships

1.4.1 External Relationships

The Administration Unit should be located to provide ease of access to visitors arriving from the Main Entrance of the facility. A ground level location is not required. The Administration Unit should be well sign posted and easily identifiable by staff and visitors.

The following represents preferred external functional relationships:

- Visitors access from a main circulation corridor from the Main Entrance
- Separate entry and access for staff
- Service corridor access for service units such as Supply and Housekeeping.

1.4.2 Internal Relationships

The Executive Suite, Nursing Administration and the Finance Unit should ideally be located together in one zone to enhance staff communication and collaboration

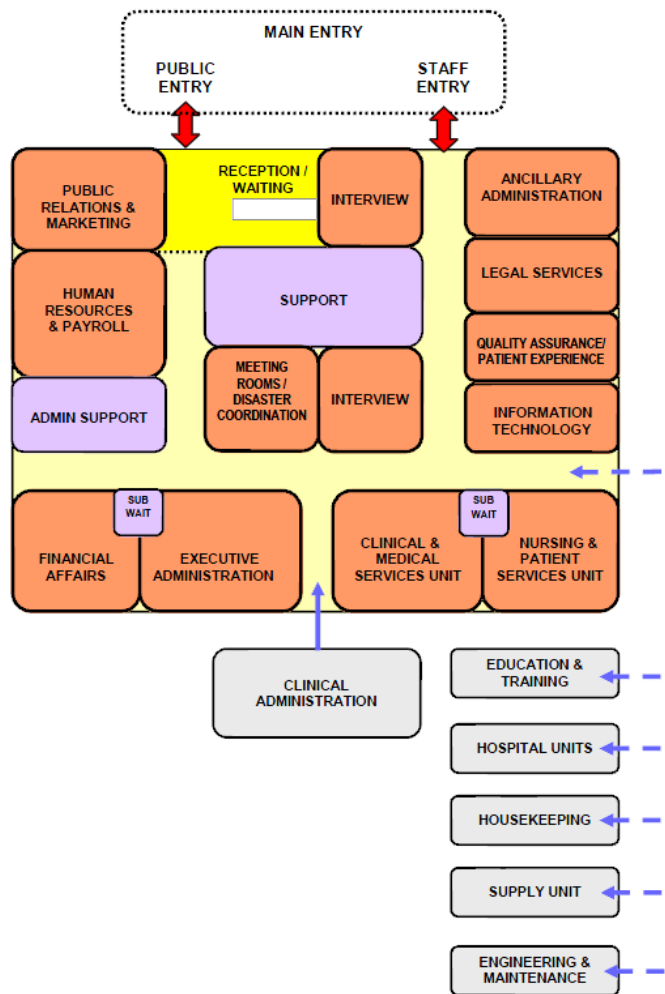
The optimum internal relationships include the following:

- Reception at the entrance that may act as an access control point and an interview area in close proximity
- Access to administrative subunits such as Public Relations, Human Resources, Finance, and Clinical Administration etc. via internal circulation corridors
- Administration subunits that are more frequently visited, such as Public Relations and Human Resources are located closer to the Entry and Reception
- Support areas located centrally for ease of staff access
- Interview rooms located close to subunits requiring frequent access.

1.4.3 Functional Relationship Diagram

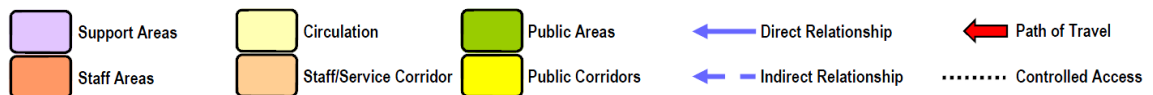
The Functional Relationship Diagram below applies to a typical Administration unit, centrally located in a non-clinical zone within a health facility and including with subunits located together.

The key functional relationships are demonstrated in the diagram



below.

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1.5 Design Considerations

1.5.1 Environmental Considerations

Acoustics

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

Acoustic consideration should be given to the following during the design process:

- Acoustic separation of Meeting and Interview rooms to reduce the noise between rooms, particularly if used for tele-conferencing, video-conferencing and large meetings
- Acoustic separation should be provided between Offices, Meeting Rooms, Interview Rooms and adjacent corridors to reduce transfer of noise between rooms, particularly private conversations which should not be audible outside the room

- Location of waiting areas away from Offices, Meeting and Interview rooms
- Location of staff rooms away from public areas, Offices and Meeting rooms

Refer to **Part G – Acoustics** of these Guidelines for more information.

Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of staff; as such, offices should have access to windows.

Artificial lighting should be arranged to avoid glare on computer screens.

1.5.2 Accessibility

Reception, Offices, Meeting Rooms and Waiting Areas should be designed to provide access for people in wheelchairs. Refer to **Part C in these Guidelines - Access, Mobility, OH&S** for further information and local Accessibility Guidelines.

1.5.3 Ergonomics/ OH&S

The design process and selection of furniture, fittings, fixtures and equipment must consider ergonomics and Occupational Health and Safety (OH&S) aspects to avoid injuries to staff and visitors. Particular attention should be made to design of workstations and storage areas. Adjustable height workstations may be considered. Shelving in storage areas should be placed at suitable reach heights.

Refer to **Part C in these Guidelines - Access, Mobility, OH&S** and local Occupational Health and Safety standards for further information.

1.5.4 Size of the Unit

The size of the Administration unit will be dependent on the size and level of service of the health facility, as determined by the facility's Service Plan and Operational Policies. Schedules of Accommodation have been provided for an Administration Unit in a typical hospital at ALL Role Delineation Levels.

1.5.5 Safety and Security

The Administration Unit should include the following security considerations:

- Entry to the Administration Unit, Reception and Waiting may require restricted access such as electronic card reader; with an intercom/ phone, CCTV and remote door release from Reception
- All Offices require lockable doors
- Rooms located on the perimeter of the Unit should be locked when they are not in use
- All Storerooms for files, records and equipment should be lockable
- After-hours access which may be required to some Offices and Meeting Rooms may also involve security personnel.

1.5.6 Finishes

The Administration Unit décor should be pleasant and professional in character. Finishes should be selected with consideration of the following:

- Acoustic properties of the materials; the use of carpet and acoustic panels will assist in absorption of sound

- Durability, replacement and cleaning of materials
- Fire safety of the materials
- Ease of cleaning and compliant with infection control standards.

Refer also to **Part C - Access, Mobility, OH&S** in these Guidelines for further information on internal finishes.

1.5.7 Fittings, Fixtures and Equipment

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

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

1.5.8 Building Service Requirements

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

Information and Communication Technology

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

- Clinical information systems, Management information systems and electronic records
- Voice/ data cabling and outlets for phones, fax and computers
- Network data requirements and wireless network requirements
- Video and teleconferencing capability, including connection to meeting rooms for educational purposes
- CCTV surveillance if indicated
- Communications rooms and server rooms.

Heating, Ventilation and Air conditioning

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

1.5.9 Infection Control

Infection Control measures applicable to the Administration Unit will involve prevention of cross infection between staff and visitors. Hand hygiene is an essential element and provision of medicated hand gel dispensers or hand wipes at the Reception and in circulation corridors is recommended.

Antiseptic Hand Rubs

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

The placement of antiseptic hand rubs should be consistent and reliable throughout facilities. Antiseptic hand rubs are to comply with **Part D - Infection Prevention and Control**, in these guidelines.

1.6 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 Administration Unit contains Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

1.7 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 various SOA's for role delineations from RDL 1 to 6 of varying sizes.

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

1.7.1 Administration Unit within a health facility

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2 Qty x m ²			RDL 3 Qty x m ²			RDL 4 Qty x m ²			RDL 5 Qty x m ²			RDL 6 Qty x m ²			Remarks
Entry Area																	
Reception/ Clerical	recl-10-d similar recl-15-d similar	1	x	9	1	x	9	1	x	10	1	x	12	1	x	12	1 - 2 staff. May be replaced by a workstation.
Waiting	wait-sub-d wait-10-d	2	x	5	2	x	5	2	x	10	2	x	10	2	x	10	Gender segregated; 1.2 m ² per person
Waiting - Sub	wait-sub-d							1	x	5	1	x	5	2	x	5	Optional, Areas for visitors to wait close to Offices.
Toilet - Accessible	wcac-d	1	x	6	1	x	6	1	x	6	1	x	6	1	x	6	If not available nearby. May require separate family/female facilities
Toilet – Public	wcpu-3-d	1	x	3	1	x	3	2	x	3	2	x	3	2	x	3	If not available nearby
General Administration																	
Office - CEO	off-ceo-d similar	1	x	18	1	x	18	1	x	18	1	x	18	1	x	18	
Ensuite - Toilet	wcst-d similar	1	x	6	1	x	6	1	x	6	1	x	6	1	x	6	Optional; Attached to CEO Office

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2 Qty x m ²			RDL 3 Qty x m ²			RDL 4 Qty x m ²			RDL 5 Qty x m ²			RDL 6 Qty x m ²			Remarks
Office – Directors (Divisional)	off-ceo-d				1	x	15	2	x	15	3	x	15	5	x	15	Nursing, Medical, Finance, HR, Operations, Disaster Coordinator
Ensuite – Toilet	wcst-d similar				1	x	5	2	x	5	3	x	5	5	x	5	Optional; attached to Directors Office
Office – Deputy Directors/Manager (Divisional)	off-s12-d				1	x	12	2		12	3	x	12	5	x	12	Nursing, Medical, Finance, HR, Operations
Office – Workstation (Secretarial)	off-ws-d	1	x	5.5	1	x	5.5	2	x	5.5	4	x	5.5	6	x	5.5	Executive support; Note 1
Office – Operator	off-2p-d							1	x	12	1	x	12	1	x	12	Telephone operator
Office – Single Person	off-s9-d										1	x	9	2	x	9	Public Relations, Legal Services, Complaints, Patient Advocate
Office – 2 Person Shared	off-2p-d							1	x	12	1	x	12	1	x	12	OH&S staff
Nursing Administration																Note 1	
Office – Supervisors (Nursing)	off-s9-d	1	x	9	1	x	9	1	x	9	2	x	9	4	x	9	
Office - Workstation (Nursing)	off-ws-d				1	x	5.5	1	x	5.5	2	x	5.5	4	x	5.5	Infection Control, QM, Education etc.
Finance & Accounts																Note 1	
Office – Managers (Finance)	off-s9-d	1	x	9	1	x	9	1	x	9	1	x	9	2	x	9	Finance and Accounts
Office - Workstation	off-ws-d							4	x	5.5	6	x	5.5	8	x	5.5	Accounts support
Human Resources																Note 1	
Office Managers (HR)	off-s9-d	1	x	9	1	x	9	1	x	9	2	x	9	2	x	9	
Office – 2 Person Shared	off-2p-d				1	x	12	1	x	12	2	x	12	2	x	12	HR clerical support
Office - Workstation	off-ws-d				1	x	5.5	1	x	5.5	2	x	5.5	2	x	5.5	HR administrative staff.
Interview Room (s)	off-s9-d				1	x	9	1	x	9	2	x	9	2	x	9	For interviews of 2-3 people
IT/ Communications																Note 1	
Office Managers (IT/Communications))	off-s9-d	1	x	9	1	x	9	1	x	9	2	x	9	2	x	9	
Office – 4 Person Shared	off-4p-d										1	x	20	1	x	20	IT support/Technical staff
Server Room	comm-12d similar	1	x	*	1	x	*	1	x	*	1	x	*	1	x	*	*Area as required, part of Engineering ; Size dependent on IT operational system.
Support Areas																	

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2 Qty x m ²			RDL 3 Qty x m ²			RDL 4 Qty x m ²			RDL 5 Qty x m ²			RDL 6 Qty x m ²			Remarks
Bay – Beverage, Open Plan	bbev-op-d	1	x	5	1	x	5	1	x	5	1	x	5	1	x	5	If no Staff Room
Cleaners Room	clrm-6-d	1	x	6	1	x	6	4	x	6	5	x	6	6	x	6	With storage of cleaning materials.
Disposal Room	disp-8-d similar	1	x	8	1	x	8	1	x	10	1	x	10	1	x	10	With locked confidential paper waste bins
Mail Room	secr-10-d similar										1	x	10	1	x	10	Lockable
Pantry	ptry-d										1	x	8	1	x	8	Optional for functions
Store - Files	stfs-10-d similar				1	x	8	1	x	10	1	x	20	1	x	20	Documents & minutes
Store - Files	stfs-10-d similar	1	x	8	1	x	8	1	x	10	1	x	10	1	x	10	Personnel files
Store - Photocopy/ Stationery	stps-8-d	1	x	8	1	x	8	1	x	8	1	x	8	1	x	8	Storage of paper and stationery supplies.
Staff Areas																	
Meeting Room - Large, 55 m2	meet-l-55-d										1	x	55	1	x	55	Up to 45 persons; disaster coordination
Meeting Room – Medium/Large 30 m2	meet-l-30-d							1	x	30				1	x	30	Up to 20 persons; may be Board Room
Meeting Room - Medium/ Large, 20 m2	meet-l-15-d similar	1	x	20							1	x	20	1	x	20	Up to 16 persons
Meeting Room - Small, 12 m2	meet-9-d similar				1	x	12	1	x	12	2	x	12	4	x	12	Interviews
Meeting Room - Small, 9 m2	meet-9-d	1	x	9	1	x	9	2	x	9	2	x	9	2	x	9	Interview/ small meeting functions
Staff Room	srm-15-d similar srm-25-d				1	x	15	1	x	20	1	x	20	1	x	25	Optional; includes Beverage Bay
Toilet - Staff (Male/ Female)	wcst-d	2	x	3	2	x	3	2	x	3	2	x	3	2	x	3	
Sub Total		163.5			242.5			413			648			851			
Circulation %		20			20			20			25			25			
Area Total		196.2			291			495.6			810			1063.7			

Please also 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 generic arrangement according to the RDL and size of the proposed facility
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines

- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations may be acceptable to reflect the needs of individual Unit
- Offices and workstation to be provided according to the number of approved full-time positions within the Unit requiring access to this space

1.8 Further Reading

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

- European Union Program for Employment and Social Solidarity PROGRESS (2007-2013) Occupational Health and Safety Risks in the Healthcare Sector - Guide to Prevention and Good Practice, Refer to: www.acoem.org%2FuploadedFiles%2FPublic_Affairs%2FPolicies_And_Position_Statements%2FGuidelines%2FGuidelines%2FMCOH%2520Guidance.pdf&usg=AFQjCNFIXIZ5ImE_aazYC-Mcj6p9lrCCNw
- Gov.UK: Department of Health, Building Notes, Designing health and community care buildings (HBN 00-01), refer to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316247/HBN_00-01-2.pdf
- Gov.UK Department of Health, Building Notes, Designing Generic Clinical and Support Spaces (HBN 00-03), Refer to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147845/HBN_00-03_Final.pdf
- Health and Building Executive, UK. The law on VDUs: An easy guide: Making sure your office complies with the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002), refer to: <http://www.hse.gov.uk>
- Health Building Note 00-01 Health Facilities Scotland, Core elements: General design guidance for healthcare buildings, refer to www.hfs.scot.nhs.uk%2Fpublications%2F1413797038-HBN_00-01%2520General%2520design%2520guidance%2520for%2520healthcare%2520buildings_cover.pdf&usg=AFQjCNEN2QU5lauE4vr7cdLU0wybA_HfPw International Health Facility Guideline (iHFG) www.healthdesign.com.au/ihfg
- Ministry of Health UAE, Unified Healthcare Professional Qualification Requirements, 2017, refer to website: <https://www.haad.ae/haad/tabid/927/Default.aspx>
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2018. Refer to website www.fgiguilines.org
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website www.fgiguilines.org
- U.S. Department of Veterans Affairs, Office of Construction & Facilities Management, Technical Information Library, Refer to: <http://www.cfm.va.gov/til/index.asp>