19.0 Endoscopy Unit

19.1 Introduction

19.1.1 Description

The Endoscopy Unit is a dedicated unit for Endoscopy procedures, a minimally invasive surgical or medical procedure utilizing an instrument called an endoscope which is a long flexible tube that has a lens at one end and a fiber optic camera at the other. This allows for the magnification of an image to be projected onto a video screen for viewing and recording. Endoscopy can be used to examine organs or tissue for diagnostic or therapeutic purposes. Endoscopy procedures may involve the taking of biopsies, dilations, retrieval of foreign objects and removal of stones from the bile duct.

Procedures undertaken in an Endoscopy Unit may include gastrointestinal endoscopy (such as gastroscopy, colonoscopy, ERCP (Endoscopic Retrograde Cholangiopancreatography), endoscopic ultrasound, bronchoscopy, cystoscopy or ureteroscopy, duodenoscopy, hysteroscopy or other specialties. Endoscopy procedures are generally performed in a controlled aseptic procedure room environment or in an Operating room, using sedation or short acting anesthetic medication. Some procedures, such as ERCP may also involve diagnostic imaging equipment. Most endoscopy procedures are performed on a same-day basis.

Endoscopy procedures have advantages for both the facility and the patient including:
- Reduced demand on operating rooms
- Increased patient throughput as procedures are faster
- Procedures are less invasive (the endoscope is inserted through a natural opening) resulting in reduced scarring, quick recovery time and rapid discharge.

19.2 Planning

19.2.1 Operational Models

The range of options for an Endoscopy Unit may include:
- A dedicated fully self-contained unit within a hospital
- A Unit collocated with the Operating Unit with shared facilities
- A Unit collocated with a specialist clinical service such as Gastroenterology or Respiratory Medicine, within a hospital
- A stand-alone center/Day Surgery centers, fully self-contained.
- Rural and Remote endoscopy services.

Patients undergoing endoscopy procedures may be admitted and discharged on the same day, or transferred from and to a referring unit. The Endoscopy Unit will generally operate on a long day basis, with admissions from early morning. Procedures undertaken on a sessional basis and discharges/transfers into the evening.

19.2.2 Planning Models

The configuration of the Endoscopy Unit will be dependent on:
- The procedures performed and the equipment and expertise available
- The patient population the unit will serve
- The location of the Unit – within a hospital, attached to another Unit or stand-alone and the ability to share support services.

The Endoscopy Unit should be located with easy access to and from the entry area for patients, visitors, staff and supplies; a ground floor location is desirable. The location within the complex shall permit free access for outpatients and for the transport of inpatients by bed, trolley or wheelchair. The planning of the Unit should create an efficient flow of patients, staff and supplies through the Unit while maintaining separation of procedure and contaminated areas. Where the endoscopy unit is not located within the main hospital complex, consideration of the provision for enclosed transfer of patients is advisable.

19.2.3 Functional Areas

The Endoscopy Unit will consist of the following Functional Areas:

- Entry/Reception including Waiting area for patients and relatives and access for admission of patients
- Assessment/Preparation area which may include consultation, interview, toilet facilities, patient changing and preparation rooms for pre-procedure treatments
- Procedure area
- Recovery areas including first and second stage recovery
- Discharge lounge with interview space for consultation and access to toilet facilities
- Reprocessing area including Clean-up/Decontamination, Sterilizing and scope storage and bulk storage areas
- Staff and support areas; including Equipment (mobile II or X-Ray machines) and linen bays; in stand-alone Units this will include supply areas and waste holding.

Entry/Reception Areas

A covered entrance for patient drop-off and collection after surgery shall be provided. The Entry may be a shared facility providing:

- A reception/information counter or desk
- Waiting areas that allow for the separation of pediatric and female patients as appropriate
- Convenient access to wheelchair storage, public toilets and amenities including public telephones.

The reception desk should be located to have a view of the entry and must provide for privacy of patient information and records.

Waiting areas should be sized according to the expected numbers of patients and support persons and provide for family waiting and patients in wheelchairs or with limited mobility. If pediatric patients are treated in the Unit, play areas should be included.

Assessment/Preparation Areas

Interview and Consultation rooms are required, located with convenient access to the entry and waiting areas to provide for private discussion with patients, review with medical practitioners and anesthetic consultation prior to endoscopy procedures as required.

A patient holding area is required with access to patient changing and toilet facilities. Patients are generally ambulant and may await procedures on a bed or in chairs. Holding areas must provide for male and female separation and patient privacy; screen curtains to bed and chairs spaces is recommended. Storage will be required for patient clothing and valuables. Lockers may be provided or patient clothing and personal items may travel with the patient through each stage of the procedure, recovery and discharge in sealed containers according to the Unit Operational Policy and procedures. A Staff Station should be located to provide close supervision of the holding and Preparation areas.

A Preparation room may be required for patients undergoing endoscopy procedures, where patients may change and undergo preparation procedures. If provided, the Preparation room should include:

- Hand basin – clinical
- Bench and cupboards for setting up of procedures
- Adequate space for procedures equipment trolleys
- Examination couch and comfortable chair
- Desk and a computer terminal for review of test results
- Privacy screening.

Patient holding and Preparation room must have close access to patient toilets. At least one accessible toilet must be provided.

Procedure Areas

In Procedure rooms a clean to dirty workflow must be maintained. The clean area will include sterile supplies and a write-up space with computer and printer to generate endoscopy reports.
The room may be purpose designed to accommodate the following:

- Endoscopy 'stack' and video monitor/s – this equipment contains the light source and video processor required for the endoscopes to produce images
- Endoscope cabinet with clean endoscopes and accessory equipment such as endoscopy biopsy forceps, snares, injectors
- Monitoring equipment to allow continuous monitoring of patient condition during procedures.
- Anesthetic equipment and medication used to provide procedural sedation or short acting anesthetics
- Diathermy and/or Argon plasma coagulation equipment
- Imaging equipment such as Image Intensifier or C-arm X-Ray screening unit depending on procedures to be performed; imaging equipment may be portable or installed in the room.

Procedure rooms may be sized to accommodate the equipment required; the minimum room area recommended for basic endoscopy is 36m². Rooms to accommodate ERCP or video equipment will require a larger space for sterile set-up, general anesthesia and fluoroscopy equipment; a minimum of 42m² is recommended.

Operating Rooms for Endoscopy shall be fitted out as for a Minor Operating Room, for example, it will be suitable for general anesthetic with appropriate medical gases, power, lighting, air-conditioning and ventilation. Staff assistance call must be provided. Consideration also needs to be given to the special requirements of imaging and laser equipment if required.

A clinical scrub up basin shall be provided outside the entrance to the Procedure/Operating Room for Endoscopy.

Procedure/Operating rooms will require direct access to clean-up and decontamination area for rapid processing of endoscopes and their storage

Recovery Areas

The Stage 1 Recovery should be located with close access from the Procedure rooms. Recovery beds will be under direct observation of staff and provide for close supervision and observation of patients including monitoring and medical gases for patient resuscitation in emergencies. The recommended number of Stage 1 Recovery spaces is 2 bed/trolley spaces per Operating/Procedure room.

A Stage 2 Recovery area will be provided to accommodate patients who have regained consciousness after sedation/anesthesia but require further observation.

Patients will remain under staff observation until ready for discharge. Patients in this area may recover in trolleys or recliner chairs; each recovery bay should be able to accommodate either trolley or chair. External windows are to be provided in Stage 2 Recovery. Patients in this area may change into street clothes, and close access to private changing rooms or cubicles is required. Provision should be made in the Stage 2 Recovery area for patient refreshments/beverage bay and access to toilets. Patients may progress to a lounge area to await discharge as required or be discharged directly from the Stage 2 Recovery.

The recommended number of Stage 2 Recovery spaces is 3 bed/chair bays to each Operating/Procedure room.

Pre-Processing Areas

The ability to efficiently and safely process endoscopes is critical to the functioning of the Endoscopy Unit. Endoscope and instrument processing is a multi-step procedure involving decontaminating dirty scopes/instruments, sterilizing of scopes and packaging/storing of clean scopes. Processing of the endoscopes commences as soon as the procedure is complete – the scope is wiped down and placed in a closed container and transported to the clean-up area; if any delay in processing is expected the scopes are soaked in an enzyme detergent solution.

Decontamination includes leak testing, manual pre-cleaning followed by high level disinfection with a disinfectant solution.

Endoscope reprocessing areas should be separate to Procedure/Operating rooms and a unidirectional dirty to clean workflow must be maintained. A centralized reprocessing area is recommended for efficient handling of endoscopes and appropriate air pressurization and ventilation. Cleaning and Disinfection areas must be negatively pressured and ventilated to remove vapors of chemicals used in the process.

The Cleaning and Disinfection of equipment area will include:

- Sinks for soaking and rinsing sufficiently sized to prevent tight coiling of the endoscope which may damage the fiber-optic cables in the instrument
- Ultrasonic cleaner for accessory equipment used in procedures
- Automated endoscope cleaning/disinfecting machines
- Compressed air to aid drying of endoscopic equipment after cleaning
- Hand washing basin
- Safety eyewash facility
- Stainless steel benches with space to accommodate the length of the endoscopes
- Storage for disinfected scopes on a bench or shelf.

The Sterilizing/Disinfection area will include an autoclave to sterilize accessory instruments if a sterile supply service is not available.

Storage provisions will include adequately sized areas for drugs, sterile stock, consumables, linen, resuscitation trolley and mobile equipment which may include mobile imaging equipment. Storage of sterile items and scopes close to the point of use is recommended. Scope storage areas must be positively pressured and HEPA filtered to prevent contamination of clean endoscopes. Scopes may be stored in properly ventilated and temperature controlled cabinets, preferably a pass-through type, located between reprocessing/sterilizing/disinfection areas and the Operating/Procedure room. Endoscope cabinets should allow for endoscopes to hang without coiling preventing damage to either end of the scope.

Staff Amenities

Staff amenities will include change rooms with showers, toilets and lockers and a staff lounge, providing a respite area for staff away from patient and procedural areas. Staff amenities areas may be shared with adjacent areas if appropriate.

19.2.4 Functional Relationships

External

The Endoscopy Unit will have a close functional relationship with the following:

- Car parking areas
- Emergency services
- Main Entry
- Outpatients Unit
- Transit Lounge.

The stand-alone Unit will also require an area for ambulance access for emergency use and ready access to supply services and waste holding areas.

Internal

Within the Unit, key functional relationships will include:

- Unidirectional patient flow from arrival at Reception, through Holding, Procedure Rooms, Recovery rooms, then to the Lounge areas and discharge to home or transfer to other Units
- Separation of clean and dirty traffic flows particularly in Procedures rooms and disinfection/sterilizing areas
- Visibility of patient areas by staff for patient supervision and safety.

19.3 Design

19.3.1 General

The design will need to accommodate all types of patients using the Unit as determined by the endorsed clinical service plan; this may include pediatric patients. Provision should also be made for the management of disabled patients and bariatric patients.

The design should also be able to accommodate changes in equipment technology as well as changing workload and variability to throughputs. Use of modular components and standard rooms sizes are recommended to provide flexibility of design. Future trends in advanced endoscopy include:

- Highly specialized and more invasive procedures that may require facilities similar to an operating suite
- Access to overnight inpatient beds or extended stay wards
- Education and training of medical personnel using simulators that may require space provision or camera and video transmittal from the procedure rooms linked to a remote Meeting/Tutorial room.

19.3.2 Environmental Considerations

Natural Light

The design of the unit should incorporate external views and natural light as far as possible, particularly to Waiting Areas, pre-operative Holding and Recovery areas.
It is recommended that external views and natural light are provided in staff areas such as Staff Rooms, Offices and areas where staff are confined to one location e.g. Reception and Clean-up Rooms.

When external views and natural light are provided in patient areas, care must be taken to minimize glare and ensure privacy is not compromised. Sun penetration should be controlled to exclude glare and heat gain or loss.

In Procedure Rooms, provision of controlled level of lighting during procedures should be considered.

Privacy

Staff observation of patients and patient privacy must be well-balanced within the Unit.

The following features shall be integrated to the design of the Unit:

- Doors and windows to be located appropriately to ensure patient privacy and not comprise staff security.
- Discreet spaces to enable confidentiality of discussions related to a patient and storage of patients medical records.
- Privacy screening to bed and chair bays
- Consultation, Interview and Preparation rooms should not be visible from public or waiting areas; examination couches should not face the door
- Location of patient change areas to provide direct access to waiting areas to prevent patients in gowns travelling through public areas when changed before and after procedures.
- Separation of male, female and pediatric changing rooms and waiting areas.

Acoustics

The design should reduce the intrusive ambient noise level in the Unit particularly in waiting areas.

Acoustic privacy will be required in the following areas:

- Consultation/Interview rooms where confidential patient information will be discussed
- Preparation rooms where patient pre-treatments may be undertaken
- Procedure/Operating rooms.

19.3.3 Space Standards

Accessibility

External

The Unit will require a weatherproof vehicle drop-off area with easy access for less-mobile and wheelchair bound patients. Drop-off areas may be shared in Units located within a hospital. Access to other units in the facility should be convenient, covered and not through public thoroughfares.

Internal

All patient areas should be wheelchair accessible and designed to comply with relevant accessibility standards. Reception desks and Staff stations should provide wheelchair accessible counters.

Ergonomics

The Endoscopy Unit should be designed with consideration to ergonomics to ensure an optimal working environment. Design and dimensions of Staff Stations and work areas must ensure privacy and security for patients, visitors and staff.

Refer also to Part C of these Guidelines.

Size of Unit

The number of endoscopy rooms required in the Unit can be calculated using the workload per annum (number of procedures per year according to local population data) divided by the workload per Endoscopy room (the average number of cases per working day). Generally, larger endoscopy units should contain one procedure room per 1,000 to 1,500 procedures performed annually.

19.3.4 Safety and Security

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. Patient holding, procedural and recovery areas will require restricted access to prevent unauthorized entry by visitors or others.

Protective clothing and safety equipment including an emergency eye wash station must be available for staff undertaking cleaning/disinfection due to the use of chemicals in the disinfection process.

19.3.5 Finishes

The aesthetics of the Unit should be warm and non-institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- Acoustic properties
- Durability
- Ease of cleaning
- Infection control
- Fire safety
- Movement of equipment.

The floor finishes in all patient care and treatment areas should have a non-slip surface and be impermeable to water and body fluids.

Refer also to Part C and Part D of these Guidelines

19.3.6 Equipment, Fixtures and Fittings

The Unit should have sufficient endoscopes and accessory equipment to allow for proper cleaning, disinfection and sterilizing to be performed. The quantities of equipment and instruments should also allow for some equipment to be unavailable when awaiting repair or replacement. It is recommended that only fully immiscible endoscopes are used.
Automated endoscopic cleaning/disinfection equipment will require consideration regarding optimum location and services requirements such as water, power and drainage; equipment will be installed according to manufacturers' specifications.

Refer also to Standard Components, Room Data Sheets and Room Layout Sheets for Furniture, Fittings Fixtures and Equipment requirements.

19.3.7 Building Services Requirements

Water Treatment

Water filtration is required for cleaning of endoscopes and to supply automated endoscope cleaning/disinfection machines. Water with a high mineral content is unsuitable for rinsing flexible endoscopes and accessory equipment due to mineral deposits that may permanently damage the equipment. Provide water filtration to sinks and automated endoscope cleaning machines according to equipment manufacturers' specifications.

Air Filtration

Ventilation and exhaust is required to extract toxic vapors in Clean-up/disinfection areas. Hazardous chemicals such as gluteraldehyde, OPA or paracetic acid should be used in a closed system with air extraction such as a fume cabinet

Radiation Safety and Shielding

If the Unit is undertaking procedures involving imaging, plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert as required by the relevant Radiation and Nuclear Safety Agency. The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection

requirements must be incorporated into the final specifications and building plans.

Information Technology/Communications

It is vital to provide reliable and effective IT/Communications service for efficient operation of the Unit. The following items relating to IT/Communications should be addressed in the design:

- Appointment systems
- Patient Administration System (PAS) including clinical records, pathology results, PACS
- Scheduling systems to manage Procedure or operating room sessions
- Endoscopy procedure recording and printing of reports within the Procedure room
- Materials management including bar coding for supplies, x-rays and records
- Management and statistical information required for administration and quality assurance.
- Education and training utilization of video and camera equipment.

Nurse/Emergency Call

Nurse Call and Emergency Call facilities must be provided in all patient areas (e.g. bed/chair spaces, toilets, showers) and procedure areas in order for patients and staff to request urgent assistance. The individual call buttons will alert to a central module situated at or adjacent to the Staff Station. Calls must be audible in Utilities, Staff Room and Meeting Rooms within the Unit. The alert to staff members should be done in a discreet manner at all times.

19.3.8 Infection Control

Consideration of Infection Control is important in the design of this Unit. Separation of clean and dirty workflows in treatment and clean-up areas and separation of patient care areas and contaminated spaces and equipment is critical to the function of the Unit and to prevent cross infection. Procedure/Operating rooms will be used for a variety of clients whose infection status may be unknown. Standard precautions must be taken for all clients regardless of their diagnosis or presumed infectious status. Staff hand washing facilities, including disposable paper towels, must be readily available.

Refer to Part D of these Guidelines for further information.

19.4 Components of the Unit

19.4.1 General

The Endoscopy Unit will consist of Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets as identified in the Schedule of Accommodation.

19.5 Schedule of Accommodation

Typical Endoscopy Unit with 2, 4 and 6 rooms

ROOM/SPACE	Standard Component	2 Rooms Qty x m²			4 Rooms Qty x m²			6 Rooms Qty x m²			Remarks
Entry/Reception											
Reception/Clerical	RECL-10-SJ RECL-15-SJ	1	x	10	1	x	15	1	x	15	
Waiting	WAIT-20-SJ Similar	1	x	15	1	x	20	1	x	30	May be divided for separate Female areas as applicable
Waiting – Family	WAIT-20-SJ Similar	1	x	15	1	x	20	1	x	30	
Play Area – Paediatric	PLAP-10-SJ	1	x	10	1	x	10	1	x	10	Optional; If paediatric patients treated
Bay – Wheelchair Park	BWC-SJ	1	x	4	1	x	4	1	x	4	May share with adjacent unit if close
Office – Manager	OFF-S9-SJ	1	x	9	1	x	9	1	x	9	Unit Manager
Interview Room – Family	NTF-SJ	1	x	12	1	x	12	1	x	12	Interviews, may be shared
Parenting Room	PAR-SJ	1	x	6	1	x	6	1	x	6	May share with adjacent Unit if close
Store – Files	STFS-10-SJ	1	x	8	1	x	10	1	x	10	For stationery, records, photocopier/printer
Toilet – Accessible	WCAC-SJ	1	x	6	1	x	6	1	x	6	May share general public amenities
Toilet – Public	WCPU-3-SJ	2	x	3	2	x	3	2	x	3	May share general public amenities
Assessment/Preparation											
Consult Room	CONS-SJ	1	x	14	2	x	14	3	x	14	
Meeting Room – Small	MEET-9-SJ	1	x	9	1	x	9	2	x	9	Optional. for Interviews
Change – Patient (Male/Female)	CHPT-12-SJ	2	x	12	2	x	12	2	x	15	
Patient Bay – Holding	PBTR-H-10-SJ	2	x	10	2	x	10	4	x	10	
Treatment/Preparation Room	TRMT-SJ	1	x	14	2	x	14	2	x	14	Optional; Locate near Patient Ensuite
Waiting – Changed Patients (M/F)	WAIT-10-SJ	2	x	5	2	x	10	2	x	15	Comfortable seating
Bay – Handwashing, PPE	BHWS-PPE-SJ	1	x	1. 5	1	x	1. 5	1	x	1. 5	
Bay – Linen	BLIN-SJ	1	x	2	1	x	2	1	x	2	
Ensuite – Toilet/Shower	ENS-ST-SJ	1	x	5	1	x	5	1	x	5	Locate adjacent to Treatment/Preparation Room
Staff Station/Clean Utility	SSCU-SJ	1	x	9	1	x	9	1	x	9	To oversight holding and changed waiting areas;
Store – General	STGN-6-SJ	1	x	6	1	x	6	1	x	6	
Toilet – Accessible, Patient	WCAC-SJ	1	x	6	1	x	6	1	x	6	
Toilet – Patient	WCPT-SJ	1	x	4	2	x	4	2	x	4	May share with Recovery if close
Procedural Areas											
Procedure/Operating Room	ORMS-SJ	2	x	36	2	x	36	2	x	36	General Endoscopy
Clean-Up Room – Shared	CLUP-7-SJ Similar	1	x	15	2	x	15	3	x	15	Shared between rooms, for immediate post procedure
Scrub Up	SCRB-6-SJ	2	x	6	4	x	6	6	x	6	
Bay – Linen	BLIN-SJ	1	x	2	1	x	2	1	x	2	
Bay – Mobile Equipment	BMEQ-4-SJ Similar	2	x	2. 5	4	x	2. 5	6	x	2. 5	Also for imaging equipment
Store – Sterile Stock	STSS-12-SJ	1	x	12	2	x	12	3	x	12	
Store – Equipment	STEQ-10-SJ	1	x	6	1	x	10	2	x	10	Additional specialist equipment
Recovery Areas											
Patient Bay – Recovery Stage 1	PBTR-RS1-SJ	4	x	12	8	x	12	12	x	12	2 Beds per Procedure/OR; Separate M/F as required
Patient Bay – Recovery Stage 2	PBTR-H-10-SJ	6	x	10	12	x	10	18	x	10	3 Beds/Chairs per Procedure/OR; Separate M/F as req
Recovery Lounge	LNPT-RS2-SJ	4	x	6	6	x	6	8	x	6	Optional; according to service plan; Screened bays
Bay – Beverage	BBEV-OP-SJ	1	x	4	1	x	4	1	x	4	
Bay – Handwashing, Type A	BHWS-A-SJ	1	x	1	2	x	1	3	x	1	One per four beds

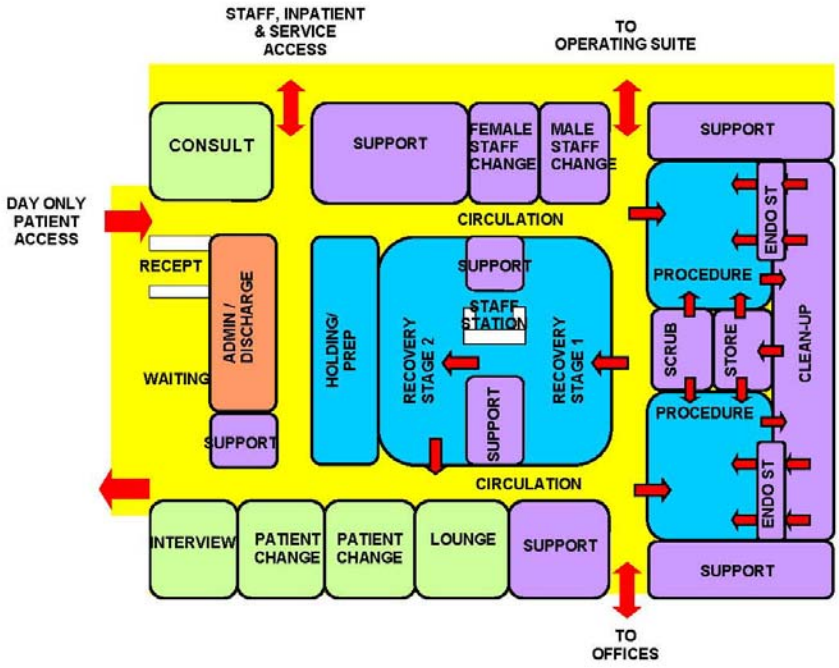
ROOM/SPACE	Standard Component	2 Rooms Qty x m²			4 Rooms Qty x m²			6 Rooms Qty x m²			Remarks
(1st Stage Recovery)											
Bay – Handwashing, Type B (2nd/3rd Stage Recovery)	BHWS-B-SJ	3	x	1	5	x	1	7	x	1. 0	One per four beds/chairs
Bay – Linen	BLIN-SJ	1	x	2	2	x	2	2	x	2	
Bay – Resuscitation Trolley	BRES-SJ	1	x	1. 5	1	x	1. 5	1	x	1. 5	
Clean Utility	CLUR-8-SJ CLUR-12-SJ				1	x	8	1	x	12	
Dirty Utility	DTUR-8-SJ	1	x	8	1	x	8	1	x	10	
Property Bay – Patient	PROP-3-SJ	1	x	2	2	x	2	2	x	2	Separate M/F areas
Staff Station	SSTN-14-SJ SSTN-20-SJ	1	x	10	1	x	14	1	x	20	
Store – Equipment	STEQ-10-SJ STEQ-16-SJ	1	x	10	1	x	10	1	x	15	With power for equipment recharging
Store – General	STGN-6-SJ STGN-8-SJ	1	x	6	1	x	8	1	x	8	
Toilet – Accessible, Patient	WCAC-SJ	1	x	6	1	x	6	2	x	6	
Toilet – Patient	WCPT-SJ	1	x	4	2	x	4	2	x	4	
Endoscope/Instrument Processing Areas											
Clean-up/Decontamination		1	x	15	1	x	30	1	x	30	Endoscopes and instruments
Sterilising		1	x	6	1	x	10	1	x	20	Low temp sterilizers and autoclave as required
Endoscope Store		2	x	2	4	x	2	6	x	2	1 Endo. store/cupboard per Procedure room/OR
Staff and Support Areas											
Change – Staff (Male/Female)	CHST-12-SJ CHST-20-SJ	2	x	10	2	x	14	2	x	20	Toilets, Shower and Lockers
Cleaner's Room	CLRM-5-SJ	1	x	5	1	x	5	1	x	5	
Disposal Room	DISP-8-SJ	1	x	5	1	x	8	1	x	8	May be shared with adjacent Unit
Meeting Room – Small	MEET-L-15-SJ	1	x	12	1	x	12	1	x	15	Optional; may be shared
Office – Single Person, 9m²	OFF-S9-SJ	1	x	9	1	x	9	2	x	9	Note 1; Nursing/Medical
Office – 2 Person Shared	OFF-2P-SJ				1		12	1		12	Note 1; Clerical support
Property Bay – Staff	PROP-3-SJ	1	x	2	2	x	2	2	x	2	May be shared with adjacent Unit
Staff Room	SRM-15-SJ SRM-25-SJ	1	x	15	1	x	25	1	x	30	May be shared with adjacent Unit
Net Department Total				632			942			1264	
Circulation %				35			35			35	
Grand Total				853. 2			1271. 7			1706. 4	

Notes:

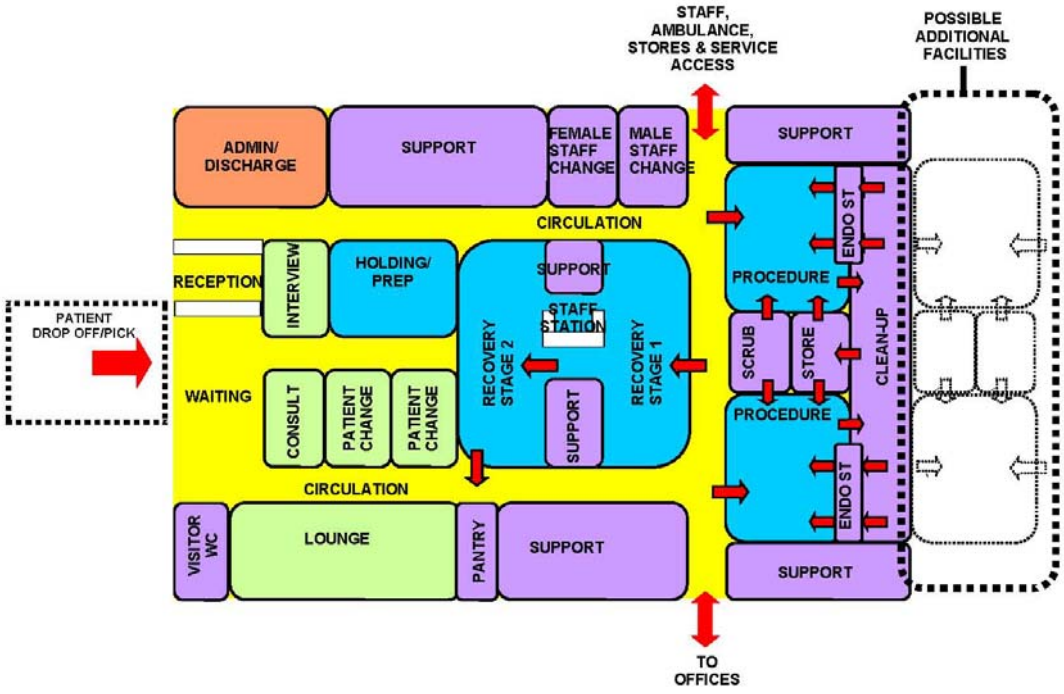
- *Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU*
- *Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation*
- *Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the 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.*

19.6 Functional Relationship Diagram

Unit Located Within a Hospital



Stand-Alone Unit



19.7 Further Reading

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