

Office Accommodation Policy - Public Health Organisations and Ambulance Service

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Functional Sub group Corporate Administration - Asset Management
Corporate Administration - Governance

Summary Office Accommodation Policy.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience ADM

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

OFFICE ACCOMMODATION POLICY

This document is a compliance support policy and is required to be complied with by public health organisations and the Ambulance Service of NSW.

This policy has been developed with input from Area Health Services and Branches from within the Department. It is consistent with the *NSW Office Accommodation Workspace Guidelines* and the standard components of the NSW Health Facility Guidelines.

The Policy provides designers and health planners with policy principles, design considerations and required spaces for the design of office accommodation in all health care facilities.

Please ensure that all facilities within your administration currently in the planning and design phases of capital projects comply with this policy.

Robert McGregor AM
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Office Accommodation Policy

1.1 About this Policy

NSW Health is a major procurer of assets and a major component are health care facilities. These facilities consist of clinical treatment spaces, infrastructure that supports the treatment spaces and office accommodation for administrative and some clinical health care workers.

This office accommodation policy is consistent with the *Office Accommodation Workspace Guidelines*, (prepared by NSW Department of Public Works and Services in July 1999) which forms an integral part of the *Government's Office Accommodation Reform Program* approved by Cabinet in June 1998.

1.2 Purpose of this policy

This policy outlines the required spaces for office accommodation in all health care facilities, and has been developed for architects, designers and health facility planners in the planning and design of all health care facilities.

New or refurbished office accommodation in health care facilities are to be designed in accordance with this policy, and read in conjunction with the NSW Government *Office Accommodation Workshop Guidelines*.

The key objectives of this policy is to:

- maximise the utilisation of space;
- ensure that the functional and flexible office environment is delivered within the standards set by the Building Code of Australia;
- ensure that the work environment supports new approaches to service delivery including increased collaboration between health professionals and a focus on multidisciplinary team work;
- maximise flexibility and minimise cost for future changes to office accommodation;
- provide a consistent approach to the design and planning of office accommodation; and
- provide accommodation that reflects changing patterns of work including part-time, job share, conjoint and multi-site appointments.

Architects, designers and health facility planners in designing office accommodation must also comply with (the latest version) of current statutory obligations including:

- Building Code of Australia 2004
<http://bcaonline.abcb.gov.au/>
- NSW Anti Discrimination Act 1977
- NSW Disability Services Act 1993
- OH&S Act 2000
- OH&S Regulation 2001
<http://www.legislation.nsw.gov.au/>

- Commonwealth Disability Discrimination Act 1992
http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/

1.3 Policy principles

The principles that underpin the provision of office accommodation in health care facilities include:

- 1.3.1 Office spaces should only be provided on a demonstrated needs basis ie: the type of office workspace considered in the planning and design phase will depend on the employment hours of staff, work undertaken and work patterns of staff;
- 1.3.2 Shared offices or workspaces must be encouraged, wherever possible, to promote cost effective office accommodation;
- 1.3.3 Single offices will only be provided where they can be justified by the nature of the work undertaken by the position. Considerations will include seniority, nature of supervisory role, productivity and time spent doing office-based duties;
- 1.3.4 Staff with multiple roles within the Area or across Areas should not be allocated more than one dedicated office or workspace;
- 1.3.5 Office support areas may include reception points, waiting areas, meeting rooms, kitchens etc. These are to be provided on a shared basis across units and justified by operational requirements;
- 1.3.6 Public amenities are to be provided when office spaces are co-located with clinical areas. This is to cater for visitors to the administrative area;
- 1.3.7 Support areas such as tutorial rooms, beverage areas, central printing, staff toilets etc are to be shared, when office spaces are co-located within clinical areas.

1.4 Design Considerations

The location of office accommodation may be in a clinical or non-clinical setting. The following issues should be considered during the planning and design of office accommodation in health care facilities:

- 1.4.1 The flow of public access may necessitate the need for a reception and waiting area for a cluster of offices and workstations.
- 1.4.2 Patient free and patient focus areas should be considered to enhance staff safety and to better facilitate security and “lock down” of various areas after hours.
- 1.4.3 Where office accommodation is grouped together eg Divisional or Academic offices, it is desirable that this accommodation is located with Departments of similar operating hours. This will ensure that

the floor or wing of the health care facility can be designed with similar building services, such as air conditioning and security requirements.

- 1.4.4 Office accommodation provided for academics may be collocated with a suite of shared consultation rooms.
- 1.4.5 Where open plan workstations are provided, the placement of staff handling similar confidential information should be identified and grouped.
- 1.4.6 Where a mix of open plan workstations and shared offices are provided, workstation layouts, finishes and acoustics are to be considered to reduce the noise levels.
- 1.4.7 Where offices are designed into the clinical environment, the proximity of the offices to the clinical area will depend on the function of the staff (eg Nurse Unit Manager, educator).
- 1.4.8 Equipment such as facsimile machines, printers, copiers to be shared by staff should be accommodated centrally in a room.
- 1.4.9 Access to adequate storage space is also an important consideration in an open plan arrangement.
- 1.4.10 Lighting should be glare free and where possible natural light should be accessed in accordance with relevant codes.
- 1.4.11 Fitout of the office accommodation should meet ergonomic standards and Occupational Health and Safety standards.
- 1.4.12 Where possible telecommunication and power fitouts should be standardised according to OH&S requirements and be easily accessible.
- 1.4.13 Furniture and equipment should be standardised for offices to minimise manual handling when staff are relocated. Therefore when staff are relocated, only files, chairs and personal items should be transferred.
- 1.4.14 Loose furniture and adaptable office partitioning systems should be used to enable easy reconfiguration of the space to meet changing needs.

1.5 Required Workspaces

Description	Work Spaces	Comment
1.5.1		Office spaces
1.5.1.1 Office Type A	18m ²	<p>For Area CE. 6m² has been incorporated to provide a meeting area within this office space.</p> <p>These Executives may have multiple roles, but only one dedicated office space should be assigned within the Area Health Service or across the Area Health Services.</p>
1.5.1.2 Office Type B	15m ²	<p>For Area Executive, General Managers. 3m² has been incorporated to provide a meeting space within this office.</p> <p>These staff may have multiple roles but only one dedicated office space should be assigned within the campus/Area Health Service.</p>
1.5.1.3 Office Type C	12m ²	<p>Clinical Stream/Divisional Executives, academics professors (full), Area Managers, Clinical Directors of Departments/Units, Health Service Managers (Rural Health) with significant staff supervisory responsibilities and the position is 0.8 FTE or higher.</p> <p>These staff may have multiple roles but only one dedicated office space should be assigned within the campus/Area Health Service.</p>
1.5.1.4 Office Type D	9m ²	<p>Nurse Unit Managers, Staff Specialists, Business Managers, and Department Heads with significant staff supervisory responsibilities and the position is 0.8FTE or higher.</p> <p>A manager may be responsible for more than one Unit/Department, but should only have one office assigned within the campus/Area Health Service.</p>
1.5.1.5 Shared office Type A	12m ²	Shared office area for 2 persons with two workstations to undertake administrative duties.

Description	Work Spaces	Comment
1.5.1.6 Shared office Type B	15m ²	Shared office space for 3 persons with three workstations to undertake administrative duties.
1.5.1.7 Shared office Type C	20m ²	Shared office space for 4 persons with four workstations to undertake administrative duties.
1.5.2		Workstations
1.5.2.1 Workstation A	4.4 m ²	For research assistant and staff who spend the majority of their time providing services in the community such as Outreach, Community Health, Community Mental Health.
1.5.2.2 Workstation B	5.5 m ²	For Research Fellows, Data Managers, Clinical Nurse Consultants, administration staff or staff who require a workstation.
1.5.3		Shared Workbase
1.5.3.1 Shared Workbase		<p>This is a workroom with workbenches designed along wall perimeters of 750mm - 800mm in depth. The provision of 2.2m² per staff is required.</p> <p>This work base is designed to accommodate staff who due to areawide responsibilities travel between health care facilities and may require workspace to perform administrative functions. This work base may also be suitable for staff entering data.</p>
1.5.4		Shared Support Spaces
1.5.3.1 Waiting Areas		The provision of 1.2m ² per person and 1.5m ² for wheelchairs is required.
1.5.3.2 Meeting Room – A	9m ²	For interview purposes for 2 – 3 people.
1.5.3.3 Meeting Room – B	12m ²	An area suitable for 4 - 6 people. For staff, patients and family members to conduct confidential discussions.
1.5.3.4 Meeting Room – C	20m ²	An area suitable for 8 -12 people to conduct meetings. This room is a shared facility and is to be accessed through a booking system.

Description	Work Spaces	Comment
1.5.3.5 Meeting Room – D	30m ²	Allows for up to 14 - 20 people to attend meetings or can be used as a small group room for Community Health. Where Meeting and Group rooms are co-located, movable walls may be installed allowing greater flexibility in the possible use of these areas as single rooms or one large facility.
1.5.3.6 Meeting Room – E	55m ²	Allows for up to 50 people seated plus lecture area. The provision of non-fixed and portable seating would allow greater flexibility. Can be used as a large group room for Community Health. As lie down space for antenatal classes this room will accommodate less people.

References

Department of Human Services, June 2003. Design Guidelines for Hospitals and Day Procedure Centres. Victorian Government, Melbourne.

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Queensland Government, 2000. Office Fitout Guidelines. Government Office Accommodation Committee. Queensland.