

13.0 Community Health Unit

13.1 Introduction

This Guideline is a resource to assist with the planning, design and construction of a Community Health Center (CHC). It must be read in conjunction with generic requirements and Standard Components, which are described in other parts of these Guidelines. Community Health Centers may also contain facilities that are more fully covered by other unit specific Guidelines e.g. Ambulatory Care and Rehabilitation.

13.1.1 Description

Community Health facilities can range from single rooms to multi-functional clinics and can either be integrated within a hospital facility or could be a stand-alone building. Specific requirements for the Facility are determined by the range of services to be provided.

13.1.2 Function

The primary role of a Community Health Center is to facilitate the delivery of health care services to clients, whilst also providing suitable facilities to meet the working needs of staff. Activities undertaken include counselling, therapy, health education, community support and group programs. Community Health Services are typically delivered in a community based rather than hospital based setting. A Community Health Center may be the physical base for a service rather than where the service is delivered or a combination of both. Some Community Health Services could also be provided in an Ambulatory Care facility. This will be dictated by the Services Plan for the facility.

13.1.3 Services Provided

Services that may be included in a Community Health Center include:

Primary Health Care

- Allied Health services including Physiotherapy; Occupational Therapy; Podiatry; Chiropractic; Social work; Speech Pathology; Psychology; Audiology; Health Education (e.g. Asthma, Diabetes); Multi-cultural health services; Primary medical services (GPs and nurse practitioners)
- Ambulatory Care and post-acute care services
- Antenatal/Postnatal clinics
- Aged Care services
- Chronic disease management services
- Continence services
- Counselling services (e.g. Bereavement, Adolescents, Problem Gambling, Generalist)
- Child assessment, early childhood services, youth and family health services
- Child Protection Services (including developmental issues, early intervention services and child protection counselling)
- Dietetics and Nutrition
- Dental services
- Family planning
- HIV/AIDS services
- Home nursing services and Outreach Medical Clinics
- Men's health services
- Palliative care and rehabilitation services
- Sexual health and sexual assault services
- Women's health services.

13.2 Planning

13.2.1 Operational Models

Hours of Operation

The Community Health Unit will generally operate up to 12-hours per day, five days per week with some specific services available 24-hours a day. There is an increasing trend towards 'extended hours' services. Outreach services (e.g. community nursing) may be provided over weekends and public holidays. Out of hours access may be required on a planned basis for community groups, voluntary organizations or other specific activities.

Flexibility

As the demand for services vary over time within a Community Health Unit, a flexible accommodation model is recommended. Opportunities for sharing resources and facilities within the unit should also be examined. e.g. Reception and Waiting Areas, Interview and Treatment Rooms. If shared spaces are maximized, it reduces the need for potentially under-utilized special purpose rooms. Similarly, Operational policies should also consider sharing equipment. Location of equipment within the unit is important and easy access to equipment for specific purposes is highly recommended. The design of the unit should ensure that there are ample opportunities for expansion and adaptation for future use.

13.2.2 Operational Policies

Operational policies should be clearly articulated as it can have major impact on facility management and the capital and recurrent costs of health facilities. Operational policies may vary depending on various factors and it is recommended that users of the unit define their own operational policies.

Staffing Levels

Staffing levels will vary for each CHC, depending on Operational Policies, services provided, availability of staff, case mix and activity levels.

13.2.3 Planning Models

Location

The location of CHCs will vary, depending on the outcome of Service Planning at an Area Health Service level. Options for locating centers include:

- Free standing in a community location
- Attached or included in the development of commercial facilities e.g. shopping centers
- On the grounds of a hospital facility.

Configuration

The configuration of a CHC will depend on:

- Population profile
- Service mix
- Staff profile providing the services
- Relationship of the CHC with adjacent hospital facility.

13.2.4 *Functional Areas*

Functional Zones

Individual spaces combine to form zones or groups of spaces with a similar purpose. The relationship between zones is considered important to ensure that CHCs operate efficiently and effectively. A Community Health Center can be subdivided into three key Functional Zones:

- Main Entry/Reception
- Client Areas – activities and treatment including specialist areas such as Occupational Therapy, Physiotherapy, Cardiac, Dental facilities etc.
- Staff Areas.

Client/Specialist Areas

Specialist clinical areas such as Occupational Therapy, Physiotherapy, Prosthetist, Orthotist, may be sited in close proximity to each other so that where possible they can share facilities such as outdoor treatment areas and splinting activities. Physiotherapy and Occupational Therapy staff should have visibility to the treatment areas from their offices. Direct access to an outdoor area from the clinical area is required for Occupational Therapy and Physiotherapy.

Occupational Therapy requires a relatively large treatment area to facilitate individual function activities, Activities of Daily Living, evaluation of equipment needs and group therapeutic activities. If Physiotherapy is to be provided, an area is required to facilitate evaluation, therapeutic exercise and ambulation training. The treatment area needs to accommodate equipment such as electrotherapy machines, several plinths, gym equipment, mats, treatment tables, parallel bars and steps. A specifically designated area should be provided where electric treatment modalities are required for Physiotherapy. A suitable variety and number of counselling/interview rooms should be provided for use by psychologists, social workers and counsellors.

Dental Facilities

Depending on the CHC, there may be a specifically designated Dentistry Consulting Room or a sessional dentist and dental nurse may share accommodation with a Podiatrist. If Dental facilities are included, there will be a need for space for sterilizing equipment, portable X-Ray and X-Ray developing equipment. Areas for Dentistry or Podiatry need to be investigated to allow room for specialized equipment including chairs.

The Dental Facilities should be located with ready access to the Main Entry and Waiting Areas. The Dental facilities must be acoustically isolated and it may be better to separate them from other areas. Access is required for patients using mobility aids such as walking frames or wheelchairs.

13.2.5 *Functional Relationships*

Where possible, Community Health Centers should be in a quiet location, with a pleasant outlook and maximum environmental benefits. A CHC should be located in an area that is accessible to the community by both public and private transport and in close proximity to other local resources. Ideally this location will adjoin other public amenities routinely used by the community e.g. shopping precinct, transport hub, library. It should be noted that a CHC services may be located over more than one site and in more than one community.

Access

Off-street access for vehicles transporting clients must be provided. Easy access is required to Car Parking Areas and other Health Care Facilities on the site if provided. Some services may require a separate and discreet entry point. Ambulance access must be provided to the facility with trolley access to the Main Entry, Waiting and all Client Areas. All-weather vehicle drop-off points should be provided for easy access by clients who are elderly, frail, have limited mobility or who are wheelchair bound.

Internal

The internal plan of the CHC must allow clients to easily move to and from treatment and activity areas, and enable efficient staffing. Optimum internal relationships include:

- Reception/Clerical Areas should have a clear view of Main Entry/Waiting Areas and be visible from adjacent Staff Areas. There should be easy access to stationery and medical records. The Reception Area should provide a barrier controlling access between Waiting and Treatment Areas.
- Consultation/Examination/Interview Rooms should be easily accessible from the Main Entry/Waiting Area as well as the Staff Area
- Meeting/Activity Rooms should be adjacent to the Main Entry/Waiting Area so they can be accessed after-hours, with the rest of the center safely secure
- Staff areas must be designed so they allow staff to easily move between the Main Entry/Reception and Client Areas. Staff offices and amenities should be separate from Client and Public Areas to provide privacy and a quiet work area.

13.3 Design

13.3.1 Parking

Generally car parking will be provided for clients and staff. In particular, times of attendance for staff and overnight parking for health service vehicles will impact on requirements. Security issues need to be addressed when planning for after-hours parking. These issues will vary from site to site, and will need to be determined in accordance with Local Authority requirements.

13.3.2 Disaster Management

The potential role of Community Health Centers in a disaster management situation should be assessed. Attributes which make it potentially useful in a disaster situation include:

- Large open spaces for disaster management or emergency accommodation
- Consult/Interview Rooms for assessment of victims
- Focal point in the community.

13.3.3 Infection Control

Consideration of Infection Control is important in the design of this Unit. Treatment spaces will be used for a variety of clients. It is possible that infectious patients will use the same treatment spaces as immuno-suppressed patients at different times on the same day. Standard precautions must be taken for all clients regardless of their diagnosis or presumed infectious status. Refer to Part D of these Guidelines for further information. Staff hand washing facilities, including disposable paper towels must be readily available.

13.3.4 Environmental Considerations

Acoustics

The CHC will require consideration of acoustic privacy including:

- Interviews with clients
- Location noisy areas such as Public Waiting, Dental, Child Health Facilities
- Meeting rooms for staff discussion
- Exclusion of distracting noises during client consultations.

Solutions to be considered should include sound absorbing materials and sound isolating construction, separation of quiet areas from noisy areas etc.

Natural Light

Natural lighting is important for the well-being of patient and staff and assists in orientation of building users which leads to improved service outcomes. The use of natural light should be maximized throughout the Unit. Access to natural light is desirable and highly recommended.

Privacy

For the purpose of Patient privacy and confidentiality, it is important to consider the following:

- Confidentiality of client discussions and records
- Provision of sub-waiting areas for clients wishing or needing to be separated
- Location of windows and doors to ensure privacy of clients.

13.3.5 *Safety and Security*

The facility should provide a safe and secure environment for patients, staff and visitors while remaining a non-threatening and supportive atmosphere conducive to the delivery of services. The facility should cater to patients with varying levels of physical and mental capabilities. The facility, furniture, fittings and equipment must be designed and constructed to minimize risks of injury.

Adequate security should be provided to prevent violence and theft in healthcare facilities. Internal spaces and zones should offer a high standard of security through grouping functions, controlling access and egress from the Unit and providing optimum observation for staff. The level of observation and visibility has security implications. Planning should allow for after-hours access to Public Areas without compromising security of Staff Areas.

13.3.6 *Finishes*

Interior Design

The design of internal spaces with respect to furnishings, style, color, textures, ambience, perception etc. can assist in relaxing patients and preventing an institutional atmosphere. However, cleaning, infection control, fire safety, client service and the patient's perception of a professional environment must always be considered. Some interior spaces may have restrictions on color due to the nature of its function such as clinical observation in treatment areas. Bold primary colors should be avoided in such areas

13.3.7 *Building Services Requirements*

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

- Paperless records
- Handheld computers, email and paging and personal telephones replacing some aspects of call systems
- Picture Archiving Communication System (PACS)
- Data entry including scripts and investigation requests
- Bar coding of supplies and X-Rays/records
- Data and communication outlets at regular intervals to enable electronic use of records.

Nurse Call and Alarm Systems

The need for provision of a call system that allows clients and staff to alert other health care staff in a discreet manner at all times should be considered. A discreet duress alarm system will be required at all Reception Points and Client Treatment Areas, where a staff member may be alone with a client.

13.4 Components of the Unit

The Community Health Center will contain a combination of Standard Components and Non-Standard Components. Provide Standard Components to comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

13.4.1 *Non-Standard Components*

Provide the Non Standard Components as described in this section, according to Operational Policy and service demand.

Entry Canopy

Description and Function

An Entry Canopy is required to provide undercover access to the building from vehicles. Depending on the type of transportation vehicles expected at the facility, the canopy should be large enough to allow maneuvering beneath it.

Location and Relationships

Provide at Main Entry.

Main Entry

Description and Function

The Main Entry to the facility should be clearly displayed through appropriate signage informing people where to proceed. The Entry may incorporate an airlock space and should have proper weather protection. Entry doors should cater to the physically handicapped and may require automatic doors for easy access.

Location and Relationships

This should be located adjacent to a vehicle set down point and readily accessible from the street and parking areas. Reception and Waiting Areas should be adjacent.

Treatment Cubicle – Physiotherapy/Occupational Therapy

Description and Function

Treatment cubicles provided for Physiotherapy and Occupational Therapy will comply with Standard Component Patient Bay – Non-Acute Treatment. Bays may be provided as enclosed rooms for additional privacy.

Location and Relationships

Treatment bays and rooms will require close access to waiting areas for patient access and plaster rooms and other treatment spaces for staff access.

Considerations

In addition to the provisions noted in Standard Components the following may be included:

- Plinth, adjustable height, some may be double size
- Mesh and pulleys for exercises to sides and ceiling space over the plinth

13.5 Schedule of Accommodation

Typical Community Health Unit

The content and size of a Community Health Center varies depending on the location, services provided and throughput. Community Health Services are categorized into six levels of service. However, these do not necessarily lead to different physical requirements.

Sizes and quantity of each space will need to be determined on a case by case basis.

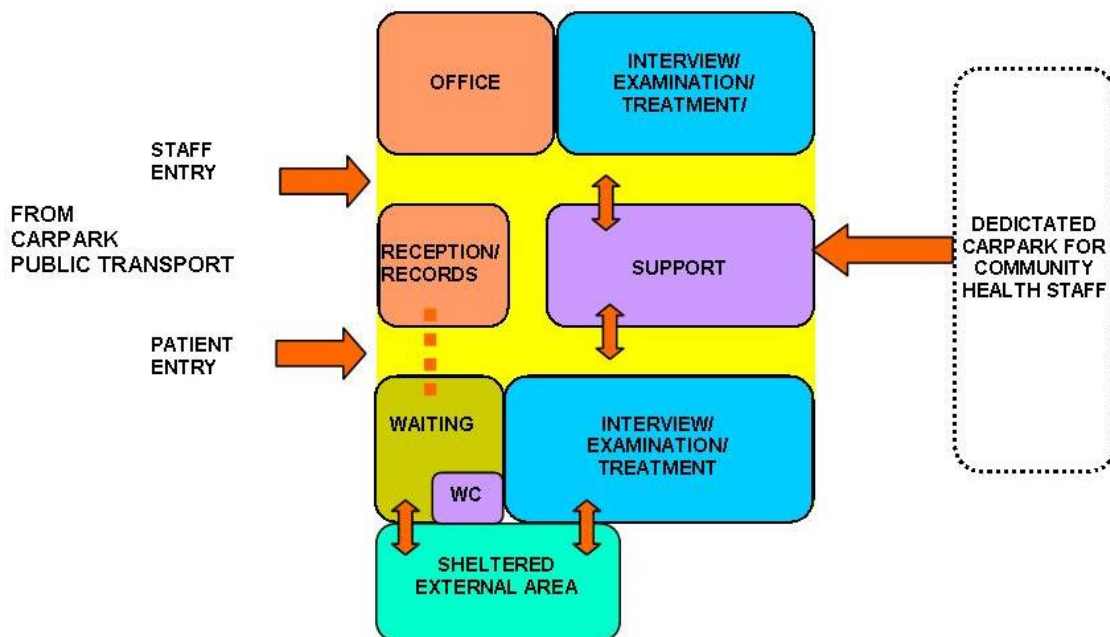
ROOM/SPACE	Standard Component							ALL Levels Qty x m ²	Remarks
Entry/Reception									
Reception/Clerical	RECL-15-SJ							1 x 15	Located in a Main Entry; Up to three staff
Waiting Male/Female	WAIT-30-SJ							2 x 30	Size for client numbers and mix
Waiting – Family	WAIT-30-SJ Similar							1 x 50	Locate near Play Area
Play Area – Paediatric	PLAP-10-SJ (SIMILAR)							1 x 15	Close to Sub-Wait areas, especially for Child and Family services
Bay – Wheelchair Park	BWC-SJ							1 x 4	Also for prams
Toilet – Public	WCPU-3-SJ							2 x 3	May share with adjacent unit
Toilet – Accessible	WCAC-SJ							1 x 6	May share with an adjacent Unit
Parenting Room	PAR-SJ							1 x 6	
Community Health Areas									
Interview Room – Family	INTF-SJ							2 x 12	Suitable for childhood-related services, Family Therapy
Consult Room	CONS-SJ							4 x 14	Multi-functional, programmed use
Display/Reading/Library	LSRA-40-SJ Similar							1 x 50	
Meeting Room – Small	MEET-9-SJ							2 x 9	Interview function including mental health, counselling etc.
Meeting/Group Room	MEET-L-15-SJ Similar							2 x 20	
Meeting Room – Videoconferencing	MEET-L-15-SJ Similar							1 x 20	
Meeting Room – Large	MEET-L-30-SJ Similar							1 x 55	External access for after-hours use
Treatment Room	TRMT-SJ							1 x 14	According to service plan
Specialist Areas – Physiotherapy (Optional)									
Consult Room	CONS-SJ							1 x 14	Assessment/Treatment
Gymnasium	GYAH-45-SJ Similar							2 x 30	For up to six patients/hour. Includes write-up area.
Plaster Room	PLST-SJ							1 x 14	May be shared with Occupational Therapy
Treatment Cubicle – Open	PBTR-H-10-SJ Similar							4 x 7	Separate Male and Female areas
Treatment Cubicle – Closed	PBTR-H-E-12-SJ Similar							2 x 12	Separate Male and Female areas; includes handbasin in room
Bay – Handwashing	BHWS-B-SJ							1 x 1	1 per 4 Treatment bays; refer to Part D
Change Cubicle – Patient	CHPT-SJ							2 x 2	Mix of small/large depends on profile of clientele
Change Cubicle – Accessible	CHPT-D-SJ							2 x 4	Mix of small/large depends on profile of clientele
Shower – Patient	SHPT-SJ							2 x 4	Separate Male and Female
Toilet – Accessible, Patient	WCAC-SJ							2 x 6	Separate Male and Female
Office – Write-up	OFF-WIS-SJ								
Specialist Areas – Occupational Therapy (Optional)									
ADL Kitchen	ADLK-OP-SJ ADLK-ENC-SJ							1 x 12	
ADL Bathroom	ADLB-SJ							1 x 12	
Consult Room	CONS-SJ							1 x 14	Assessment/Treatment
Gymnasium, Paediatric Therapy	GYAH-P-SJ							1 x 45	According to the service plan

ROOM/SPACE	Standard Component						ALL Levels Qty x m ²	Remarks
Store – Equipment,	STEQ-16-SJ Similar						1 x 14	
Office – Write-Up (Shared)	OFF-WIS-SJ						1 x 12	Size dependent on staff numbers
Specialist Areas – Allied Health (Optional)								
Consult Room – Speech Pathology	CONS-SJ						1 x 14	Combined Office/Consult
Observation Room – Speech Pathology	OBS-SJ						1 x 9	As required; with one way window to Small/Medium Meeting room
Audiology Testing Room	AUDIO-SJ						1 x 14	As required by service demand
Podiatry Treatment	PODTR-14-SJ						1 x 14	As required by service demand
Support Areas								
Bay – Linen	BLIN-SJ						1 x 2	Depends on operational policies
Bay – Resuscitation Trolley	BRES-SJ						1 x 1.5	
Cleaner's Room	CLRM-5-SJ						1 x 5	
Clean Utility	CLUR-12-SJ						1 x 12	Optional, Includes medications
Dirty Utility	DTUR-12-SJ						1 x 12	Optional
Disposal Room	DISP-8-SJ						1 x 8	
Equipment Clean-Up	ECL-10-SJ						1 x 10	Shared between disciplines
Pantry	PTRY-SJ						1 x 8	
Store – Equipment	STEQ-10-SJ						1 x 20	Size and Qty depends on equipment to be stored
Store – General	STGN-12-SJ						1 x 12	Central location, shared use
Store – Files	STFS-10-SJ						1 x 20	Depends on records storage policies
Store – Photocopy/Stationery	STPS-8-SJ						1 x 8	
Staff Areas								
Office – Manager	OFF-S9-SJ Similar						1 x 12	Center Manager; Adjacent to Reception and admin areas.
Office – Single Person	OFF-S9-SJ						4 x 9	Senior Allied Health, Nursing/Clinical staff, Depends on staffing numbers .
Office – 4-Person Shared	OFF-4P-SJ						1 x 20	Administration/Allied Health write-up; Qty depends on staffing establishment
Community Nurses Workroom							1 x 35	For up to 15 staff; Size dependant on number of staff
Volunteers Workroom	VWR-20-SJ						1 x 25	10 persons; Area dependant on no of persons
Change – Staff (M/F)	CHST-20-SJ						2 x 20	Toilets, Shower, Lockers; Size depends on staff numbers
Staff Room							1 x 25	
Toilet – Staff							2 x 3	
Net Department Total							1089.5	
Circulation %							35	
Grand Total							1470.8	

Notes:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Office areas are to be provided according to the Unit role delineation and staffing establishment; Executives and Managers may be responsible for more than one area but should have only one office assigned within the campus
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

13.6 Functional Relationship Diagram



13.7 Further Reading

- Australasian Health Infrastructure Alliance (Aus.). 'Australasian Health Facility Guidelines'. Retrieved from website: www.healthfacilityguidelines.co.au 2014
- Australasian Health Facility Guidelines (Aus.). 'Part B – Health Facility Briefing and Planning; 255 Community Health Revision 4' 2010. Retrieved from website: http://www.healthdesign.com.au/ahfg/Full_Index/aushfg_b_255community_health_4_344-368.pdf 2014
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- The Facility Guidelines Institute (US). 'Guidelines for Design and Construction of Health Care Facilities' 2010 Edition. Retrieved from website: www.fgiguideines.org 2014.