

Section 2

# General Principles 2

# general principles

## 1.0 General Design Issues

### Design Objectives

#### 1.1 Legislative and regulatory standards

##### 1.1.1 To achieve accreditation appropriate to the facility

##### 1.1.2 To provide safe, hygienic buildings

##### 1.1.3 To utilise life cycle costing principles for affordable, sustainable facilities

##### 1.1.4 To avoid building systems with high risk to long-term maintenance

### Design Guidelines

The building and surrounds shall be designed to facilitate compliance with the Commonwealth Accreditation Standards and in conjunction with Queensland Health policy.

All built form and fit-out shall achieve compliance with the Building Certification Assessment Instrument in conjunction with Queensland Health policy.

Comply with the Building Act 1975 and Sewerage and Water Supply Act 1998 and associated subordinate legislation including the Building Code of Australia.

Comply with all mandatory standards referenced by the Building Code of Australia.

Adopt the principles of all relevant non-mandatory building standards consistent with these guidelines.

Choose building systems, materials, finishes, furnishings and equipment, which minimise recurrent and replacement costs within the constraints of the capital budget.

Utilise low-maintenance building forms, construction techniques and materials.

Particular attention is required to prevent water penetration into buildings.

Direct stormwater collection away from buildings, eg. avoid box gutters.

Ensure that all structural and finishing timber is adequately protected from attack by subterranean termites. Consider the use of treated timber to counter the high risk associated with the close proximity of floor levels and external paving and ground levels.

# general principles

## Design Standards and Policies

## Design Diagrams

### 1.1.1 *Aged Care Act 1997*

Accred Stds: Standards & Guidelines for Residential Aged Care Services, Commonwealth Dept of Health & Family Services, Aged & Community Care Division, 1998

Building Certification requirements: prerequisite for Accred Stds assessment by the Accreditation Agency

### 1.1.2 Building Act 1975

Building Code of Australia  
Australian Standards  
*Sewerage and Water Supply Act 1998*  
Food Hygiene Regulations  
Standard Building Regulation 1993  
*Workplace Health & Safety Act 1995*  
Workplace Health & Safety Regulations 1997  
AS 4083 Planning for emergencies - Health care facilities  
Certification Assessment - Section 1 Safety  
Accred Std 4.4 - Living Environment  
Accred Std 4.5 - Occupational Health & Safety  
Accred Std 4.6 - Fire, Security and Other Emergencies  
Accred Std 4.7 - Infection Control  
Accred Std 4.8 - Catering, Cleaning and Laundry Services

AS 3500 4 Hot Water Installation

### 1.1.3 The Royal Australian Institute of Architects - Practice Notes

### 1.1.4 AS 3660 Protection of buildings against subterranean termites

**Note:**

The above recommended references are not exhaustive. The principles of the non-mandatory design standards listed should be adopted, except where in conflict with the Queensland Health Department policies, guidelines, or care models.

# general principles

## Design Objectives

### 1.2 Environmental and heritage issues

#### 1.2.1 To maximise energy efficiency

#### 1.2.2 To conserve designated buildings in accordance with government heritage policies

#### 1.2.3 To extend useful and functional life of buildings

## Design Guidelines

Plan to reduce demand on non-renewable energy resources.

Buildings should be designed, constructed, equipped and managed to optimise energy savings.

Site, orientate, and utilise buildings to optimise environmental advantages.

Uphold the principles of the Burra Charter.

Preserve unique and significant built environments in the custody of the Queensland Government.

Minimise removal of and damage to existing building fabric of heritage value.

Building design shall maximise the use of various spaces for multiple purposes, wherever practical.

Minimise the use of internal load-bearing walls to allow for future flexibility.

Building services shall be routed in easily accessible locations where practical, to allow for future modifications.

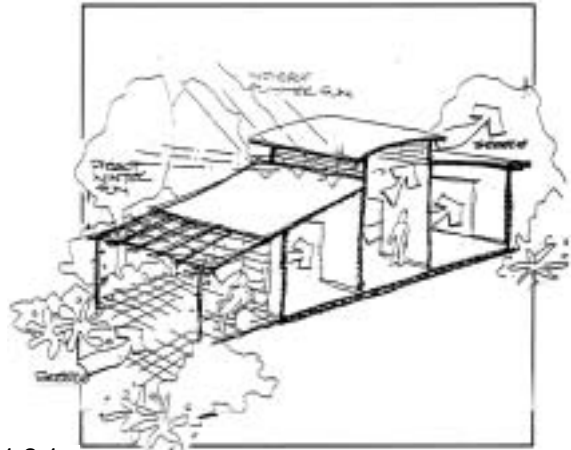
# general principles

## Design Standards and Policies

**1.2.1** The Royal Australian Institute of Architects -  
Environment Design Guide  
*Environmental Protection Act 1994*  
Environmental Protection Regulations 1998  
Environmental Protection  
Water/Noise/Air/Waste Policies

**1.2.2** *Queensland Heritage Act 1992*  
Queensland Heritage Regulations 1992  
Burra Charter  
Local Town Plan and Development Control  
Plans for Heritage Policy

## Design Diagrams



1.2.1

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# general principles

## Design Objectives

### 1.3 Equitable access

**1.3.1 To allow to accommodate residents from a wide range of socio-economic and cultural backgrounds**

**1.3.2 To provide barrier free access for mobility and sensory impaired staff and visitors**

**1.3.3 To minimise barriers to the access and care of mobility impaired residents**

## Design Guidelines

Aesthetic themes should appeal to a wide range of residents.

Incorporate the need of special groups such as Aboriginal or Torres Strait Islander people, and people from non-English speaking (NES) backgrounds.

Do not design facilities that are so specific as to exclude acceptance by particular ethnic or cultural groups.

Provide the same opportunities and choices for disabled staff and visitors that ambulant persons enjoy.

Provide adequate space for the manoeuvring of a wide range of mobility aids, resident lifting equipment and for staff to assist residents with all activities.

Consideration must be given to the requirements of the Disability Discrimination Act. Note that at this stage there is no aged care specific Australian Standard. Refer to AS1428, but utilise only those principles contained within that standard which are relevant to the access requirements of residential aged care facilities.

# general principles

## Design Standards and Policies

## Design Diagrams

- 1.3.1** Accredited Std 3.8 - Cultural and Spiritual Life.  
Concessional Ratio: sets out to provide a level of equality of access to appropriate aged care services regardless of the residents financial circumstances. (There is a different quota for each of the 67 planning regions around Australia - with a 27% overall quota nationally)  
*Anti-Discrimination Act 1991*
- 1.3.2** Accredited Std 4.4 - Living Environment  
*Disability Discrimination Act 1992*  
Accredited Std 2.14 - Mobility, Dexterity and Rehabilitation  
Accredited Std 3.5 - Independence  
Accredited Std 3.9 - Choice & Decision-Making
- 1.3.3** Accredited Std 4.4 - Living Environment  
Accredited Std 2.14 - Mobility, Dexterity & Rehabilitation  
Accredited Std 2.16 - Sensory Loss  
*WPH&S Act 1995*  
WPH&S Regulations 1997  
WPH&S: Code of Practice Manual Handling 1991  
WPH&S Code of Practice Manual Handling of People, 1992  
AS 1428 Design for Access and Mobility

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# general principles

## Design Objectives

### 1.4 Living environment

- 1.4.1 **To provide a domestic ambience to all resident use spaces**
  
- 1.4.2 **To avoid an institutional character**
  
- 1.4.3 **To minimise the intrusion of therapy and utilities functions into resident use spaces**
  
- 1.4.4 **To facilitate personalisation of residents private spaces**
  
- 1.4.5 **To create a welcoming, comfortable environment to encourage visitors**

## Design Guidelines

The facility is 'home' to its residents and should therefore display a character consistent with a homelike environment which engenders a sense of belonging, familiarity, safety, comfort and care.

Although it is essential that the environment be therapeutic and facilitate resident care, its ambience should de-emphasise any associated institutional characteristics.

The interface between staff-only use spaces and resident use spaces shall be designed to emphasise a 'homelike' living environment.

Rooms and spaces used specifically for staff and utilities functions, therapies, storage of equipment, etc., should not be exposed directly to resident use spaces.

Maximise the limited opportunities for residents to personalise their private spaces.

Bedrooms should include facilities for display of personal pictures, photographs, ornaments, etc.

Visitors need to be able to sense that they are welcomed into a 'home' rather than an institution. This should engender a relaxed and friendly attitude which is helpful to the well-being of residents and encourages increased visitation.

Public entrances to the grounds and buildings need to reflect a low-key residential character rather than commercial. 'First impressions' given by the entry areas should emphasise a caring and secure domestic environment.

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## Design Standards and Policies

**1.4.1** Accred Std 4.4 - Living Environment  
Accred Std 3.0 - Resident Lifestyle

**1.4.2** Accred Std 2.0 - Health and Personal Care  
Accred Std 3.0 - Resident Lifestyle

**1.4.3** Accred Std 3.0 - Resident Lifestyle  
Accred Std 4.4 - Living Environment  
*Workplace Health & Safety Act 1995*  
*Workplace Health & Safety Regulations 1997*

**1.4.4** Accred Std 3.0 - Resident Lifestyle  
Accred Std 4.4 - Living Environment

**1.4.5** Accred Std 3.0 - Resident Lifestyle  
Accred Std 4.4 - Living Environment

## Design Diagrams



1.4.4



1.4.5

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# general principles

## Design Objectives

### 1.5 Way finding

**1.5.1 To provide a logical progression and flow between different spaces**

**1.5.2 To ensure various sub-units of the building are easily identifiable and unique**

**1.5.3 To introduce signage and cueing elements to enhance way finding**

## Design Guidelines

Ensure a spatial hierarchy is established to clearly define public and private, and vehicular and pedestrian space.

Ensure pathways are well delineated, wide enough for two people to pass and located to preserve privacy of interior spaces.

Differentiate similar sub-units from each other with some unique treatment.

Communal outdoor space for each sub-unit should be specifically expressed.

Externally, vary roofs and building forms and express entry points.

Internally, vary spatial design and finishes to emphasise transition points.

As much as is practical, introduce cues to differentiate between sub-units, entrances and corridors. Cues include different building forms and spatial design, finishes, colour, decoration, furnishings and artwork, which can stimulate sight, touch, smell and hearing.

Provide all signage as necessary to give clear directions to residents, staff and visitors. Limit the use of signage so as to minimise an institutional character.

# general principles

## Design Standards and Policies

**1.5** Certification Assessment - Section 4 Access, Mobility and Occupational Health and Safety

**1.5.1** Accredited Std 3.6 - Privacy & Dignity  
Accredited Std 4.4 - Living Environment

**1.5.2** Accredited Std 2.16 - Sensory Loss  
Accredited Std 4.4 - Living Environment

**1.5.3** AS 1428 Part 1, Design for Access and Mobility  
Accredited Std 2.4 - Clinical Care (Dementia Care)  
Accredited Std 2.16 - Sensory Loss  
Accredited Std 4.5 - Occupational Health & Safety  
Accredited Std 3.0 - Resident Lifestyle  
*Workplace Health & Safety Act 1995*  
*Workplace Health & Safety Regulations 1997*  
*Workplace Health & Safety - First Aid Advisory Standards 1999 for signage*  
*Food Safe Plus: Food Safety Program developed by Australian Institute of Environmental Health 1998, for hazard analysis critical control points signage in Kitchens*

## Design Diagrams



1.5

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# general principles

## Design Objectives

### 1.6 Security privacy and permeability

**1.6.1 To engender a feeling of security and a sense of community**

**1.6.2 To facilitate the easy access of residents, staff and visitors**

**1.6.3 To restrict the access of unauthorised persons**

**1.6.4 To clearly delineate public space, community space and private space**

**1.6.5 To provide privacy levels appropriate for various activities and cultural norms**

## Design Guidelines

Staff and residents need to be confident with the system and procedure for securing themselves and others in dangerous situations.

Security installations should be undetectable or discreet within user spaces.

Site entry and the front door should be clearly recognisable and located by the most logical and direct path of travel.

Boundaries of private property should be clearly defined and deter undesirable entry after visiting hours.

Introduce way finding cues and signage to indicate the transition between different spaces for public, community and private use.

Provide sufficient amenities, taking into consideration various cultural backgrounds of residents.

Private activities may include sleeping, undisturbed reading, time with relatives, sessions with consultants and therapists etc.

# general principles

## Design Standards and Policies

- 1.6.1** Certification Assessment - Section 7 Security
  - Accred Std 4.5 - Occupational Health & Safety
  - Accred Std 4.6 - Fire, Security and Other Emergencies
  - AS 4083 Planning for Emergencies - Health Care Facilities
  - AS 3745 Emergency Control Organisation and Procedures for Buildings
  - Workplace Health & Safety Act 1995*
  - Workplace Health & Safety Regulations 1997
  - AS 4485 Security for health care facilities
  
- 1.6.2** Accred Std 3.6 - Privacy & Dignity
  - Accred Std 4.4 - Living Environment
  - Accred Std 3.10 - Resident Security of Tenure and Responsibilities
  
- 1.6.3** Accred Std 3.0 - Resident Lifestyle
  - Accred Std 4.6 - Fire, Security and Other Emergencies
  
- 1.6.4** Accred Std 3.6 - Privacy & Dignity
  - Accred Std 3.10 - Resident Security of Tenure and Responsibilities
  
- 1.6.5** Certification Assessment - Section 3 Privacy
  - Accred Std 3.0 - Resident Lifestyle

## Design Diagrams



1.6.2



1.6.4

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