دائـــرة الـصـحـة
DEPARTMENT OF HEALTH

DOH Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design
250 Maternity Unit

Executive Summary

This Functional Planning Unit (FPU) covers the requirement of a Maternity Unit. The purpose of the Maternity Unit is to provide appropriate accommodation for the delivery of health care services for women in the process of child birth. This unit may be used for the period before and after the child birth.

The Unit must also provide facilities and conditions to provide antenatal care, management of pregnancy complications and postnatal care of mothers. Newborn care in a range of nurseries to suit the health conditions of the newborns are also be described here.

The Functional Zones and Functional Relationship Diagrams indicate the ideal external relationships with other key departments and hospital services. For the Maternity Unit this includes a relationship with Birthing Unit, Neonatal Care areas, Operating Unit, Emergency Unit etc. Optimum Internal relationships are demonstrated in the diagram by the juxtaposition of rooms and areas, with arrows indicating the path of travel.

Design Considerations address a range of important issues including Accessibility, Acoustics, Safety and Security, Building Services Requirements and Infection Control. This FPU describes the minimum requirements for support spaces of antenatal/ postnatal inpatient area as well as nurseries (well baby nursery, special care baby unit and NICU) in a typical Maternity Unit at Role Delineation Levels 3 to 6.

The typical Schedule of Accommodation is provided using Standard Components (typical room templates) and quantities for quantities for these numbers.

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 Form (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.

Table of Contents

1. Maternity Unit

1.1 Introduction

The prime function of the Inpatient Unit- Maternity is to provide appropriate accommodation for the delivery of health care services for women in the process of child birth. This unit may be used for the period before and after the child birth.

The Unit must also provide facilities and conditions to meet the needs of patients, newborn babies and visitors as well as the workplace requirements of staff.

1.1.1 Description

The Maternity Unit provides facilities for:

- Antenatal care of mothers with complications during pregnancy
- Assessment, management of labour, delivery and immediate post-delivery observation of mothers
- Postnatal care of mothers following birth – complicated or uncomplicated deliveries
- Neonatal care by mothers under supervision from nursing and midwifery trained staff
- Neonatal care of newborns requiring special care from specialist neonatal medical and nursing staff.

The Maternity Unit incorporates:

- Birthing Unit
- Inpatient accommodation – Antenatal
- Inpatient accommodation – Postnatal
- Nurseries:
  - Well Baby Nursery (WBN) or General Care Nursery (GCN)
  - Special Care Baby Unit (SCBU) or Special Care Nursery (SCN)
  - NICU (Neonatal Intensive Care Unit) - which may be collocated with other Intensive Care Units and should be separate from the Maternity Unit.

This FPU will address Maternity inpatient accommodation and general care/ special care/ neonatal intensive care nursery areas.

Facilities and requirements for assessment, delivery and immediate postnatal care of mothers are addressed in the separate Birthing Unit FPU in these Guidelines.

1.1.2 Terminology

In this FPU the following terminology may be used interchangeably:

Title	Alternative Titles
Maternity Unit	Obstetrical Unit
Birthing Unit	Birthing Suite, Birth Suite
Well Baby Nursery (WBN)	General Care Nursery (GCN)

Title	Alternative Titles
	Newborn Nursery Baby Holding Nursery
Special Care Baby Unit (SCBU)	Special Care Unit (SCU) Special Care Nursery (SCN) Neonatal High Dependency Unit (NHDU) Continuing Care Nursery

1.2 Functional & Planning Considerations

1.2.1 Hours of Operation

All components of the Maternity Unit will operate on a 24 hour per day basis, with admissions at any time of the day or night.

1.2.2 Models of Care

All models of care requires practice under a qualified and licensed obstetrician. All licensed professionals must adhere to the DOH Code of Ethics and Professional Conduct.

Maternity care including antenatal care, delivery and postnatal care may be provided in a number of different ways that will impact on the organisation and provision of facilities including:

- Midwife-managed or midwife case load care, where care is delivered by a single midwife or by a group/team of midwives, from a hospital
- Obstetrician-led care, where an Obstetrician is the main provider of antenatal care and is present for the birth. Nurses provide postnatal and sometimes intrapartum care
- Shared care, which may include Midwives, Obstetrician and/or Consultants (such as Neonatal Specialists)
- Educational Antenatal Group Classes provide pregnancy centred programs for antenatal care, which is concerned with antenatal care and combines regular health assessment with educational and support programs. The purpose of this type of program is to offer a support network and increase continuity of care. Group antenatal care requires access to a room that is large enough for 8-10 women seated, plus space for examination (possibly an adjoining room).

1.2.3 Bed Numbers

Each Maternity Unit may contain between 20 to 25 patient beds and shall have Bedroom accommodation complying with the Standard Components.

A minimum of 70% of the total bed complement shall be provided as Single bedrooms in an Inpatient Unit used for overnight stay; the current trend is to provide a greater proportion of single bed rooms largely for infection control reasons.

1.3 Unit Planning Models

There are several planning models applicable to the Maternity Unit providing for combinations of birthing suite, antenatal and postnatal inpatient accommodation, well baby nursery, special care baby unitry and neonatal ICU. The different combinations demonstrate alternative management options for neonatal care depending on the level of service provided by the facility and are described below.

Well Baby Care Nursery Incorporated with Postnatal Unit

The Maternity Unit may be provided as a unit combining Birthing Unit, Antenatal/ Postnatal Accommodation and Well Baby Nursery under one management. The Well Baby Nursery for well babies is located within the postnatal Inpatient Unit, allowing mothers quick access to the nursery for specialist nursing care as required. Antenatal inpatient beds are located within a quiet area of the inpatient unit away from babies and excessive noise.

In this model, Special Care Baby Unit is provided as a component of a Neonatal ICU, providing intensive care and step-down care for neonates and concentrating specialist neonatal trained staff in one area. Typically, neonatal care may change between special care/ high dependency and intensive care, so maintaining flexibility and a close relationship between these areas without transferring the baby is recommended. This model suits larger facilities where the numbers of sick and critical neonates warrant a separate NICU/ SCBU.

Separate Well Baby Nursery

This model combines antenatal / postnatal inpatient accommodation and Birthing Suite. The inpatient accommodation is similar to a general inpatient unit. The Well Baby Nursery is collocated with Special Care Baby Unit and situated separately to the postnatal inpatient accommodation, but with convenient access for mothers. Neonatal ICU is located with the adult intensive care unit which may be remote. This model suits facilities with no on-site NICU, where critically ill neonates are transferred to a referral hospital for higher level care.

Fully Integrated Well Baby Nursery, Special Care Baby Unit & NICU

The fully integrated Maternity Unit includes Birthing Unit, Antenatal / Postnatal Inpatient accommodation with nursery areas all collocated, Well Baby Nursery adjacent to Special Care Baby Unit and NICU. Nursery areas are adjacent and physically linked to have close access to both the postnatal inpatient area and Birthing Unit. This model represents the ideal planning arrangement and relationships between the Birthing Suite, Inpatient accommodation and neonatal care.

1.3.1 Inpatient Accommodation Options

In all models, Maternity inpatient accommodation should be provided with predominantly single bedrooms with only a small number of possible two bed rooms. Rooms with 3 or more beds should not be used for new Maternity Units.

Inpatient Accommodation for maternity patients will be similar to general Inpatient accommodation and a number of suitable planning options are identical, including:

- Linear model- Patient and support rooms are clustered along a single corridor
- Racetrack model- patient rooms are located on the external aspects of the space and support rooms are clustered in the central areas in a racetrack configuration
- “L” shaped model - Similar to Linear model, however the unit is bent roughly in the centre to form an “L” Shape.
- “T” shaped model- Similar to “L” model with one linear entrance wing splitting into two side wings forming a “T” shape.
- Hybrid “T” model- The entrance wing has a racetrack configuration with support services in the centre of the racetrack. The central racetrack then splits into two linear wings similar to the “T” option.
- Cruciform model – This is a + shape similar to the “T” model with one extended central wing added.

For further information on the above Unit Planning models including representative diagrams refer to **Part B - Inpatient Unit - General** in these Guidelines.

1.3.2 Future Planning

When planning for future developments the following trends should be considered:

- Increased prevalence of obesity in society requiring bariatric facilities
- Steep rise in caesarean births may result in more high dependency postnatal accommodation
- Increasing numbers of multiple births
- Increasing numbers of pre-term deliveries and survival of pre-term babies
- Expectation by families/carers that patient rooms can accommodate partner and family members to stay with the mother
- Patient demand for control over heating, lighting and visitor access
- Ongoing development in electronic medical records and information technology
- Infant and facility security systems development

1.3.3 Functional Areas

The Maternity Unit will comprise the following Functional Areas or zones:

- Entry/ Reception area (may be shared with Birthing Unit or provided at the Main Entry)
- Maternity Inpatient accommodation; bed areas for antenatal and postnatal patients including:
  - Bedrooms
  - Ensuites and bathrooms (one per inpatient room)
  - Patient/ visitor lounge areas
- Support Areas including:
  - Beverage making facilities
  - Bays for storage, Linen, blanket warmer as required, Resuscitation Trolley and mobile equipment
  - Cleaner's room
  - Clean Utility/ Medication Room
  - Dirty Utility
  - Disposal Room
  - Handwashing facilities in corridors, at entries and exits
  - Staff Station
  - Storerooms for equipment and general supplies
- Nursery areas:
  - Well Baby Nursery for well babies
  - Special Care Baby Unit for babies requiring closer observation and care
  - NICU for newborns requiring life support
- Nursery Support Areas:
  - Feeding Room for mothers to receive assistance with feeding from nursing staff
  - Formula Room for holding milk supplies
  - Clean and Dirty Utility Rooms
  - Clean-up room for cleaning cots and mobile equipment
  - Store rooms for equipment, consumable stock, sterile supplies
- Staff Areas - areas accessed by staff, including administration and rest areas

- Shared Areas, including Bathrooms, Treatment room, Visitors lounge and amenities that may be shared with an adjacent unit

Reception Area

The Reception is the receiving hub of the unit and may be used to control the security of the Unit. A Waiting area for visitors may be provided with access to separate male/female toilet facilities and prayer rooms. If immediately adjacent to the Unit, visitor and staff gowning and protective equipment may also be located here for infection control during ward isolation.

Patient Accommodation

Patient rooms may be grouped together in zones corresponding to different levels of dependency. Antenatal accommodation will preferably be separated from postnatal beds and be provided in single bed rooms.

Postnatal accommodation may be arranged to provide a more relaxed environment of mother care rooms, where women can gather, breastfeed and participate in informal education groups, located further away from the staff observation posts and more clinical acute care rooms situated close to the staff station to allow for effective staff observation and ease of access from the support areas.

Rooms should be provided for women who have lost their baby. These women require ongoing psychological care, post-natal medical care and support which is best provided within a quiet area of the maternity inpatient unit.

A minimum number of one larger postnatal room should be available to cope with multiple births, bariatric patients and people with disabilities that require additional equipment such as a wheelchair.

With regards to the different type of rooms:

- Single bed rooms assist with infection control and patient privacy. Single Bedrooms are preferred particularly for antenatal patients that may require additional rest and postnatal patients that may disturb other patients with baby care.
- Subject to the level of service provided and the likelihood of contagious diseases in the population, a negative pressure isolation room with anteroom may be required. If an isolation room is not provided in the Maternity Unit, there must at least be access to an Isolation Room located in another Inpatient Unit within the hospital.
- Bedrooms for postnatal patients with babies rooming in should consider provisions for baby bathing. Baby bathing may be undertaken within the room using a portable baby bath or a built-in bathing area. Alternatively, baby bathing may be undertaken within the Nursery area, according to the operational policy of the Unit.
- Phototherapy for the newborn may take place inside the Patient Room.

All patient areas should have access to an infant resuscitation trolley, and are to comply with Standard Components of these Guidelines.

Support Areas

Support Areas including Utility rooms, Disposal and Store rooms should be located conveniently for staff access. Meeting Room/s and Interview rooms for education sessions, interviews with staff, patients and families may be shared with adjacent areas where possible.

Staff Areas

Staff Areas will consist of:

- Offices and workstations

Staff Room

- Staff Station and handover room
- Toilets, Shower and Lockers

Offices and workstations will be required for administrative as well as clinical functions to facilitate educational / research activities and will be provided according to approved staffing levels for the Unit.

Staff Areas, particularly Staff Rooms, Toilets, Showers and Lockers may be shared with adjacent Units as far as possible.

Shared Areas

In addition to the shared Staff areas above, Shared Areas may include:

- Patient Bathroom
- Treatment Room
- Public Toilets
- Gender segregated Visitor Lounge
- Family Visiting Room

Nursery Areas

The Well Baby Nursery will accommodate well newborn babies as required for short term care. The Nursery will include:

- A bathing/ examination area where newborn babies may be examined, weighed and bathed
- A Staff Station with direct observation of all bassinet in the Nursery and a resuscitation trolley in close proximity; sterile stock and medications may be co-located with the Staff Station
- Support rooms including Cleaner's room, utilities, linen holding and storage areas
- Access to public amenities for parents

The SCUB will provide facilities for:

- Short term care, including the provision of assisted ventilation, for babies who suffer from complications or awaiting transfer to a neonatal intensive care unit/facility
- Premature newborns who are ill or who are simply recovering due to their prematurity and/or low weight, nursed in humidicribs and bassinettes
- Isolation room/s as required
- Resuscitation and transfer to a neonatal intensive care unit
- Feeding, bathing, changing and weighing the baby
- Darkening the area to allow babies to sleep during the day and dimmable lighting
- Education of staff and parents
- Phototherapy
- Access to public amenities for parents

The NICU to include facilities:

- Care for critically ill newborns requiring life support and monitoring, nursed in open intensive care cots or humidicribs
- Parent support facilities should be available including lounge and overnight stay room with ensuite for parents who stay for extended periods with a sick neonate
- Access to public amenities for parents

Feeding and Formula Room/s

The Feeding Room provides an area close to Nurseries for mothers to feed under the supervision of staff. The Feeding and Forumula Room should be a part of the Well Baby Nursery if this nursery is within the Postnatal Ward. If the Well Baby Nursery is separate from the postnatal inpatient unit, Feeding and Formula Rooms should be provided in both locations.

The Feeding room will include:

- Comfortable chairs suitable for breast feeding
- Provision for use of breast pumps
- Privacy screening for patients
- Space for assistance from nursing personnel
- Access to a Formula room for milk storage.

The Formula room should be located close to the Nurseries and include facilities for holding milk supplies, both breast milk and prepared formula milk.

The formula room will include:

- Bench with sink for rinsing equipment
- Cupboards for storage
- Refrigerator with freezer
- Baby milk warmer or microwave oven

Refer to **Standard Components Room Data Sheets and Room Layout Sheets** for additional information.

1.4 Functional Relationships

1.4.1 External Relationships

Principal relationships with other Units include ready access to:

- Short term parking/drop off bay for dropping off expectant mothers
- Drop off and parking bays for florist deliveries
- Emergency Unit
- Birthing Unit
- Operating Unit
- Neonatal ICU and Special Care Baby Units
- Intensive Care Unit and HDU for mothers requiring advanced care
- Diagnostic facilities such as Medical Imaging, Laboratories and Pharmacy
- Supply, Housekeeping, Catering and Waste Handling Units
- Outpatients/ Women's Health Units and Community support services

Principal relationships with public areas include:

- Easy access from the Main Entrance of a facility
- Easy access to public amenities
- Easy access to parking

Principal relationships with Staff Areas:

- Ready access to staff amenities

Other considerations:

- The Maternity Unit must not be located so that access to one component is via another
- A Nursery must not open directly into another Nursery

1.4.2 Internal Relationships

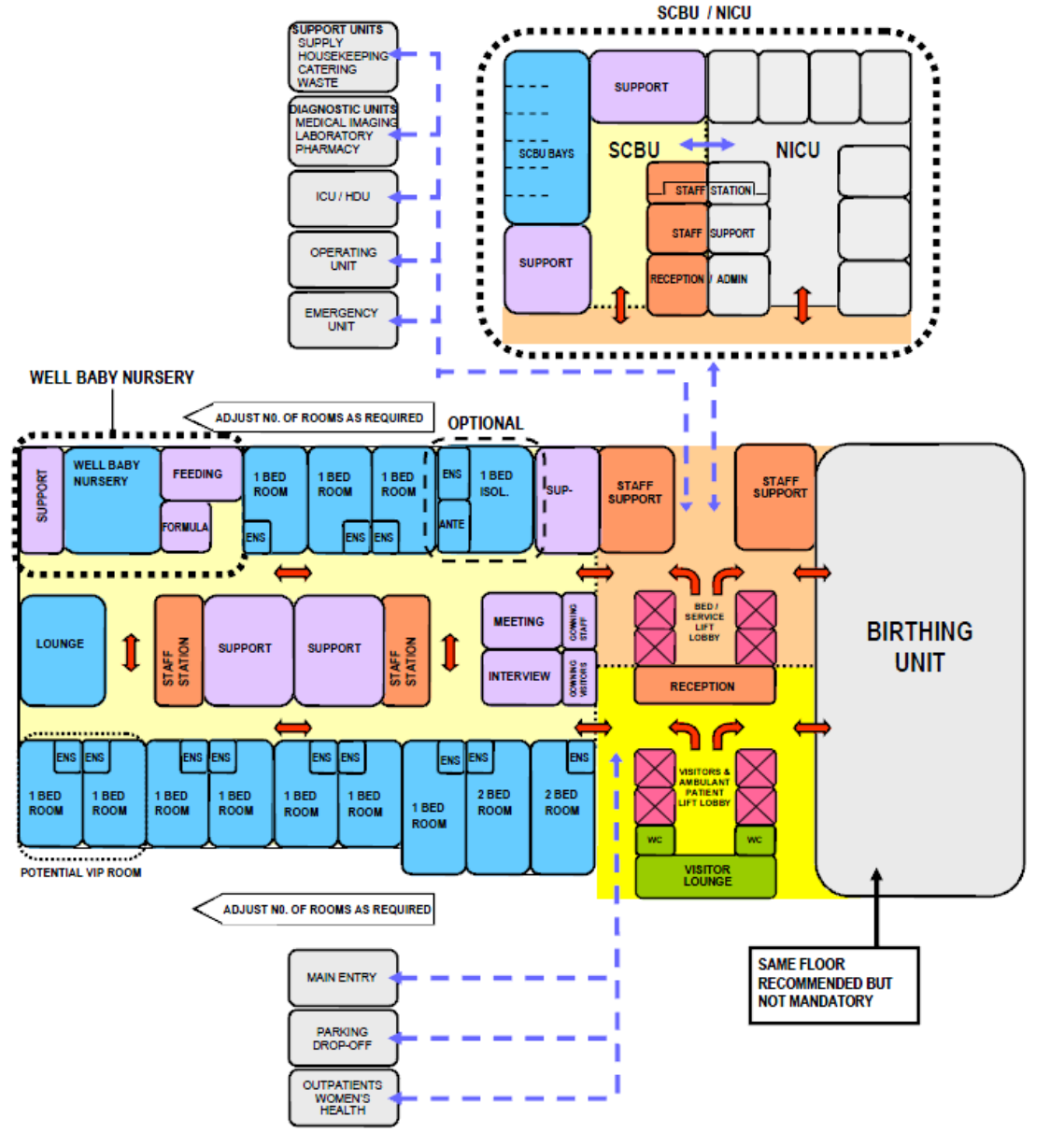
Optimum internal relationships in all models include:

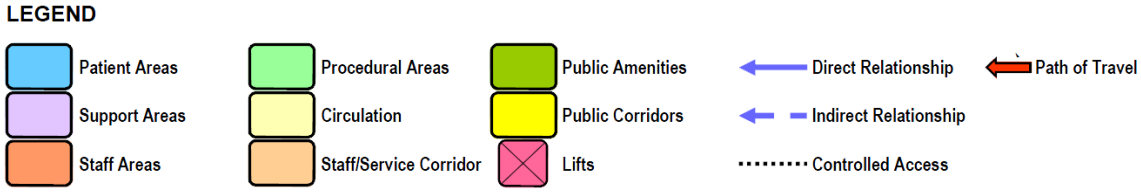
- Reception to supervise security to the entire unit with restricted access to Maternity Inpatient accommodation, Birthing Unit and NICU/ SCBU areas
- The Staff Station and associated areas need direct access and observation of Patient Areas
- Utility and storage areas need ready access to both patient and staff work areas
- Nursery areas to be accessible from postnatal inpatient areas particularly the Well Baby Nursery
- Feeding and Formula rooms to be accessible to both neonatal care and postnatal inpatient areas
- Public Areas located in the entry area, prior to entry into restricted access zones
- Shared support areas should be easily accessible from the Units served

1.4.3 Functional Relationship Diagram

The functional relationships of the Maternity Unit and options for neonatal care are demonstrated in the diagrams below.

General Care Nursery Incorporated with Postnatal Unit



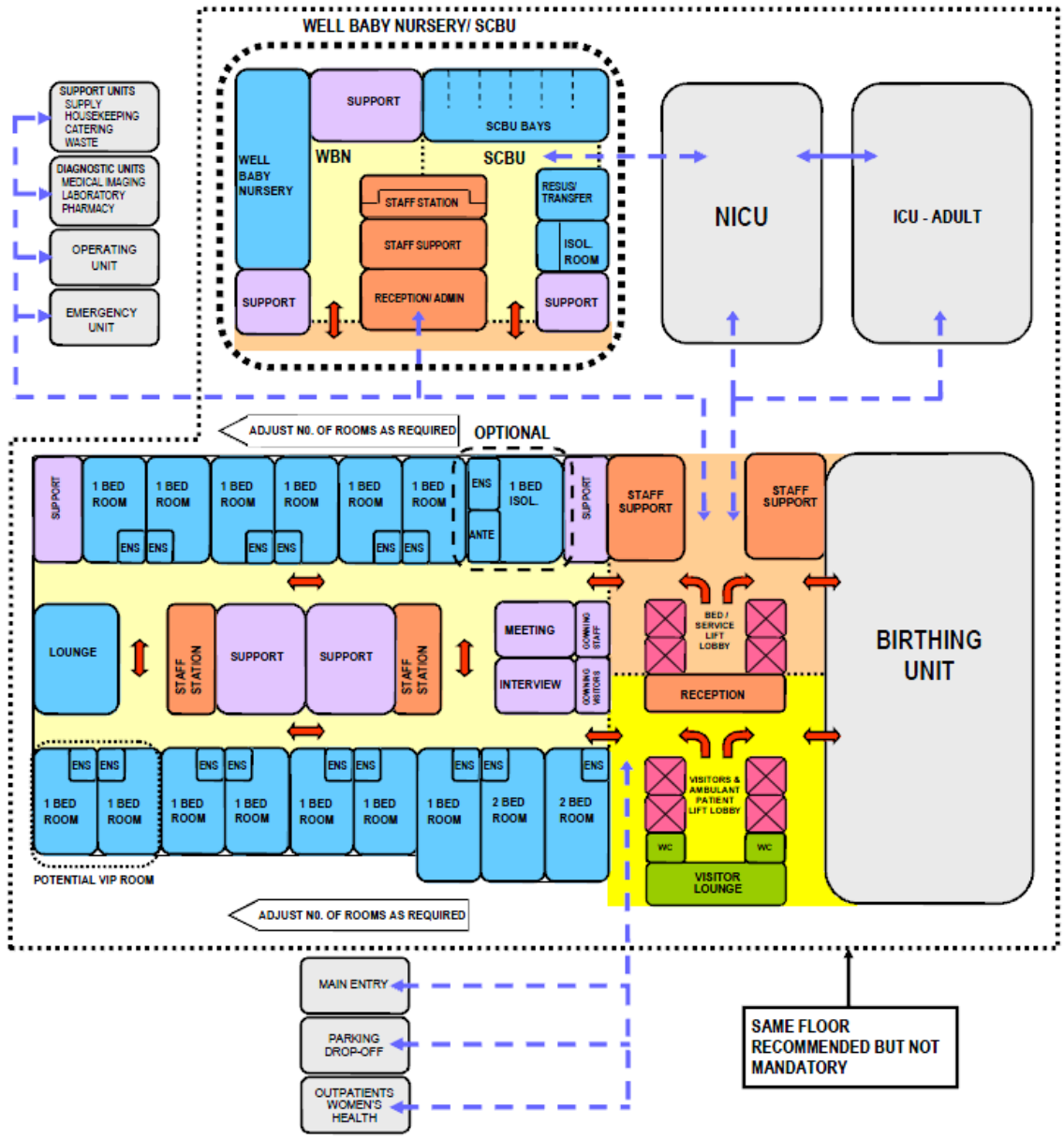


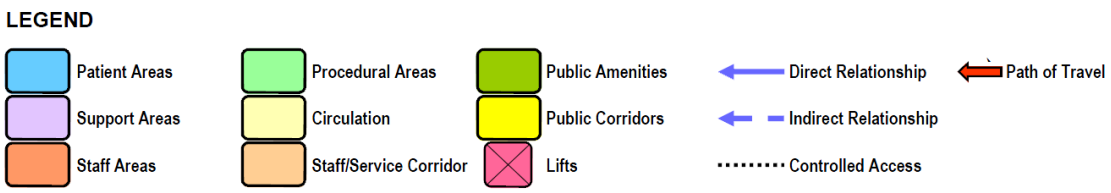
In this model the postnatal inpatient unit and Birthing unit are located in close proximity with controlled access and entry from the public access areas. Well Baby Nursery is incorporated into the postnatal Inpatient Unit for maximum convenience of mothers.

Special Care Baby Unit is collocated with NICU and located separately to the Maternity Unit.

The advantage of this arrangement of neonatal care is that sick/ critical babies and specialist neonatal trained staff are concentrated in one area. A disadvantage is that the location may be less convenient for mothers who require frequent access for feeding and nursing sick babies.

Separate Well Baby Nursery / SCBU and NICU



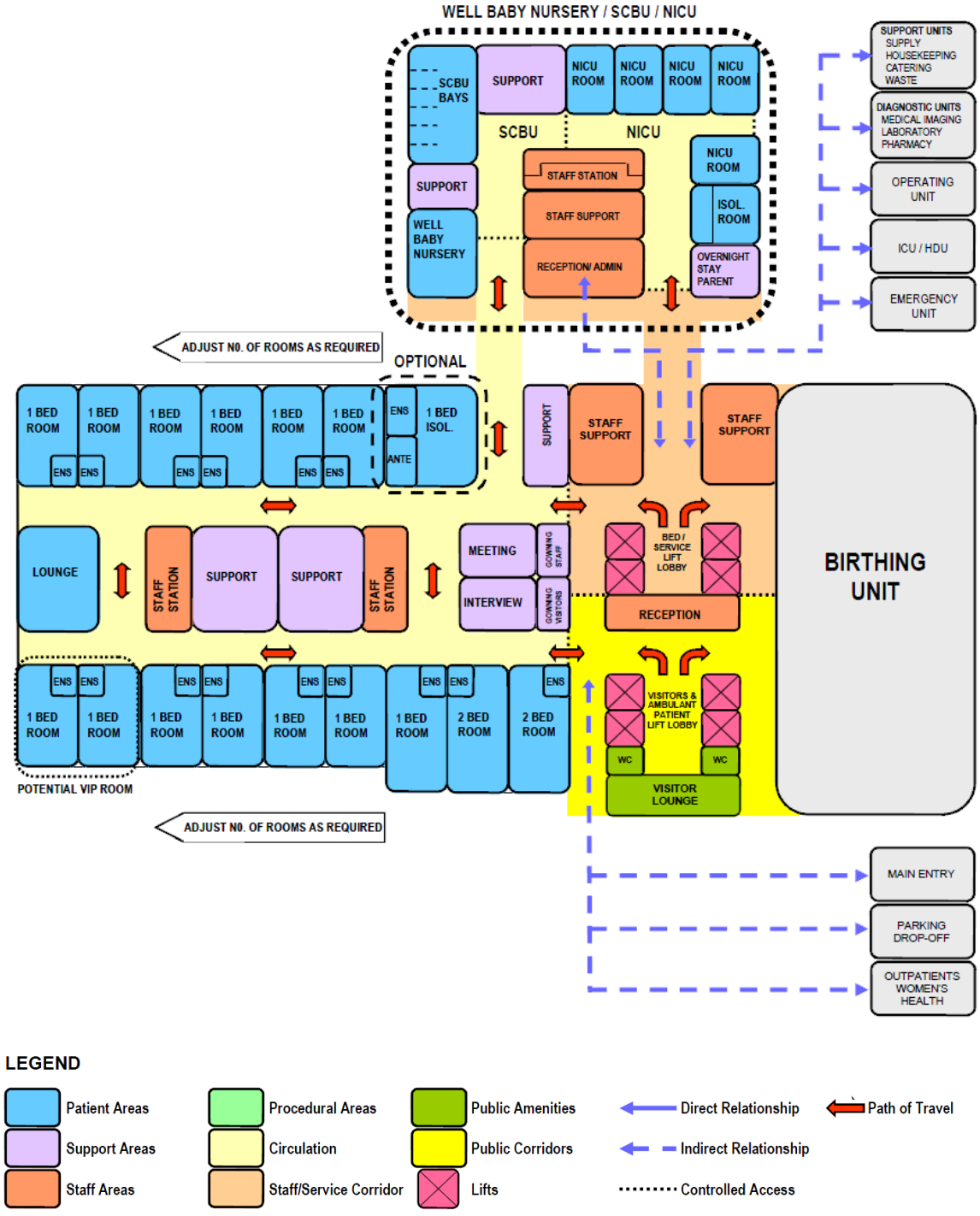


In the model above the postnatal inpatient unit is a standard configuration located in close relationship with Birthing Unit. The WBN and SCBU are located together, separate from the inpatient unit.

The key advantage of standard configuration inpatient units is flexibility of inpatient accommodation. Inpatient units that are suitable for any specialty allow reassignment of specialties throughout a facility without significant alterations. The major disadvantage of a separate well baby nursery is lack

of convenience for mothers who need to access nursery staff and facilities for neonatal care and feeding support and milk storage.

Fully Integrated WBN, SCBU and NICU



The fully integrated model provides for all components of Maternity unit located in close juxtaposition. The Well Baby Nursery, Special Care Baby Unit and NICU are accessible from the postnatal inpatient unit with close access to the Birthing Unit. Access to NICU is also available via a staff/ service corridor for admissions directly from Birthing Unit or Emergency Unit.

The main advantage of this model is maximum convenience for patients and staff, where neonatal care is clustered in one area better utilising specially trained staff.

External relationships outlined in all the diagrams include:

- Clear Goods/Service/Staff Entrance
  - Access to/ from key clinical units associated with patient arrivals/ transfers via service corridor and lifts
  - Access to/ from key diagnostic facilities via service corridor and lifts
  - Entry for staff via the public or service corridor
  - Close access to staff support areas that may be shared with adjacent areas
  - Access to/ from Supply, Housekeeping, Catering and Waste Units via service corridor and lifts
- Clear Public Entrance
  - Entry for ambulant patients and visitors directly from dedicated lifts and public corridor
  - Access to / from key public areas, such as the main entrance, parking and Outpatients Units from the public corridor and lifts

Optimum internal relationships outlined in the diagrams include the following:

- Bed Room(s) on the perimeter arranged in a racetrack model (although other models are also suitable)
- Staff Station and staff support areas are centralised for maximum patient visibility and access; a sub staff station may be located close to the Well Baby Nursery for supervision and security of babies
- Clinical support areas located close to Staff Station(s) and centralised for ease of staff access
- Patient Lounge located conveniently to patient beds within the unit allowing communal space for patients
- Reception located at Visitor Lifts and corridor for control over entry to all areas – Inpatient Unit, Birthing Unit, Nurseries
- Personal Protective Equipment Bays located at entry for both Staff and Visitors for infection control during unit isolation

1.5 Design Considerations

Refer to **Part C for ergonomic issues, Part D for Infection Control, and Part E for Engineering** Requirements.

1.5.1 Patient Treatment Areas

Antenatal accommodation may be provided in a quiet zone within the postnatal Unit, preferably separated from postnatal patients. Single bedrooms are preferred for patients with high risk pregnancies that will require rest and quiet. Support areas may be shared with postnatal accommodation.

Postnatal accommodation will generally include a combination of single and 2 Bed rooms and may include communal areas where mothers can gather to socialise or attend educational sessions.

Nursery areas, Feeding Room and Formula rooms should be readily accessible to mothers in postnatal accommodation.

Birthing Unit accommodation is addressed in the separate Birthing Unit FPU in these Guidelines.

1.5.2 Environmental Considerations

Acoustics

Inpatient Areas

Inpatient accommodation should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms. Acoustic treatment will be required to the following:

- Patient bedrooms
- Interview and Meeting rooms
- Treatment rooms
- Staff rooms
- Toilets and Showers

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

Nursery Areas

Sound levels within Nursery areas should be minimised to prevent harm and stress to newborn and sick babies. Noise may be generated from air-conditioning, telephones, paging systems, emergency call system, water sources such as taps to sinks and basins, monitors and alarms. Sound levels for all services installed within the Nursery areas should be controllable to provide minimal noise intrusion, ideally less than 40 dB. Where possible, replace audible alarming system with visual warning signs.

Within the nursery, sound absorption and insulation techniques should be applied to soften the noise created by crying babies and their support equipment. This however should not reduce the observation of babies or the access between staff and support areas.

Natural Light/ Lighting

Specifications given for natural light/ lighting apply to the Inpatient Maternity Unit as a whole.

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. Natural light must be available in all bedrooms and is desirable inpatient areas such as lounge rooms.

Natural light is recommended in Nursery areas; this may be provided as borrowed light from adjoining rooms or corridors. External windows will require shading and babies must be positioned away from windows to prevent excessive light and radiant heat gain. Artificial lighting must be colour corrected to allow staff to observe natural skin tones and dimmable for night lighting.

Privacy

The design of the Inpatient Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy. The patient acuity including high dependency, elderly or intermediate care will be a major influence.

Each bed shall be provided with curtains to ensure privacy of patients undergoing treatment in both private and shared inpatient rooms. Refer to the Standard Components for requirements of privacy curtains.

Other factors for consideration include:

- use of windows in internal walls and/or doors, provision of privacy blinds
- location of sanitary facilities to provide privacy for patients while not preventing observation by staff
- Location of external, courtyard or atrium facing bedroom windows to prevent others from

looking into the bedrooms

Interior Décor

Interior decor includes furnishings, style, colour, textures and ambience, influenced by perception and culture. The décor of the Unit should be of a standard that meets the expectations of the clients using the services and make every effort to reduce an institutional atmosphere.

Patient treatment and reception areas should be open and inviting with décor that is domestic and casual rather than institutional. Access to outdoor areas is desirable.

1.5.3 Space Standards and Components

Room Capacity and Dimensions

Maximum room capacity for Maternity Unit shall be two patients, and babies following delivery.

Minimum dimensions, excluding such items as ensuites, built-in robes, alcoves, entrance lobbies and floor mounted mechanical equipment are similar to general Inpatient Units as follows:

Room Type	Minimum Width	Minimum Length	Area
SINGLE BEDROOM	3800 mm	3960 mm	18m2
TWO BEDROOM	3800 mm	6300 mm	28m2

These spaces should accommodate comfortable furniture for one or two family members without blocking staff access to patients.

Minimum room dimensions are based on overall bed dimensions (buffer to buffer) of 2250 mm long x 1050 mm wide. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements.

Bed Spacing / Clearances

In all bed rooms, the recommended clearance is 1200 mm to both sides bed. One side of bed can be reduced to a minimum of 900mm if preferred. The foot of each bed should also allow for easy movement of equipment and beds.

Accessibility

Design should provide ease of access for wheelchair bound patients in all patient areas including Lounge rooms and Nurseries. Waiting areas should include spaces for wheelchairs. Within the inpatient accommodation one Bedroom and Ensuite should be provided with full accessibility compliance; the quantity of accessible rooms to be determined by the service plan. Accessible Bedrooms and Ensuites should enable normal activity for wheelchair dependent patients.

Doors

Doors used for emergency bed transfers within the Unit or to the Birthing or Operating Units must be appropriately positioned and sized. A minimum of 1200mm clear opening is recommended for doors requiring bed/trolley access. For Bariatric patient rooms, door clear opening must be at least 1400mm but 1600mm recommended.

Also refer to **Part C - Access, Mobility and OH&S** of these Guidelines.

Ergonomics/ OH&S

Design of clinical spaces including Bed Rooms, Treatment rooms, Feeding Rooms, Formula Rooms, Nurseries and Lounge areas must consider Ergonomics and OH&S issues for patient, visitor and staff welfare.

Size of the Unit

The number of beds will be determined by the facility's service plan. The preferred maximum number of beds in the Maternity Unit is 20-25 beds in order to accommodate additional rooms such as the Well Baby Nursery, Feeding Room, Formula room and communal activities areas. Using this number of beds, therefore will allow a Maternity Inpatient Unit to be stacked on in the same vertical tower arrangement as a General Inpatient Unit.

The number of cots in the Nursery areas will be determined by the service plan dependent and proportional to the number of beds in the Maternity inpatient areas and number of Birthing Rooms, expected numbers of births and expected numbers of complicated deliveries resulting in babies requiring special or intensive care.

The number of cots in a newborn Nursery should not exceed 16 bassinets. Where the operational policy of the Maternity Unit includes rooming in of babies with mothers, then the number of cots in a general care nursery should accommodate the expected number of babies that are not rooming in with the mother.

1.5.4 Safety and Security

Security issues are important and must be an integral part of the Maternity Unit.

The arrangement of spaces and zones shall offer a high standard of security through the control over access and egress from the Unit, the provision of optimum observation for staff and grouping of like functions into zones.

The following precautions should be implemented to in compliance with the UAE Fire and Life Safety Code and Abu DOHbi Civil Defence requirments:

- Evacuation map indicating emergency exits and egress routes
- Emergency signage
- Fire extinguishers
- Access controls to all emergency units

All Maternity Unit areas including inpatient areas, Nurseries and Birthing Unit must have restricted access, and appropriate staff identification systems. Maternity Units are increasingly adopting a baby tagging system; and such a practice is highly recommended. This involves a combination of the infant wearing a tag around the ankle and sensor panels located at every access point to the unit (and perhaps the entire hospital or facility).

Baby tracking or similar security features for the protection of newborn babies shall be mandatory in Maternity Units. Maternity Unit design should endeavor to limit the access and egress points to one, supervised by staff with additional security measures including:

- electronic access and egress
- monitoring of all perimeter doors
- CCTV monitoring of entries and exits
- Duress alarms to all reception areas and staff stations in obscure but easily accessible locations.

It is also important that the security systems installed do not interfere with emergency response and transfer of patients and newborns for critical incidents.

Drug Storage

All components of the Maternity Unit will include lockable drug storage within the Clean Utility/ Medical Room/s or Medication Room/s. It is recommended that the Medication Room and Clean

Utility be kept separate from each other- with the Medication Room for staff access only. Refer to Standard Components Clean Utility/ Medication Room, Medication Room and Store-Drugs Room Data Sheets and Room Layout Sheets for further details.

Note: Storage for dangerous drugs must be in accordance with the Ministry of Health requirements and must align with drug classification as per the Federal Law.

Milk Storage

To ensure the correct milk is provided to the right infant, breast milk storage freezers and fridges should be lockable or located within a formula room with access restricted to staff only.

1.5.5 Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be relaxing 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.

As clinical observation of patients and neonates is essential, colours should be chosen carefully to avoid an adverse impact on the skin colour, particularly for cyanosis and jaundiced babies. Walls shall be painted with lead free colour.

Refer to **Part C - Access, Mobility and OH&S** of these Guidelines for more information on wall protection, floor finishes and ceiling finishes.

1.5.6 Fixtures, Fittings and Equipment

Privacy Screens

In single bed rooms, visual privacy from casual observation by other patients and visitors shall be provided for each bed space. The design for privacy shall not restrict patient access to the Ensuite or room entrance.

Feeding areas will require privacy screening with sufficient space to allow a staff member to assist the mother.

1.5.7 Curtains / Blinds

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime.

Window curtains and privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

If blinds are to be used instead of curtains, the following will apply:

Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.

Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side.

1.5.8 Building Services Requirements

Refer to **PART E, Engineering Services** of these Guidelines.

Communications

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

- Electronic patient records and patient information systems
- Electronic forms and requests for investigations, pharmacy, catering, supplies
- Picture archiving communications systems (PACS)
- Telephones including cordless and mobile phones
- Computers, laptops and tablets
- Patient call, nurse assist call, emergency call systems
- Paging for staff and emergencies
- Duress systems, personal mobile duress systems may be considered
- Supply and records management systems including bar coding for supplies
- Wireless network requirements
- Videoconferencing requirements
- Communications rooms and server requirements.

Nurse Call

Patient call, staff assist, and emergency call facilities shall be provided in all patient areas including Bed Rooms, Nurseries, Feeding Rooms, Lounges, Toilets, Ensuites and Bathrooms for patients and staff to request urgent assistance.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be located in strategic points within the circulation area, particularly in Staff Stations, Staff Rooms, and Meeting Rooms, and should be of the “non-scrolling” type, allowing all calls to be displayed at the same time. The audible signal of these call systems should be controllable to ensure minimal disturbance to patients and babies. The alert to staff members shall be done in a discreet manner at all times.

Heating Ventilation and Air Conditioning (HVAC)

Nurseries should be serviced by HVAC systems that allow for adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements. Inpatient care areas should be kept at positive pressure relative to adjacent areas. The Units temperature should be maintained at 24 degrees Celsius or less in adult bedrooms, and 22 to 26 degrees Celsius in the nurseries. Relative humidity should be adjustable between 30% to 60%.

High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

To ensure confidentiality and reduce noise the ventilation ductwork should minimise transmission of sounds throughout the Unit, particularly nursery areas.

Inpatient accommodation areas should be air-conditioned and maintain a temperature range comfortable for mothers and babies.

Medical Gases

Medical gas is intended for administration to a patient in anaesthesia, therapy, or diagnosis. Medical gases shall be installed and readily available in each patient bay.

Oxygen and suction must be provided to all inpatient beds, while medical air is optional dependent of the service being provided. Medical gases will be provided for each bed according to the quantities noted in the Standard Components Room Data Sheets.

Medical Gases must be dedicated to each patient. Gas outlets may not be shared between two patients.

Patient Entertainment Systems

Patient Bed rooms and lounge areas may be provided with the following entertainment/ communications systems according to the Operational Policy of the facility:

- Television
- Telephone
- Radio
- Internet (through Wi-Fi)

Pneumatic Tube Systems

The Inpatient Unit and Nursery areas may include a pneumatic tube station, as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision.

Hydraulics

Warm water supplied to all areas accessed by patients within the Maternity Unit and Nursery areas must not exceed 43 degrees Celsius. This requirement includes all staff handwash basins and sinks located within patient accessible and Nursery areas.

1.5.9 Infection Control

Hand Basins

Hand-washing facilities in corridors shall not impact on minimum clear corridor widths. In the Maternity Unit at least one clinical handwashing basin is to be conveniently accessible to the Staff Station and one should be located at the entry and exit to the Unit.

Hand washing posters must be provided at each hand washing basin as per the requirement of DOH.

Each nursery should have a hand basin at the point of entry for staff and parents. Within the nursery, a minimum 1 hand basin, Type B should be provided per 4 cots in general care nurseries and Type A, 1 per 2 cots in special care and intensive care nurseries; the distance between any point in the nursery to the closest basin should not exceed 6 metres.

Handbasins are to comply with **Standard Components - Bay - Hand-washing, Type A, B** and **Part D - Infection Prevention and Control** in these Guidelines.

Antiseptic Hand Rubs

Antiseptic hand rubs should be located so they are readily available for use at points of care, at the end of patient beds and in high traffic areas.

The placement of antiseptic hand rubs should be consistent and reliable throughout facilities. Hand sanitisation instructions must be placed at every dispenser.

Antiseptic hand rubs are to comply with **Part D - Infection Prevention and Control**, in these guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays.

Isolation Rooms

Standard Single (1 bed) patient rooms are regarded as Class S isolation. In general, at least two 'Class N - Negative Pressure' Isolation Rooms shall be provided for each 64 intpatient beds in facilities of Role Delineation Level (RDL) 4 and above. These could be located within the Maternity Unit or are available in other Inpatient Units within the facility. These isolation room beds may be used for normal acute care when not required for isolation.

Additional Isolation Class P may be provided according to the Hospital's Clinical Service Plan or the recommendation of the Infection Control officers.

For further information on Isolation Rooms refer to **Part D – Infection 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 Maternity Unit Inpatient accommodation will consist of Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets nominated in the Schedules of Accommodation.

Non-standard rooms are identified in the Schedules of Accommodation as NS and are described below.

Bathing/ Examination

The Bathing / Examination area will be used for baby bathing, baby examinations, weighing and baby bathing demonstrations for parents. The area may be located within or adjacent to the well baby nursery or special care baby unit. The Bathing/ Examination area will include a bench with a baby examination area and baby weighing scales and a sink for baby bathing. Storage will be required for clean baby linen, towels and dirty baby linen. A staff handwashing basin should be located within easily access.

Special considerations include:

- Provision of heating over the examination/ bathing area
- Provision of temperature controlled warm water
- Provision of good lighting levels; lighting should permit the accurate assessment of skin colour
- The baby bathing sink should be manufactured from a material that will not retain heat or cold, (stainless steel is not recommended)
- Staff will require access to an emergency call button for use in emergencies.

Bay - Pneumatic Tube

The Bay - Pneumatic Tube should be located at the Staff Station/s under the direct supervision of staff for urgent arrivals. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters
- Wall protection should be installed to prevent wall damage from canisters.

Neonatal Isolation Room - Negative/ Positive Pressure

The Neonatal Isolation Room will be similar to an enclosed Neonatal Bay - Special Care or Intensive Care, with appropriate air-conditioning - filtered, negative pressure or positive/ standard pressure to comply with standards and guidelines applicable to Isolation rooms. The room will require additional 2m2 for door access. Doors and walls facing the staff station should be fully glazed for maximum visibility, with privacy screening.

The Isolation room/s will require:

- Anteroom, for Negative Pressure Isolation rooms
- Handwashing basin, Type A, within the room
- PPE located at the room entry - may be combined with the Handwashing bay
- Room fabric and doors to comply with standards and guidelines for Isolation rooms.

The quantity of Negative Pressure or Positive Pressure Isolation rooms will be dependent on the service plan.

Parent Lounge/ Dining/ Kitchenette

The Parent Lounge is provided for the convenience of parents who may be visiting neonates in the NICU for extended periods of time.

The Lounge should be located with convenient access to the NICU inpatient area. The Lounge will include:

- Comfortable seating
- Dining table and chairs
- Kitchenette with facilities for preparing drinks and food reheating, (cooking facilities are not included)
- Television and telephone

An external outlook is essential. Acoustic treatment should be provided to minimise noise transfer to adjacent areas.

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. Rfer to the full **Role Delineation Framework** (**Part A - Appendix 6**) in these guidelines for a full description of RDL's.

The table below shows a 25 bed Maternity Unit at RDL 3-6. For NICU, it is only permitted at RDL 4-6 as shown below.

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 Inpatient Unit – Antenatal and Postnatal

ROOM/ SPACE	**Standard Component Room Codes**									**RDL 3-6 Qty x m²**			**Remarks**
Unit Size										**25 Beds**			
Entrance/ Reception													
Reception	recl-10-d									1	x	10	
Lounge - Visitor	wait-30-d									1	x	30	Divided into male/female areas. Area may be enlarged to increase seating capacity
Meeting Room - Small	meet-9-d similar									1	x	12	Interviews with family
Toilet - Public	wcpu-3-d									2	x	3	Separate Male and Female. Minimum 1 pair per floor
Toilet - Accessible	wcac-d									1	x	6	Minimum 1 per floor
Patient Areas													
1 Bed Room - Standard	1br-st-18-d									4	x	18	Antenatal; located in a quiet zone; Mix and number depend on service demand

ROOM/ SPACE	Standard Component Room Codes									RDL 3-6 Qty x m^2			Remarks
Unit Size										**25 Beds**			
1 Bed Room - Standard	1br-st-18-d									10	x	18	Postnatal; Mix and number depend on service demand
1 Bed Room - Isolation	1br-isp-18-d 1br-isn-18-d									1	x	18	Class N or P as required by service demand; optional; replace with 1 addition patient room if not provided
1 Bed Room - Large	1br-lg-28-d									1	x	28	May be used for multiple births / special needs patients
1 Bed Room - VIP	1br-vip-36-d									1	x	36	Provide according to service demand
2 Bed Room	2br-st-28-d									4	x	28	Postnatal; Mix and number depend on service demand
Anteroom	anrm-d									1	x	6	For 1 Bed Room – Isolation; if provided
Ensuite - Standard	ens-st-d or ens-st-c-d									19	x	5	Directly accessible from each 1 Bed, 2 Bed and Isolation rooms
Ensuite - Super	ens-sp-d									1	x	6	For 1 Bed Room - Large. Special fittings required for bariatrics
Ensuite - VIP	ens-vip-d									1	x	8	For 1 Bed Room - VIP
Lounge - Patient	lnpt-15-d or lnpt-s-d similar									1	x	20	Patient communal space
Sitting Alcove	NS									2	x	2	Optional, locate along Corridors
Toilet - Patient	wcpt-d									1	x	4	Optional; locate adjacent to communal areas
Bathroom	bath-d similar									1	x	15	1 per 60 beds or may be shared between 2 units
Treatment Room	trmt-14-d									1	x	14	Optional; provide according to service demand
Support Areas													
Bay - Beverage, Enclosed	bbev-enc-d									1	x	5	Can be in an open Bay Refer Room Code: bbev-op-d
Bay - Handwashing, Type B	bhws-b-d									4	x	1	In addition to basins in patient rooms; 1 at entry, 1 near staff station; Refer to Part D
Bay - PPE	bppe-d									1	x	1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Prevention and Control
Bay - Linen	blin-d									2	x	2	Quantity and location to be determined for each facility
Bay - Meal Trolley	bmew-4-d similar									1	x	4	Optional; dependent on catering and operational policies
Bay - Mobile Equipment	bmeq-4-k or bmeqe-4-k									1	x	4	Quantity, size and location dependent on equipment to be stored; opened or enclosed bay

ROOM/ SPACE	Standard Component Room Codes									RDL 3-6 Qty x m²			Remarks
Unit Size										**25 Beds**			
Bay - Resuscitation Trolley	bres-d									1	x	1.5	
Bay - Pneumatic Tube	NS									1	x	1	Optional, Locate at Staff Station or under staff supervision
Clean Utility	clur-12-d									1	x	12	Can be combined with Medication Room
Medication Room	medr-d									1	x	10	Can be combined with Clean Utility
Clean Utility / Medication	clum-14-d									1	x	14	Optional; if combined Clean Utility and Medication Room is preferred.
Dirty Utility	dtur-14-d									1	x	14	2 may be required to minimise travel distances
Disposal Room	disp-8-d									1	x	8	
Pantry	ptry-d									1	x	8	Optional; if Beverage Bay provided
Feeding Room	feed-d similar									1	x	8	Optional; adjacent to Formula Room if provided;
Formula Room	form-d									1	x	10	Milk storage; only required if Well Baby Nursery is not collocated; adjacent to Feeding Room
Store - Equipment	steq-20-d									1	x	20	Size dependent on equipment to be stored
Store - General	stgn-8-d similar									1	x	10	Size as per service demand and operational policies
Cleaner's Room	clrm-6-d									1	x	6	Includes storage for dry goods
Staff Areas													
Staff Station	sstn-14-d									1	x	14	May include ward clerk; size dependant on qty of staff
Office - Clinical / Handover	off-cln-d									1	x	15	May be collocated with Staff Station
Office - Single Person	off-s12-d									2	x	12	NUM office and clinical personnel as needed
Meeting Room - Medium / Large	meet-l-15-d similar									1	x	20	Meetings, Tutorials; shared between 2 units
Staff Room	srm-15-d									1	x	18	Includes food preparation area
Property Bay	prop-3-d similar									2	x	2	Separate M/ F; size & qty for maximum staff complement per shift
Toilet - Staff	wcst-d									2	x	3	Separate Male and Female
Sub Total										**928**			
Circulation %												**35**	

ROOM/ SPACE	Standard Component Room Codes				RDL 3-6 Qty x m^2	Remarks
Unit Size					**25 Beds**	
Total Areas					**1252.8**	

Please note the following:

- 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.
- 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.

1.7.2 Nursery – Well Baby Nursery (WBN)

The Well Baby Nursery (WBN) may be located with the Maternity Inpatient Unit or adjacent to other Nurseries

ROOM/ SPACE	Standard Component Room Codes				RDL 3 - 6 Qty x m^2	RDL 3 - 6 Qty x m^2	Remarks
Nursery - Well Baby					**6 cots**	**12 cots**	**No of Cots as per Service Plan**
Neonatal Bay - General Care	nbgc-d				6 x 5	12 x 5	
Staff Station/ Clean Utility	sscu-d				1 x 9	1 x 9	
Bathing/ Examination	ns				1 x 10	1 x 10	
Bay - Handwashing, Type B	bhws-b-d				2 x 1	4 x 1	1 per 4 cots; refer to Infection Control, Part D
Bay - Linen	blin-d				1 x 2	1 x 2	
Bay - Resuscitation Trolley	bres-d				1 x 1.5	1 x 1.5	Neonatal resuscitation trolley
Dirty Utility	dtur-s-d				1 x 8	1 x 8	May be shared with adjacent unit
Disposal Room	disp-8-d					1 x 8	May be shared with adjacent unit

ROOM/ SPACE	Standard Component Room Codes			RDL 3 - 6 Qty x m²	RDL 3 - 6 Qty x m²	Remarks
Feeding Room	feed-d similar			1 x 8	1 x 12	Located adjacent to Formula Room
Formula Room	form-d			1 x 10	1 x 10	Milk storage
Store - Equipment/ General	steq-10-d				1 x 8	Mobile equipment, general supplies
Sub Total				**80.5**	**132.5**	
Circulation %				**35**	**35**	**Minimum 35, recommended 40**
Total Area				**108.7**	**178.9**	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU
- Support rooms including Cleaner's Room and Storerooms may be shared with an adjacent unit
- 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.
- 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.

1.7.3 Nursery - Special Baby Care Unit (SCBU) Optional

The Neonatal Special Care Baby Unit (SCBU) may be located with Well Baby Nursery or collocated with Neonatal Intensive Care Unit.

ROOM/ SPACE	Standard Component Room Codes			RDL 3 - 6 Qty x m²	RDL 3 - 6 Qty x m²	Remarks
Nursery- Special Care Baby Unit				**6 Cots**	**12 Cots**	**Optional**
Neonatal Bay - Special Care	nbsc-d similar			6 x 12	11 x 12	Qty will depend on No. of Birthing Rooms, beds and service plan
Neonatal Bay - Resuscitation	nbicu-d			1 x 14	1 x 14	For resuscitation and transfer prep; in addition to neonatal bays

ROOM/ SPACE	Standard Component Room Codes							RDL 3 - 6 Qty x m²			RDL 3 - 6 Qty x m²			Remarks
Neonatal Room - Special Care - Isolation Class N	nbsc-d similar										1	x	14	Provide according to Service Plan
Anteroom	anrm-d										1	x	6	For Isolation Room, Negative Pressure
Bathing/ Examination	NS							1	x	10	1	x	10	
Support Areas														
Bay - Handwashing, Type A	bhws-a-d							4	x	1	7	x	1	1 per 2 cots + 1 at entry
Bay - Linen	blin-d							1	x	2	1	x	2	
Bay - Mobile Equipment	bmeq-4-d							1	x	4	1	x	4	
Bay - Pathology	bpath-d							1	x	1	1	x	1	May include a Pneumatic Tube system station
Bay - Resuscitation Trolley	bres-d							1	x	1.5	1	x	1.5	Neonatal resuscitation trolley
Cleaner's Room	clrm-6-d										1	x	6	May be shared
Clean Utility	clur-8-d clur-12-d							1	x	8	1	x	12	May be collocated with Staff Station
Dirty Utility	dtur-s-d dtur-12-d similar							1	x	8	1	x	10	
Disposal Room	disp-8-d										1	x	8	May be shared
Feeding Room	feed-d similar							1	x	8	1	x	12	Located adjacent to Formula Room
Formula Room	form-d							1	x	10	1	x	10	Milk storage
Staff Station	sstn-14-d similar sstn-20-d							1	x	12	1	x	20	2, 4 staff seated
Store - Equipment	steq-10-d similar steq-16-d similar							1	x	12	1	x	24	Based on a minimum of 2 m2 per cot
Store - General	stgn-8-d similar stgn-12-d							1	x	6	1	x	12	Consumable stock and sterile packs
Treatment Room	trmt-d							1	x	14	1	x	14	Optional
Staff Areas														
Meeting Room, 9 m²	meet-9-d										1	x	9	Interviews, Meetings, Tutorials & Education
Office - Single Person, 9 m²	off-s9-d							1	x	9	1	x	9	Note 1; SCN Manager
Toilet - Staff (Male/ Female)	wcst-d										2	x	3	May be shared with adjacent general staff amenities
Sub Total								**195.5**			**343.5**			
Circulation %										**35**			**35**	

ROOM/ SPACE	Standard Component Room Codes			RDL 3 - 6 Qty x m^2	RDL 3 - 6 Qty x m^2	Remarks
Total Area				**263.9**	**463.7**	

1.7.4 Nursery – Neonatal Intensive Care (NICU)

The Neonatal Intensive Care Unit is optional, depending on RDL; and inclusion will be dependent on the Service Plan

ROOM/ SPACE	Standard Component Room Codes						RDL 4-6 Qty x m^2			RDL 4-6 Qty x m^2			Remarks
Unit Size							**6 Cots**			**12 Cots**			
Entry/ Reception													**Optional - may be shared**
Reception	recl-10-d similar						1	x	8	1	x	10	May be shared with an adjacent unit
Waiting - Family	wait-20-d similar						1	x	15	1	x	20	
Play Area - Paediatric	plap-10-d similar						1	x	8	1	x	10	Adjacent to Waiting-Family
Meeting/ Interview Room	meet-9-d meet-l-15-d similar						1	x	9	1	x	12	Family interviews
Toilet - Public	wcpu-3-d									2	x	3	May share facilities with adjacent unit
Nursery - Intensive Care													
Neonatal Bay - Intensive Care	nbicu-d similar						5	x	16	10	x	16	Qty will depend on No. of Birthing Rooms, beds and service plan
Neonatal Bay - Resuscitation	nbicu-d similar						1	x	16	1	x	16	For resuscitation and transfer prep; in addition to neonatal bays
Neonatal ICU - Isolation Room, Negative Pressure	NS						1		18	1	x	18	Provide according to Service Plan; includes handbasin within
Neonatal ICU - Isolation Room, Positive/ Standard Pressure	NS									1	x	18	Provide according to Service Plan, includes handbasin within
Anteroom	anrm-d						1	x	6	2	x	6	For Isolation Room, Negative Pressure
Bathing/ Examination	NS						1	x	10	1	x	10	
Support Areas													
Bay - Blanket/ Fluid Warmer	bbw-d						1	x	1	1	x	1	
Bay - Handwashing, Type A	bhws-a-d						4	x	1	8	x	1	1 per 2 NICU cots, 1 for resus space, 1 at entry

ROOM/ SPACE	Standard Component Room Codes							RDL 4-6 Qty x m²			RDL 4-6 Qty x m²			Remarks
Unit Size								**6 Cots**			**12 Cots**			
Bay - Linen	blin-d							1	x	2	2	x	2	
Bay - Mobile Equipment	bmeq-4-d							1	x	4	1	x	4	
Bay - Pathology	bpath-d							1	x	1	1	x	1	Point of Care testing
Bay - Resuscitation Trolley	bres-d							1	x	1.5	1	x	1.5	Neonatal resuscitation trolley
Bay - Pneumatic Tube	NS							1	x	1	1	x	1	Optional, may be located with Pathology Bay or Staff Station
Cleaner's Room	clrm-6-d										1	x	6	Smaller units may share
Clean Utility	clur-8-d clur-12-d							1	x	8	1	x	12	
Medication Room	medr-d							1	x	8	1	x	10	
Clean Utility / Medication	clum-14-k										1	x	14	Optional if Clean Utility and Medication Room provided.
Dirty Utility	dtur-s-d dtur-12-d							1	x	8	1	x	12	
Disposal Room	disp-8-d										1	x	8	May be shared
Equipment Clean-up	ecl-10-d similar							1	x	8	1	x	12	For dismantling & cleaning cots, incubators & equipment
Feeding Room	feed-d similar							1	x	8	1	x	12	Located adjacent to Formula Room
Formula Room	form-d							1	x	10	1	x	10	Includes milk storage
Office - Write-up (Shared)	off-wis-d similar							1	x	12	1	x	15	May be collocated with Staff Station
Procedure Room	proc-20-d										1	x	20	
Staff Station	sstn-14-d similar sstn-20-d							1	x	12	1	x	20	2, 4 staff seated
Store - Equipment	steq-10-d similar steq-16-d similar							1	x	12	1	x	24	Based on a minimum of 2 m² per cot
Store - General	stgn-8-d similar stgn-12-d							1	x	6	1	x	12	Consumable stock and sterile packs
Store - Sterile Stock	stss-12-d similar							1	x	6	1	x	10	
Treatment Room	trmt-d							1	x	14	1	x	14	Optional
Parent Support Areas														**Optional**
Parent Lounge/ Dining/ Kitchenette	NS							1	x	20	1	x	35	Optional, communal space, 8, 12 persons
Parent Overnight Stay Bedroom	ovbr-d							1	x	10	1	x	10	Optional

ROOM/ SPACE	Standard Component Room Codes			RDL 4-6 Qty x m²	RDL 4-6 Qty x m²	Remarks
Unit Size				**6 Cots**	**12 Cots**	
Parent Overnight Stay Ensuite	oves-d			1 x 4	1 x 4	Optional
Parent Property Bay	prop-3-d similar			1 x 2	1 x 4	Optional, Lockers for parents visiting
Toilet - Public	wcpu-3-d				2 x 3	Optional, may share adjacent facilities
Staff Areas						
Change - Staff (Male/ Female)	chst-12-d similar			2 x 10	2 x 14	Toilet, Shower and Lockers, may be shared
Meeting Room, Small	meet-9-d			1 x 9	1 x 9	Interviews, Tutorials
Meeting Room, Medium/ Large	meet-l-15-d				1 x 20	Meetings, Education
Office - Single Person	off-s9-d			1 x 9	1 x 9	Note 1; NICU Manager
Office - 2 Person Shared	off-2p-d				1 x 12	Note 1; Medical, Nursing, Allied Health as required
Office - Workstations	off-ws-d			2 x 5.5	4 x 5.5	Clerical support, Nursing, Medical as required
Staff Room	srm-15-d srm-25-d			1 x 15	1 x 25	May be shared
Sub Total				**396.5**	**707.5**	
Circulation %				**40**	**40**	
Total Area				**555.1**	**990.5**	

Note 1: Offices to be provided according to the number of approved full-time positions within the Unit

Please also note the following:

- 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.
- 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.

- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.

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:

- ACOG, American Congress of Obstetricians and Gynaecologists Clinical Guidelines 2017; refer to website, http://www.acog.org/Resources-And-Publications
- DH (Department of Health) (UK) Health Building Note 04-01: Adult Inpatient Facilities, 2009, refer to website; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148502/HBN_04-01_Final.pdf
- DH (Department of Health) (UK) Health Building Note 09-02: Maternity Care facilities, 2013, refer to website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147876/HBN_09-02_Final.pdf
- DH (Department of Health) (UK) Health Building Note 09-03: Neonatal Units, 2013, refer to website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147879/HBN_09-03_Final.pdf
- DH (Department of Health) (UK) Health Technical Memorandum 08-03: Bedhead Services, 2013, refer to website https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144247/HTM_08-03.pdf
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, Section 2.2-2.2 Medical/Surgical Nursing Unit, Section 2.2-2.11 Obstetrical Unit, Section 2.2-2.12 Nursery Unit, 2014 Edition; refer to website www.fgiguidelines.org
- International Health Facility Guidelines (Part B) – 157, refer to website www.healthdesign.com.au/ihfg
- Nurse/Midwife: Patient Ratios, ANMF, Australian Nursing and Midwifery Federation, 2016; refer to website http://www.anmfvic.asn.au
- Royal College of Obstetricians & Gynaecologists (UK) Guidelines, 2017, refer to website https://www.rcog.org.uk/guidelines