



Community Pharmacy Premises in Scotland  
- Providing NHS Pharmaceutical Services

## **Scottish Health Planning Note 36**

### **Part 3: Community Pharmacy Premises in Scotland**

#### **Providing NHS Pharmaceutical Services**

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## Foreword

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Community Pharmacies are privately owned businesses that have arrangements with the NHS to provide pharmaceutical services. Community Pharmacy premises are, by their very nature, diverse. Ownership can be classified into single ownership, partnerships, consortiums or Body Corporates. They consist of a mixture of both freehold and leased properties. They are located in inner city areas, urban settings or rural communities; they can be further subdivided into high street setting, community setting, health centre and retail park locations. This diversity brings both opportunities and challenges in supporting developments in pharmacy premises improvements.

'The Right Medicine; a Strategy for Pharmaceutical Care in Scotland' identified the need to underpin any extended professional roles for community pharmacists by ensuring that their premises were fit for future purpose. This meant addressing a range of potential improvements from access to pharmacies for people with disabilities (e.g. visual, hearing, physical), to the provision of areas allowing greater privacy (e.g. for the provision of emergency hormonal contraception, methadone supervision) through to developing the role of the network of Community Pharmacies as walk-in health living centres, accommodating both employees of the health service and other agencies.

The Scottish Executive and NHSScotland have provided a programme of activities and initiatives over a number of years to support Community Pharmacy premises developments. This has included annual grants for targeted premises improvements, the inclusion of pharmacy premises in the Primary and Community Care Premises Modernisation Programme and the development of a number of model pharmacies to act as test beds for new services by creating an environment for innovative ways of working. This has resulted in better provision for people with disabilities in line with the Disability Discrimination Act 1995, greater privacy and a more professional environment for pharmacists, their staff and patients.

In addition, many NHS Boards have had ongoing programmes of investment at a local level, developing pharmacy premises as part of their own premises modernisation programmes. In order to support this process, some have devised criteria and appraisal processes to ensure a more equitable and transparent processes for investment. Others have conducted audit exercises in order to inform the development of premises registers which, in turn, allows the mapping of resource against need. These initiatives have been welcomed by all pharmacists as a way of offering a fair process for allocating resources within timescales that have allowed for initiatives to be included in planning timetables.

With the new Community Pharmacy contract in mind as a driver for premises redesign, the Scottish Executive and Community Pharmacy Scotland (CPS) held a joint seminar with community pharmacists and the NHS to explore the lessons learnt to date from the various initiatives and to consider options for the

way ahead. The purpose being to start to define requirements to ensure Community Pharmacy premises were fit for future purpose.

Discussions centred on the need for pharmacy premises to provide the right balance between a clinical and customer focus: meet standards for clinical practice; build privacy into design; create an ambience which promotes customer/patient confidence; and promote health and healthcare related products.

In Scotland there is also a growing acknowledgment of the developing role of the network of Community Pharmacies acting as a readily accessible first point of contact with the NHS. There are opportunities to build further on this by allowing other professionals such as nurse practitioners, dieticians, chiropractors and local authority personnel to use Community Pharmacies as a contact point to out reach to patients and clients.

In addition, new and emerging technologies, such as robotic dispensing systems, touch screen technology and the electronic transfer of prescriptions, will serve to further improve the efficiency of pharmacies and address some of the workload issues. These new technologies will assist in freeing up time to allow the community pharmacist to further develop their clinical role in caring for patients and better utilise their knowledge and skills. The future design of pharmacy premises will therefore need to take into account these new technologies alongside providing premises which reflect the clinical role of the community pharmacist.

This Planning Note captures much of the progress made to date and outlines a set of appositional standards for the premises of Community Pharmacy contractors in Scotland in a similar way to arrangements for other primary care contractors. It is based on the advancements already established with regards to Community Pharmacy premises development, both nationally and locally. In addition it will also be used to inform negotiations on the premises aspect of the infrastructure element of the new pharmacy contract.

I am grateful to all the individuals who have contributed to the production of these standards and I commend this document to any Community Pharmacy contractor or NHS Board looking to continue to modernise our Community Pharmacy network through premises improvements.

**Professor Bill Scott**  
**Chief Pharmaceutical Officer**  
**Scottish Executive**



## 1. Introduction

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### Community Pharmacy

- 1.1 Pharmacists are the most accessible healthcare professionals and see the greatest number of patients each day; in fact over 90% of the population in Scotland visit a Community Pharmacy each year. Pharmacists are already delivering both existing and new services from their premises, for example, provision of advice/consultations, health information for travellers, treatment of minor ailments, pregnancy testing, warfarin monitoring, testing for substances and blood borne viruses, non-invasive procedures, management of chronic diseases and immunisation programmes.
- 1.2 New and recently refurbished Community Pharmacies comprise a different style of layout to the more traditional pharmacy, which tended towards the display of cosmetics and toiletries. In this new model of pharmacy, the aim is to support pharmacists in their increasing involvement of extended consultation services and the future move toward pharmacist prescribing.
- 1.3 The new Community Pharmacy contract in Scotland will ensure the provision of four essential Pharmaceutical Services (PS) – a Minor Ailment Service, Acute Medication Service, Chronic Medication Service and Public Health Service – and a number of locally defined additional services will be made available to many more patients. In addition, IM&T (Information, Management and Technology) is likely to play an increasingly important part in Community Pharmacy activities.
- 1.4 This Scottish Health Planning Note (SHPN) for Community Pharmacy premises in Scotland provides descriptions of a number of areas and rooms which may be considered for inclusion in a Community Pharmacy depending on local requirements.

### Scope and limitations

- 1.5 This document is the third in a series of three Scottish Health Planning Notes. The other two being 'Part 1: General Medical Practice Premises in Scotland' and 'Part 2: NHS Dental Premises in Scotland' and these documents will be referred to in this document.
- 1.6 This document draws from best practice and advice received from healthcare bodies, pharmacists and pharmacy premises fitters within the UK and provides guidance on the spatial organisation and dimensional standards required for Community Pharmacy premises, and is specifically aimed at:
  - Community Pharmacy contractors planning new premises or refitting existing premises;

- the development/re-development of pharmacies in health centres, and publicly owned buildings, which are let to consortia or individual contractors;
- the development of Community Pharmacies co-located with new medical centres;
- the development of new concepts such as walk-in centre services for minor injuries and ailments based in Community Pharmacy premises.

It is not designed to replace guidance within the Royal Pharmaceutical Society of Great Britain (RPSGB) Code of Ethics and Standards; [www.rpsgb.org.uk](http://www.rpsgb.org.uk)

Further information is available from the RPSGB Legal and Ethical Advisory Service

- 1.7 This document is primarily aimed at pharmacy contractors and/or NHS Boards considering a new build or refurbishment option for a small to medium sized pharmacy facility and is intended to provide them with guidance in compiling their 'requirement' documentation. However, it may also be of help to any pharmacist considering a smaller scale refurbishment to all or part of their premises. The guidance also provides design teams with a set of minimum standards required. Detailed aspects of any procurement and project costing have been specifically excluded from this guidance since these lie beyond the scope of the exercise; it is considered that these aspects have sufficient coverage elsewhere.
- 1.8 Pharmacists can also obtain help and advice from their NHS Boards in-house property team. Further construction procurement and briefing guidance is contained within 'PROCEDURE' Construction Procurement Guidance for NHSScotland. Alternatively the Chartered Institute of Buildings 'Code of Practice for Project Management for Construction and Development' (ISBN 1405103094) is one of many guidance documents available on the subject of procurement options.

## Methodology

- 1.9 It is assumed that those concerned with the design and construction of any Primary Healthcare (PHC) Premises have a working knowledge of the range of statutory requirements, the Code of Practice and any other guidance relevant to the procurement and/or design of PHC Premises. The approach here is to deal with only those aspects which are considered additional to the many requirements specified elsewhere, in other words the items included here are those thought to distinguish PHC Premises from other types of building.
- 1.10 The aspects of the design chosen for consideration are listed under functional space headings and, where possible, objective criteria have been used for ease of verification. This of course is not possible in connection with space planning or with the qualitative aspects of the design which are thought to relate strongly to the success or otherwise of such buildings. Material and component specifications are given as exemplars of the type and quality of materials suitable for the given locations. It is expected that designers and developers



would offer alternative design solutions and material selections which demonstrably meet the stated requirements.

## Background

- 1.11 It was felt within NHSScotland that there was a lack of guidance in relation to standards for Community Pharmacy premises. This document has been produced to try to fill that gap. Some other guidance is also available and, where appropriate, references to these are included.

## Performance specifications

- 1.12 Refer to [paragraphs 1.8 – 1.12](#) of SHPN 36 Part 1.

## Further guidance

- 1.13 Apart from this document, and its sister documents, it is unlikely that any other NHSScotland/NHS Estates design or technical guidance (such as Scottish Health Technical Memoranda [SHTMs] and Health Technical Memoranda [HTMs]) will apply. Generally these guidance documents have been developed for use in the design of large healthcare buildings with inpatient facilities and therefore do not apply to Community Pharmacy premises. Any guidance relevant to Pharmacy premises will be referred to within this document. Only with larger health centres providing a range of specialist services including GP, Dental and Pharmacy practices are any of these other documents likely to provide relevant guidance. All the building users' advice and approval should be sought prior to detailed design stage.
- 1.14 Where designers are required to design to additional Scottish guidance, the local Board or healthcare body currently requires to provide copies to the design team as these documents are not available to non-healthcare personnel. This information is available from your local NHS Board's Facilities/Estates Team. The Board should also provide advice on which English documents are approved for use in Scotland.

## 2. Design overview

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### Design of Community Pharmacy premises

- 2.1 Pharmacists and their design teams should take note of the following considerations which provide the basis for the items that are the subject of the specification items in [Section 3](#) and [Section 4](#).
- 2.2 Primary healthcare premises differ from other types of buildings in a number of ways and this uniqueness is characterised by the following issues; the essence of which is that the needs of staff, patients, visitors and customers must be of prime concern, in addition to the need to strive for design excellence within the cost limits.

### Value for money

- 2.3 Value for money is the combination of economy, efficiency and effectiveness. When developing Community Pharmacy premises, designers should seek to minimise the cost of resources used while bearing in mind the quality. Designs should effectively link the actual results of the project to the intended results. The process of design and/or procurement should be undertaken efficiently to minimise the resources used to develop the facility.

### Flexibility for future use

- 2.4 While recognising that the majority of Community Pharmacy premises may have little or no scope for expansion, it is important to include for flexibility in use with all new buildings and to ensure that they have some ability to accommodate future advances in technology, new treatment regimes and techniques and also demographic changes. When considering the suitability of existing or proposed sites, thought should be given to the probability of a future requirement to extend or adapt the building. Car parking can be problematic due to the increasing use of cars and restrictions to on-street parking.
- 2.5 Advice should be sought from the client and local planning authority on the minimum space requirement for future expansion capability and associated extension to any car parking provision which may be required.

**Note:** Services provided, and accommodation required, will vary from one Community Pharmacy premises to the next. It is the responsibility of the pharmacy contractor and, where appropriate, the Health Board to define their needs of accommodation at the briefing stage and to have a stated vision of the healthcare services they foresee being developed later. For both the pharmacist and designer it is vital at the procurement stage that any future flexibility and expansion requirements for the premises are taken into account from the outset. This is of prime importance where an existing building is part of a wider development. The design solution must recognise any future boundary limitations on expansion. It is recommended that any proposals are linked in with the NHS Board's Pharmaceutical Care Service Plan and are discussed within the local NHS Board to ensure that they do not conflict with the Service and Property Strategies for the area.

## Client/Design Professional's rapport

- 2.6 Close collaboration between the design team/specialist shopfitter and the pharmacist is essential. For a multi-practice healthcare building, the pharmacist will be part of a client healthcare team. The healthcare team should include representation from the interested professionals; GP, dentist and pharmacist practitioners and also building, architectural, engineering, decontamination and infection control team representatives from inception through to completion.

This will result in:

- better buildings incorporating more innovative solutions;
- successful practice image;
- harnessing of collective professional skills;
- buildings which reduce the risk of Healthcare Associated Infection (HAI) – the design and layout of the healthcare facility should inhibit the spread of infection. Reference should be made to HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk In the Built Environment) and its question sets in relation to this.

## Attractive to patients

- 2.7 The benefits from a successful building would include:
- a relaxing and welcoming environment for customers, patients, staff and the wider community;
  - providing a focus for the wider community;
  - improved staff morale and the potential for reduction in absenteeism and staff turnover.

## Procuring the building

2.8 The most common route for community pharmacists wanting to refurbish new or existing premises, including those within new health centres or clinics, is to use one of a small number of pharmacy shopfitters with the experience and specialist knowledge in designing and fitting out pharmacies. However in circumstances where a ‘traditional’ form of procurement is an option the under noted issues have been adequately covered and should be referred to in SHPN 36 Part 1. Where there is any deviation it has been noted below:

- Best Value;
- The Design;
- Project Execution Plan;
- Procurement and Project Management Tools – the statements made in Part 1 should be considered, however may be deemed excessive for smaller Community Pharmacy premises;
- Linking of Design and Construction Services;
- Time-Cost-Quality;
- Whole Life Performance;
- Procurement Routes – The most likely routes are Single Stage Tender (the ‘traditional’ route) or Design and Build. Contract agreements;
- Individual Project working;
- Partnership working;
- Risk Apportionment;
- Continuous Improvement;
- Building Scotland Act;
- **Fire (Scotland) Act 2005** – the designers of the facility should ensure that the building provided at completion would, without the need for any physical change to the building, allow the building users to comply with the requirements of current legislation. Where appropriate, the design team should assist the building owners in the preparation of any necessary risk assessments;
- **NHSScotland Firecode** – this is a suite of documents which is primarily aimed at NHS Hospitals and larger healthcare buildings with ‘inpatient’ facilities. Some ‘Firecode’ documents may provide help when considering fire safety or wilful fire raising but some aspects may not apply to Pharmacy premises. These are listed in [References \(General\)](#) at the back of this document. In addition, each NHS Board will have a Fire Safety Advisor who can provide appropriate advice;
- **Disability Discrimination Act 1995** – section 21.2 of the Act states that: *“Where a physical feature makes it impossible or unreasonably difficult for a disabled person to make use of a service or building it is the duty of the provider of that service to take such steps that are reasonable to remedy*

*the situation.*” Guidance on implementing compliance measures for healthcare premises is contained within Scottish Health Facilities Note (SHFN) 20: ‘Access Audits of Primary Healthcare Facilities’ (September 2000) and the ‘Access Audit Survey Toolkit’ (October 2002), both produced by Health Facilities Scotland.

All rooms and areas in new and refurbished buildings which are accessible to staff, patients and visitors, are required to comply with this Act. Although designing for access for employees with disabilities is not anticipatory, if implemented at this stage, will reduce the likelihood of expensive alterations at a later date. Employees with disabilities should be assessed prior to starting employment so that their needs can be assessed and reasonable adjustments provided;

- **Fair For All (FFA) – Practical Guidance** – the Scottish Executive Health Department in partnership with the Disability Rights Commission has produced guidance for NHSScotland under the FFA initiative. This guidance offers advice to both policy makers and practitioners on how to ensure that services are delivered fairly and equally for everyone including disabled people.

The guidance is available to view at <http://www.drc-gb.org/scotland>

- **Guidance related to Blind or Visually Impaired Users** – the Royal National Institute for the Blind (RNIB) has produced a book on the needs of visually impaired people in the built environment. The book is entitled ‘Building Sight: A handbook of building and interior design solutions to include the needs of visually impaired people’, and is published by RNIB.;
- Construction (Design and Management) Regulations 1994;
- Infection Control – reference should be made to Scottish Health Facilities Note 30: ‘Version 3, Infection Control in the Built Environment, Design and Planning’;
- Car Parking;
- Security;
- External Works.

## 3. Design considerations

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- 3.1 The following Section provides a description and highlights any *Key Design Features* of typical accommodation that may be considered for pharmacy premises. Please note there is a corresponding Room Data Sheet (RDS) for each room type at the end of this Section. These sheets provide a more detailed description of possible requirements for each room.

### Aim

- 3.2 To ensure excellence in design which is essential in order that the project delivers best value, each of the following components must be addressed appropriately:
- the functional design of the premises should meet the needs of its users and its operations. This will result from a detailed assessment of the requirements of the users and operations and how they may change over time, as well as how the facility will need to be altered to meet those changing needs;
  - specific advice should be sought from RPSGB and NHS Education for Scotland (NES) Pharmacy if the premises are intended for use for training, where suitable arrangements must be in place for student supervision;
  - the design of the complete premises should consider the internal environment for those that use, operate, maintain or are otherwise affected by the premises, including aspects that impact on their health and safety. The external elevations and overall mass of the design should be carefully assessed with regard to the adjoining buildings and local area; also they will require to be discussed with, and approved by, the local authority planners. The results of this evaluation should be recorded in written form and this should be retained with other project documents;
  - while it is expected that most new premises will be mainly in single storey buildings, it is possible that with larger buildings, or on restricted sites, more than one floor might be required. Where upper floors are necessary, designers should try and avoid having patient access accommodation upstairs. This does not, however, mean that upper floors do not have to be provided with disabled access. Where upper floors are necessary, careful consideration will be required in connection with fire escape provision, stair and lift provision and also floor sound insulation;
  - the detailed design of each assembly or component should be assessed to ensure that it satisfies the relevant project requirements;
  - the design of the entire construction process should be reviewed to assess how each component should be manufactured, transported and assembled to complete the premises;
  - there should be a 'Health and Safety File' produced by the main contractor. This will include information from the design team members including 'as



built' drawings and material specifications; information from the contractors including names of suppliers; operation and maintenance manuals, and other information on the facility giving details of how components and materials should be replaced or repaired in addition to the recommended means of ultimate disposal. The manual will be retained and updated when required by the building owners;

- it would be deemed good practice for the Local Disability Forum to be included during the design consultation process;
- in some areas, more emphasis will require to be given to building abuse – general vandalism, graffiti and possible 'breaking and entering'. Internally, designers might have to consider 'key' operated toilets. Externally there should be no exposed pipework and all external features, for example seating will require to be secured to the ground to prevent them being used to access the roof. It should be noted that roof tiles and slates can be stripped off and used as missiles. The use of laminated outer panes to all windows should be considered and also electrically operated steel shutters;
- the client and designers should establish at an early stage all requirements relating to the storage and disposal of unwanted and out of date drugs to ensure compliance with all current legislative requirements and national guidance. Additional guidance is available from 'Safe Disposal of Clinical Waste' by Health Services Advisory Committee, and the 'Special Waste Regulations 1996' (as Amended).

3.3 Where possible, the likely impact of changes to 'health and safety' and 'environmental' requirements on the facility should be assessed for the design life of the facility.

## Environment and design

3.4 Designers should create an environment in Community Pharmacies and local healthcare resource centres that will help patients feel at ease, be conducive to efficient working, and contribute to staff morale. Wherever possible, rooms should be provided with natural light and ventilation.

## Premises/Facilities

3.5 When a pharmacist is considering refurbishing an existing building or building a new one, they have to consider what facilities to include initially, and what they may require in the future. Any envisaged future expansion must be considered at the initial design stage to allow for suitable connections, or expansion into roof spaces, with minimum disruption to the original premises.

3.6 Apart from the usual retail area and dispensary, new and refurbished pharmacies are currently including a small discrete area or counter from the dispensary for the supervision of methadone and the provision of needle exchange, small screened areas or booths for interview and consultations and consultation rooms providing more privacy. They may also include touch screen health information points.

- 3.7 Some pharmacies are providing new and innovative services such as a drive through prescription facility, robotic dispensing systems and consulting rooms for other practitioners including optometrists, chiropodists, nurse led clinics, alternative therapists and local authority personnel. If any dental facilities are being considered reference must be made to SHPN 36 Part 2: 'NHS Dental Premises in Scotland'.
- 3.8 In addition, a number of community pharmacists are now qualified as supplementary prescribers and are providing clinics in areas such as stroke management, asthma and diabetes in their Community Pharmacies and have adapted their pharmacies to accommodate pharmacy led clinics.

### Circulation spaces

- 3.9 Whilst recognising the majority of Community Pharmacy premises are small in scale, consideration should be given to circulation spaces which should provide a convenient means for all building users, including wheelchair users, to move throughout the premises without disturbance to occupants of adjacent spaces. Signage should be clear and positioned at a suitable height for all users. For larger multi-practice buildings cognisance should be taken of Health Facilities Scotland's 'Wayfinding' document.

### Security

- 3.10 Circulation routes should be easily supervised by staff at the counter or reception point. In the few pharmacies with upper floors containing areas accessible to the public and where direct supervision is not reasonably achievable, the provision of a close circuit television (CCTV) system monitored from the dispensary or front counter is an acceptable alternative.

### Privacy

- 3.11 The internal arrangement of any consulting or treatment rooms should ensure that visual intrusion from an adjacent corridor is limited, or excluded in the case of toilets (HBN 40: 'Common Activity Spaces'). The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

## Community areas

### Entrance Area – RDS 1

- 3.12 The entrance to the premises should be a secure space giving access directly to the public retail area and any waiting areas provided. It should be designed to protect these spaces from the effects of weather. Safety issues relating to young and elderly must be addressed when specifying automatic doors. Very careful consideration must be given to providing access for disabled and infirm patients, visitors and staff. Where conditions and space allows, an entrance lobby should be considered, this will help to retain heat within the premises.

### Counter/Retail Area – RDS 2

- 3.13 The pharmacy counter is the central hub of the pharmacy where support staff will be first point of contact for patients and customers and will provide the means of liaison with the pharmacist and any other practitioners. Therefore, the design of the counter is very important to how the pharmacy will operate in general. In addition, the design of the counter must consider the Disability Discrimination Act (DDA). This will require the height, width and counter details to be fully considered and designed to allow use by all disabled users, including for example wheelchair users and people with hearing and sight problems
- 3.14 The main counter should be easily seen from the main entrance and staff should be able to supervise the retail area, any waiting area provided for patients waiting for prescriptions and customer toilets. Great care must be taken with the selection of floor material due to the fact that those with disabilities, elderly and infirm people are likely to use this facility.



*Main Counter – Typical arrangement*

### Key Design Features

- **Privacy** - It is important that the counter offers privacy for more personal matters. This may be done by screening off a section of the counter. Careful consideration will be required when induction loop systems are being used, in order to prevent private conversations being picked up by others, and should be calibrated to prevent computers in use or overhead lighting, etc. from interfering with the loop systems;
- **Security** - The design of the counter should provide staff with an easy escape, directly away from the risk of disorderly customers and to afford staff protection against physical assault. Use of a deep counter will help to prevent abusive patients (or others) from reaching over to assault staff and will provide staff with extra space for display items, exchanging money and some underneath storage space. Provision of a panic alarm should be considered.

### Waiting Areas – RDS 3

- 3.15 Patients should be provided with an area where they can sit in a calm relaxed atmosphere. It can also provide access to information relating to services provided from a variety of sources. These areas should be capable of being supervised from the counter, dispensary and any reception point, either directly or by CCTV. Consideration should be given to a variety of seating provision – with and without arm rests, and with space to enable a wheelchair user, a guide dog user or someone with a pushchair to sit thereby preventing them from obstructing the route of travel for other service users and staff.

#### Additional Design Features

- **Play Area** - If the services provided include any for children then a children's area may be considered. This should allow play to proceed with parental supervision. This area should also allow staff supervision from the counter, dispensary and reception point and be remote from the main entrance. This area requires all materials, fittings, toys etc. to be easily cleaned to prevent cross infection;
  - **Location** - The waiting area should be adjacent to the counter, dispensary or reception point and close to public toilets. In larger premises and those on two or more storeys, secondary waiting areas may be considered to minimise the time for patients to reach consultation rooms.
- 3.16 Consideration should be given to any requirement for displaying notices and leaflets. To avoid ad-hoc systems being used or notices and posters being stuck to wall finishes or doors, careful thought should be given to a suitable display system at the design stage. This should be fixed/permanent for safety reasons.



*Waiting Area – Typical arrangement*

### Consultation Area – RDS 4

- 3.17 Generally located close to the main counter or part of the main counter, the Consultation Area will be used for discussions between both pharmacists and support staff and customers/patients where a degree of privacy is required. The space will usually be screened from the main retail area with screens which do not have to be sealed at floor or ceiling level. The space will normally only require to accommodate two people, standing or seated with a small worktop between or at the side, it will however require to allow wheelchair access.

#### *Key Design Features*

- close to main counter;
- degree of privacy.

The space will not provide complete privacy; a separate enclosed room should be provided if privacy is required.





*Counter with Non-Private Consultation Point – Typical arrangement*

### Health Promotion Area – RDS 5

- 3.18 This area in the pharmacy should be dedicated to health promotion activities, including the display of health promotion campaign materials e.g. giving up smoking, and provide access to appropriate health education information and support materials.
- 3.19 It may simply take the form of leaflet holders filled with information leaflets and could be positioned near or on the main counter. Holders should colour tone contrast with the surrounding area and be outwith the main route of travel. touch screen health information points are becoming common place in various healthcare premises, and points to consider if including them in a pharmacy are:
- coloured flooring to the front to indicate its location and a notice above stating what it is;
  - signs showing where a terminal is should be large and high contrast (preferably white or yellow characters on a dark background);
  - a space beneath the fascia of the terminal will allow for the footrest of a wheelchair;
  - a small hook adjacent to the fascia for walking sticks, etc;
  - location of the system should ensure privacy and security for the user;
  - consideration should be given to wheelchair access in this area.



## Patient areas

### Patient Reception Point for Consultation Rooms – RDS 6

- 3.20 When additional facilities like consultation rooms are provided, a patient reception point may also be required. It can act as the main point of contact for patients and provide the means of liaison with the staff and/or practitioners. In addition, the staff here should direct and control the movements of patients. In smaller pharmacies this space may not be manned full time, with the main counter staff carrying out the 'reception' functions.

#### Key Design Features

- **Privacy** - The design should prevent all conversations, including telephone, between patients and staff from being overheard by others. Careful consideration will be required when induction loop systems are being used in order to prevent private conversations being picked up by others;
- **Location** - The reception point should be easily seen from the main entrance and adjacent to the entrance to, and exit from, the waiting area. It should also supervise/overlook access to the consultation rooms;
- **Reception Counter** - The design of the counter must consider the Disability Discrimination Act (DDA). This will require the height, width and counter details to be fully considered and designed to allow use by all disabled users, including for example wheelchair users and people with hearing and sight problems. Use of a deep reception counter helps to prevent abusive patients (or others) from reaching over to assault staff. In addition the installation of IT equipment, including the provision for cable management, may be a worthwhile consideration;
- **Security** - The designers should consider whether staff will require an easy escape, directly away from the risk of disorderly patients and to afford staff protection against physical assault. Provision of a panic alarm should be considered

### Needle and Syringe Exchange Point – RDS 7

- 3.21 Needle and Syringe Exchange is a facility where drug injectors can obtain sterile needles and syringes and return used injecting equipment. This facility may simply be part of the main pharmacy counter separated by a screen for some privacy. Allowance should be made for wheelchair users in this area. In premises with restricted space, this area may also be suitable for methodone supply and supervision purposes.
- 3.22 Space behind the Needle and Syringe Exchange counter should be provided for yellow sharps collections bins with sufficient space remaining for the pharmacist or staff member to stand back and safely allow the users themselves to dispose of used equipment. A secure area of the back of shop should be available to return and store bins while in use. The area should be appropriately labelled. Clean packs for issuing to clients should ideally be stored elsewhere. This

would also be the area for positioning service protocols and displaying any emergency procedure information.

There should be a washhand basin close by or adjacent to this area for emergency use by staff.

### Consultation Room – RDS 8

- 3.23 Confidential discussions between the pharmacist and customers/patient and pharmacy run clinics may take place within interview rooms. Staff security will require the need for a panic alarm and possibly a secondary emergency outwards escape. As some patients may be upset, suffer from mental illness or drug addiction this room may require a staff ‘escape door’ leading to a non-public part of the building.

#### Key Design Features

- **Safety** - Careful thought will require to be given to the choice and design of furniture and fittings in buildings where this room is used by those who suffer from mental illness or have a violent disposition;
- **Privacy** - The internal arrangement of rooms should ensure that visual intrusion from an adjacent corridor is limited. Adequate acoustic partitions should ensure privacy.

### Patient Toilets – RDS 9

- 3.24 Where considered necessary, the provision of patient toilets must cater for wheelchair users. The quantity of toilets will depend on the size of the facilities being considered but a WC suitable for independent wheelchair and assisted use should be provided. Consideration should also be given to providing a ‘Fully Accessible Toilet’. For people with disabilities, a standard disabled toilet in a public place does not provide adequate facilities that meet their requirements. For example, people may require one or two carers to assist them when using the toilet or changing their continence pad. A standard sized disabled toilet may not allow for this. A ‘Fully Accessible Toilet’ should provide the user with a facility that may be used by them and their carers in comfort and privacy. Further information can be obtained from Changing Places – a consortium of organisations working to support the rights of people with serious disabilities to access their community; [www.changing-places.org](http://www.changing-places.org)

#### Key Design Features

- **Location** – Toilet facilities should be adjacent to waiting area(s) if provided, see [paragraph 3.24](#) and HBN 40 ‘Common Activity Spaces’ regarding privacy requirements.

### Related areas

- 3.25 Separate facilities for feeding and changing babies and toddlers may have to be considered, depending on the use and size of the building. If required these should be provided separate from toilet areas and opening off a corridor rather than the main waiting space or other public areas.

### Examination and Treatment Rooms - RDS 10

- 3.26 Patient interviews, examinations and other associated activities require suitable accommodation for privacy. The design of the room should ensure privacy and be welcoming to patients and be provided with a window. The importance of acoustic privacy cannot be over emphasised. Provision of a light or sign indicating when the room is in use should be provided at the entrance.

### Key Design Features

- **Access** - Consultation/examination rooms must be easily accessible from any waiting areas, and have enough space to accommodate an additional member of staff;
- **Privacy** – complete privacy should be given to the patient. The internal arrangement of the room should ensure that visual intrusion from an adjacent corridor is limited; ideally couches should be behind the door;
- **Safety** – a panic alarm should be located in room;
- **Infection Control** – hand-hygiene is the single most important factor in reducing the spread of infections. Careful consideration should be given to sink provision, water/taps, hand-hygiene dispensers and hand drying. Further guidance can be found in SHFN 30: 'Infection Control in the Built Environment: Design and Planning'.

### Therapist Room – RDS 11

- 3.27 Similar to the consulting room, the design of the Therapist Room should allow for the provision of a space suitable for therapists to carry out a variety of treatments.

### Podiatry Room – RDS 12

- 3.28 The design of this room will be similar to the Consulting and Treatment Room to allow for flexibility of use of all rooms and be suitable for podiatrists to carry out a variety of treatments. This room will require either a low level sink or a bidet for washing of feet.

## Staff areas

### Dispensing area – RDS 13

- 3.29 All dispensing services will be carried out in the Dispensing area. The area must provide for safe and secure waste disposal, including used needles/syringes and unused medicines. The design and layout of the Dispensary should follow the principals and guidelines of the Royal Pharmaceutical Society of Great Britain.

#### Key Design Features

- **Location** - This area is usually located behind the front sales or retail area and allows the pharmacist to help counter staff supervise the retail area. Traditionally this area is raised slightly above the retail floor, but this will have to be carefully considered with regard to the DDA regulations;
- **Equipment** - This will require specialist input from the equipment supplier, installers and those responsible for maintaining the equipment and must ensure that all current legislative requirements are met;
- Some literature sources recommend that a linear area of 1500mm per 1000 items dispensed per month be allocated in fill height wall units (or 1 drawer management unit).

Bodies such as the Pharmaceutical Services Negotiating Committee (PSNC) and the National Pharmacy Association (NPA) state that 3m of bench per Pharmacist/dispenser is the ideal use of space for carrying out work;

- Robotic Dispensing Systems are gradually being introduced into larger Pharmacy premises where space and budget permit. If these systems are to be installed, consideration must be given at the commencement of the project to both size and cost issues. Further guidance will be made available in the future.
- **Security** - this area must have secure entrance/exit point so that patients may not have access.

### Clinical Utility Facilities – RDS 14

- 3.29 Separate areas suitable for the preparation of clean materials (clean utility area), treatment and/or safe disposal of clinical waste (dirty utility area) and an internal disposal hold room/cupboard for clinical waste and sharps boxes should be provided. These are required if minor injury or more invasive treatments are being provided from the premises. These areas require to be designed to minimise the risk of cross infection.

## Key Design Features

- **Location** - The clinical utility facilities require to have access either adjacent to or directly from the main treatment room. They should ideally serve adjacent or groups of treatment/minor operations rooms;
- **Equipment** - The facility should contain clinical washhand basins, work surfaces, shelving and underbench storage cupboards (some lockable). The clean utility area may contain a fridge and lockable/alarmed drugs cupboard. Consideration should be given to the volume of controlled drugs to be dispensed, and where appropriate should reflect the storage requirements associated with a methadone dispensing and supervision service. The dirty utility area will require a sink and temporary storage facilities for clinical waste, sharps etc. Worktops should have coved rear upstands and be suitable for regular cleaning or decontamination to avoid cross infection. The quantity of fittings will be project specific and the clients' needs should be determined at an early stage.

## Staff Office – RDS 15

- 3.31 In larger premises, a staff office may be required for administration or staff training purposes.

## Staff Lounge and Kitchen – RDS 16

- 3.32 This should be a separate informal meeting space for staff members and provide facilities for lunch and coffee breaks. In small pharmacies this space may also be used for meetings and training. It should be located so that it can be accessed at all times by all staff working in the building.

## Staff Toilets – RDS 17

- 3.33 The minimum number of toilets will depend on the number of staff using the building. Additional toilets may be required depending on the building layout regarding distances from other staff areas. Cloakroom facilities should also be provided; this could be in the form of secure staff lockers, which could be located in the staff rest room. A staff shower may have to be considered for staff that cycle to work and/or for their use after 'accidents' with/by patients.

## Storage Areas – RDS 18

- 3.34 Careful consideration must be given by the pharmacist and pharmacy staff regarding storage requirements for any drugs, returned medicines or hazardous materials. There may also be a demand for extra storage space for administration and the storage of files.
- 3.35 Storage areas are traditionally given little thought at design stage but can lead to serious lack of storage on completion of the work. Plant, meters and services equipment, including distribution boards, must not be located within any of the storage areas. Separate storage will be required for any mobile gas equipment and spare cylinders (e.g. oxygen), this should be located on an external wall.

### Key Design Features

- **Access** - These areas are under the direct control of the staff and must not be accessible from patient circulation areas.

### Cleaner, plant and refuse areas – RDS 19

- 3.36 Provide areas for heating plant, electrical equipment, and the supply, storage and disposal of materials. The above areas should be individual rooms and not shared or multi-use areas. Plant and services equipment/distribution boards particularly must not be located within any of the pharmacy storage areas.

### Key Design Features

- **Access** - These areas are under the direct control of the staff or building provider, and for security reasons should be locked and remain inaccessible from patient areas. Plant areas should, preferably, be located on external walls for ventilation purposes and possible external service access.

### Space for plant and services

- 3.37 Space for plant and services, such as large scale electrical facilities or generators, should provide:
- easy and safe means of access, protected from unauthorised entry;
  - for frequent inspection and maintenance;
  - sufficient access panels for inspection and maintenance;
  - adequate means for eventual removal and replacement of plant.
- 3.38 Recommended spatial requirements for mechanical, electrical and public health engineering services are contained in SHTM 2023: 'Access and accommodation for engineering services'. The information in this SHTM is specifically intended for use during the initial planning stages when precise dimensional details of plant may not be available.
- 3.39 The distribution of electrical services to final points of use should, wherever possible, be concealed in walls and above ceilings. However, where chiropody or dental treatment facilities are provided electrical services should be concealed on walls within vertical and horizontal dado trunking to allow easy access for future adaptations.
- 3.40 Access to control and isolation devices for the control and safe isolation of engineering services should be:
- located in circulation areas rather than in working areas;
  - protected against unauthorised access;
  - clearly visible and accessible, where intended for operation by the practitioner's staff.



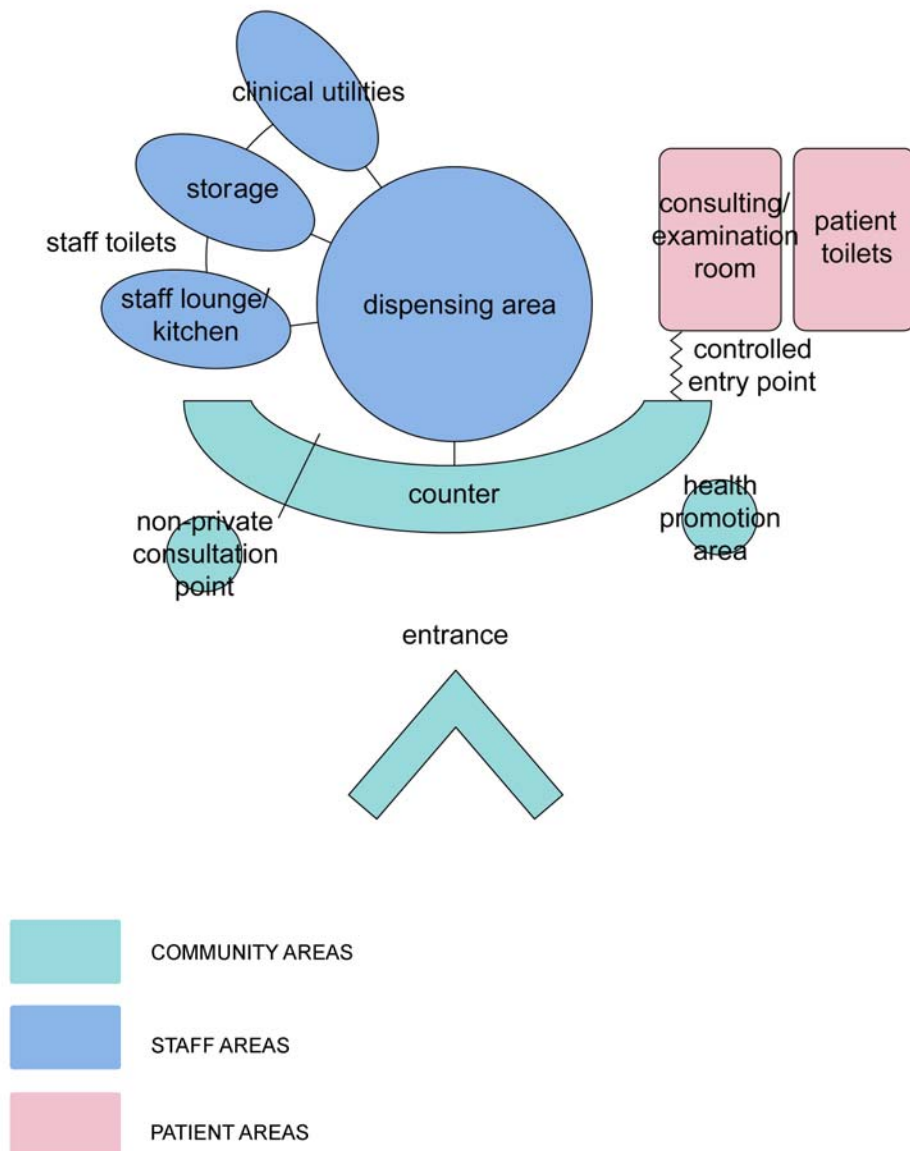


Figure 1: Typical Room Relationships – Small Premises

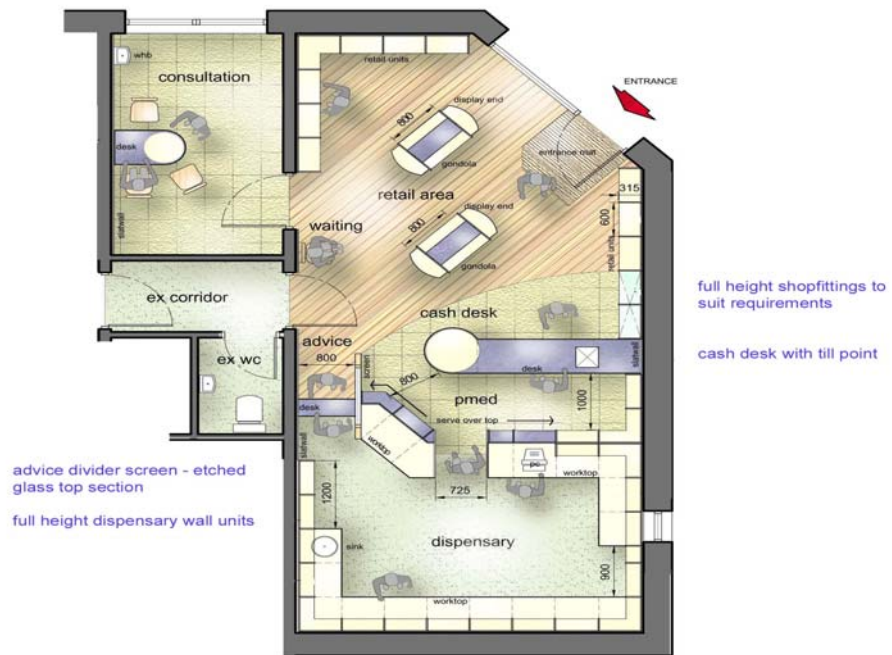


Figure 2: Example of Typical Small Pharmacy Premises – Floor Plan

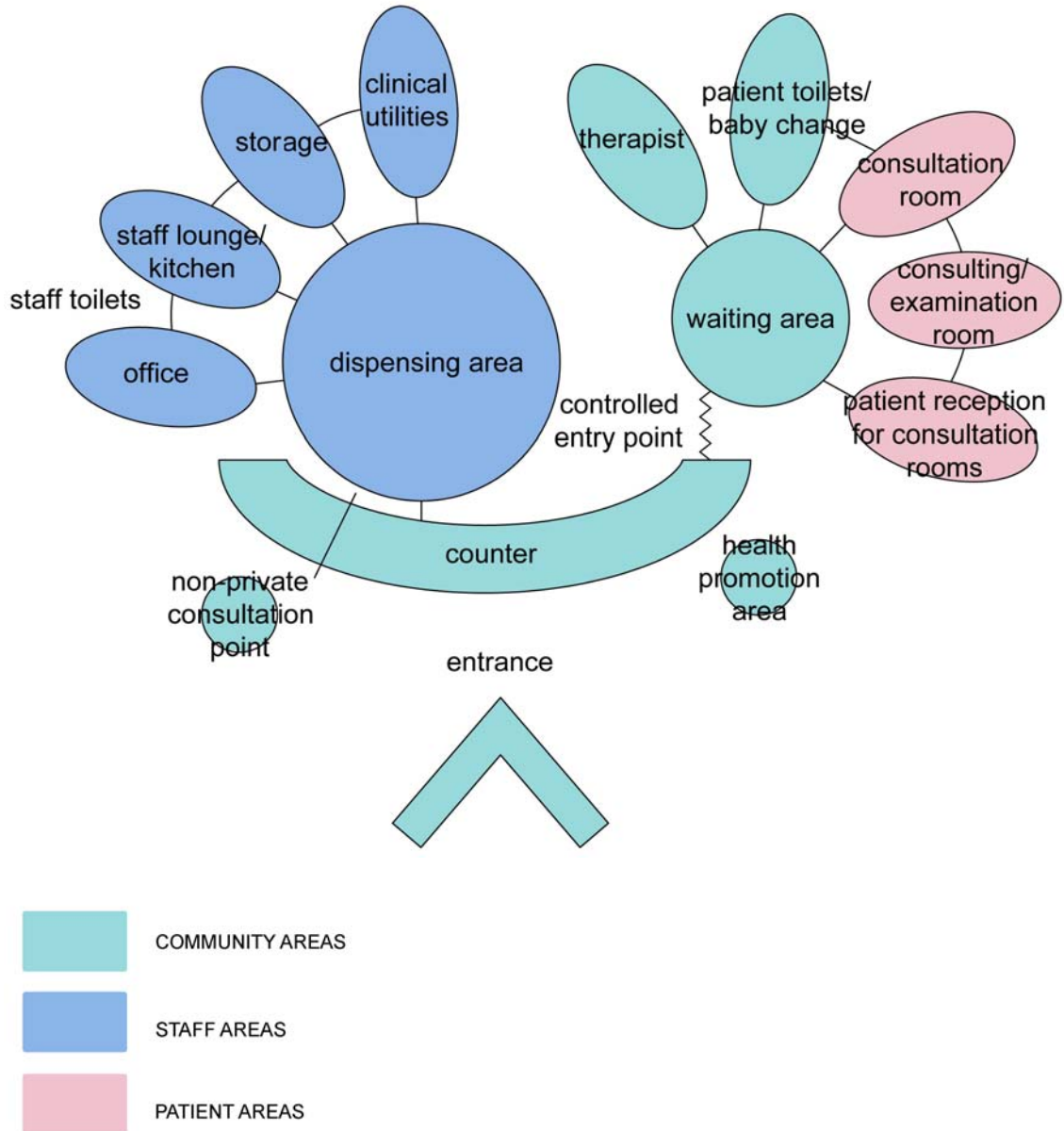


Figure 3: Typical Room Relationships – Large Premises

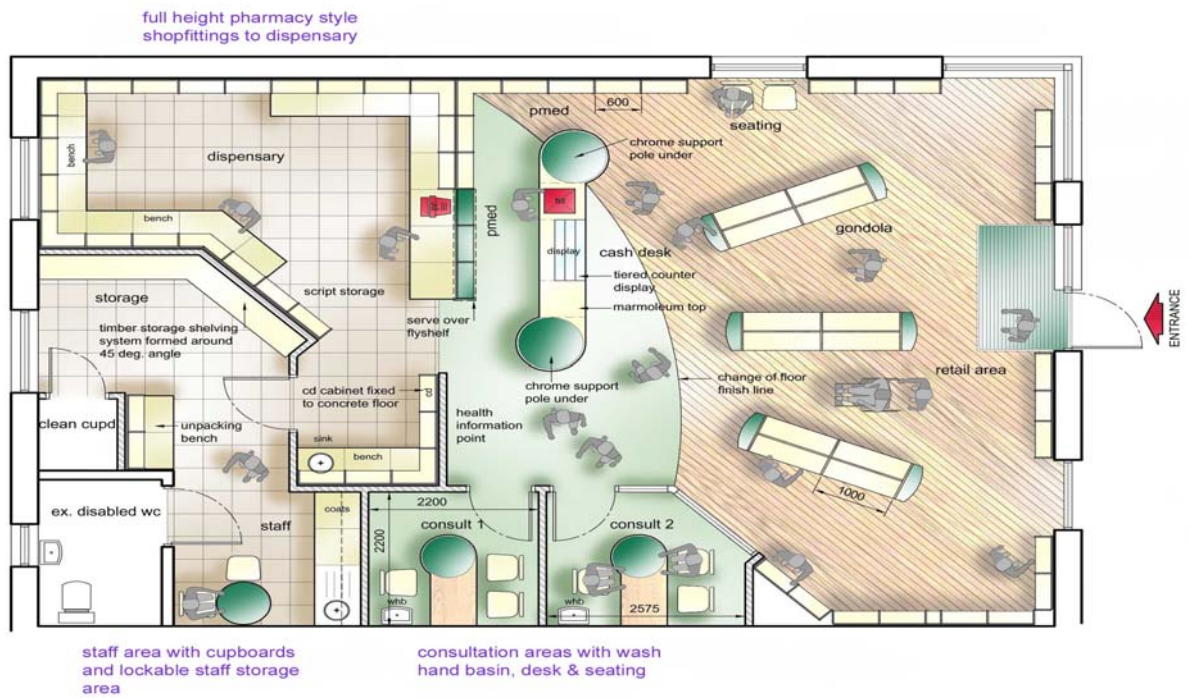


Figure 4: Example of Typical Large Pharmacy Premises – Floor Plan

## 4. Furniture, fixtures and fittings

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- 4.1 Designers should create an environment in Community Pharmacies and local healthcare resource centres which will help patients feel at ease, be conducive to efficient working, and contribute to staff morale. Wherever possible, rooms should be provided with natural light and ventilation. The specification of building materials, especially surface finishes, healthcare facility equipment, etc should take account of input from the Infection Control Specialist.

### Room Data Sheets – Typical accommodation

- 4.2 The examples in [Appendix 1](#) are relevant at the date of publication.
- 4.3 In time, changes in materials, regulations and practice may cause alternative specifications to become more appropriate.
- 4.4 The exemplar specifications give alternative ceiling constructions. While smooth finished plasterboard is generally considered more aesthetically acceptable for smaller rooms, careful thought must be given to access points required to any concealed services for maintenance or replacement. Where possible, concealed service routes should be placed above 'public areas', stores and other non-patient accessed rooms where suspended tiled ceilings may be considered acceptable. In single storey buildings, pitched roofs would provide a suitable void/loft space for services and access to them, which would avoid the need for any access through the ceilings. Any requirement for access to roof voids for maintenance of services must be provided with safe access, safe working platforms and alternative fire escape if required. Only with buildings of more than one floor will the problem of access to services arise.
- 4.5 All finishes and fittings should be chosen with ease of cleaning, particularly with decontamination in mind. They must be able to withstand harsh treatment and must be agreed with the client and their infection control advisor. This is particularly applicable to patient access and treatment areas.
- 4.6 Door ironmongery should be chosen from a range approved as being suitable for use by people with disabilities and also allow infirm/elderly users to easily open doors. Automatic closing mechanisms must be safe for use by children and infirm users of the building.
- 4.7 Colour schemes should follow the guidance in NHSScotland's 'Wayfinding': document with respect to people with sight impairments. All colour schemes should be approved by the client.
- 4.8 Health Facilities Scotland has produced a suite of 'Building component' SHTMs (54 to 69) which give guidance on a variety of building components including internal doorsets, ironmongery, ceilings, windows etc.

- 4.9 Thought should be given to the specification of internal partitions apart from compliance with fire provision requirements, and infection control requirements in clinical areas. The designer should consider the possibility of future requirements for wall mounted fittings and fixtures and how the partitions will cope with these and possible changes to the room use or layout. Consideration should therefore be given to the best option between timber or metal studs and the possible use of a layer of plywood behind plasterboard.
- 4.10 Brick and blockwork are unlikely materials for internal partitions due to their lack of flexibility with possible future changes to internal layouts, although plantrooms, stair enclosures and loadbearing walls may require to be constructed with blockwork.
- 4.11 In small premises, a large portion of the circulation will be within the retail and dispensary space. Larger premises with additional patient services, or buildings with more than one floor, will require additional circulation. It is unlikely that many buildings will require circulation in excess of 20%; circulation figures exclude any space required for lifts and stairs. Careful consideration must always be given to the movement of wheelchairs and space given for ambulance staff to provide aid to anyone who may have become unwell within the premises. Corridor and stair widths (where applicable) will be determined by layout and applicable Building regulations.
- 4.12 At the briefing stage it is essential to the design team that pharmacists take responsibility for defining the services and accommodation requirements necessary within their development. This checklist should serve as a broad briefing tool at the outset.



## 5. Environmental design

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### Introduction

- 5.1 This Section aims to describe the environmental requirements for Community Pharmacy premises in Scotland. The guidance should familiarise the engineering members of the design team with the criteria needed to meet the functional requirements. Environmental and engineering technical data and equipment details are described in the relevant Activity Database, available from the Department of Health as a subscription service. Reference should also be made to NHSScotland guidance Scottish Health Planning Note 03: 'General design guidance'.

Refer to [Appendix 2](#) for Engineering Room Data Sheets.

### Economy

- 5.2 Engineering, energy and environmental services are a significant proportion of the capital cost, and remain a continuing charge on revenue budgets. The project design engineer should therefore ensure:
- economy in initial provision, consistent with meeting functional requirements and maintaining clinical standards;
  - optimum benefit from the total financial resources these services are likely to absorb during their lifetime;
  - design and installation of engineering systems should enable the operation of these systems to meet best practice performance indicators (PIs) for both energy and water.
- 5.3 In a new build situation, the economic appraisal of alternative locations and design solutions should include building orientation, heat conversion and distribution losses.
- 5.4 In view of higher building specifications and the inevitable increasing cost of energy, together with the need to monitor domestic hot and cold water systems (legionellae statutory requirements), the project team should, for larger multi-practice facilities, include the provision of a Building Management System (BMS). Where there is a need for extensive mechanical ventilation, the economic viability of heat recovery systems should be assessed.
- 5.5 Designers should ensure that those services which use energy, do so efficiently to meet the respective PIs.
- 5.6 Attention is drawn to the services provided by NHSScotland National Services Scotland, Scottish Healthcare Supplies in the provision of the most economic tariff for energy supply. All NHSScotland healthcare premises should take advantage of these services.

## Heating

- 5.7 Where the size and scope of the facility requires it, a plant-room with external access for equipment and maintenance personnel will be required to accommodate boilers, hot water generation where centralised plant is used, ventilation plant where appropriate. The plant-room size should be determined to ensure adequate space around the equipment for maintenance and plant replacement.
- 5.8 In a new build situation, a life cycle cost analysis should be carried out to assess the most appropriate energy source, including renewables.
- 5.9 Space should be provided to accommodate meters, where appropriate, or storage of fuels adequately sized to suit local fuel deliveries.
- 5.10 Where spaces are heated by low-pressure hot water systems, radiators or radiant panels can be used. The use of ceiling mounted radiant panels will assist the provision of room layout flexibility, to suit future requirements, as they do not take up any wall space. The distribution of pipework services to final points of use should, wherever possible, be concealed above ceilings or below floors. However, where pipework needs to be surface mounted, it should be insulated and boxed-in on the horizontal runs and risers. Where radiators are used, to fully comply with DDA legislation they should be low surface temperature type throughout. Further information is given in Scottish Health Guidance Note: “Safe” hot water and surface temperatures’.
- 5.11 If the premises are of sufficient size, zoning of the space heating system should be considered. Where zoning is used, it should be by building orientation, facilities offered, common functionality, hours of occupation and by floor levels, as appropriate.
- 5.12 Where radiators are used, there should be adequate space underneath to allow floor cleaning equipment to be used.
- 5.13 Each heating element should have its own tamper-proof thermostatic control to preset the maximum room temperature. These controls should be of robust construction, and selected to match the temperature and pressure characteristics of the heating system.
- 5.14 The flow temperature to space heating appliances should also be modulated in accordance with the external ambient temperature.
- 5.15 Where a BMS is provided, it should control the heating throughout the unit with optimum ON/OFF control to suit heating zone occupancy. A manual override should be provided, where appropriate, to promptly restore all plant to full operational status.
- 5.16 Where mechanical ventilation is utilised, ensure negative or positive room pressures as required, taking due account of infiltration where appropriate. Diffusers and grilles should be located to achieve uniform air distribution within the space without causing discomfort.

- 5.17 An extract system will be required for 'dirty' areas such as utility rooms and should operate continuously throughout the day.
- 5.18 Where toilets are ventilated by individual fans, these should be controlled via light switches or passive infra-red detectors. A dual motor fan unit with an automatic changeover facility should be provided.
- 5.19 Mechanical ventilation systems should be considered for larger multi-practice premises and controlled by a BMS.
- 5.20 External discharge arrangements for extract systems should be protected against back pressure from the effects of adverse wind velocity, and should be located to avoid the reintroduction of exhausted air into this or any adjacent building through air intakes or windows.
- 5.21 Where larger multi-practice premises are deep-planned and rely on mechanical supply ventilation, refer to SHTM 2025: 'Ventilation in healthcare premises' and SHTM 2005: 'Building management systems'.
- 5.22 In large multi-function premises, heat recovery systems should be used in ventilation systems unless proven not viable.

## Ventilation

- 5.23 Wherever possible, spaces should be naturally ventilated, but some areas will require mechanical extract for clinical and/or functional reasons (See [Appendix 2](#)). Air movement induced by mechanical ventilation should be from 'clean' to 'dirty' areas (where these can be defined). The design should allow for adequate flow of air by a suitable method into any space having mechanical extract ventilation. Such arrangements should not prejudice the requirements of fire safety or privacy.
- 5.24 Ventilation must be designed to minimise patient cross infection.
- 5.25 Mechanical cooling may be required in areas where heat gains could be expected from activity, equipment or lighting. This could be achieved with individual ceiling-mounted cassette units operating with direct expansion refrigerant of the non-ozone depleting type. Each unit would incorporate pumped condensate draining and local programmable control.
- 5.26 Local exhaust ventilation is required where exposure by inhalation of substances hazardous to health cannot be controlled by other means. The Health and Safety Executive in its current EH40, 'Occupational Exposure Limits', sets limits which form part of the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

## Lighting

- 5.27 Maximum use should be made of daylight.

- 5.28 If an entrance canopy is included, the lighting should draw attention to its location. Colour finishes and lighting throughout the premises should be coordinated to create a calm and welcoming atmosphere. Unnecessarily high levels of illumination and glare should be avoided. All lighting systems must also comply with the Disability Discrimination Act. Further guidance on these and other aspects of lighting is contained in the CIBSE Lighting Guide LG2: 'Hospitals and Healthcare Buildings'. Where lighting levels within the appendices of this document differ from the CIBSE Guide, the former should apply.
- 5.29 Good lighting is required to align with circulation where shelving is located and over work surfaces.
- 5.30 For some larger premises consideration should be given to the inclusion of 'blue' lighting with the facility to switch to 'white' for domestic service purposes. Experience has shown that 'blue' lighting reduces the misuse of IV drugs within public toilet areas. It should be noted that 'blue' lighting if used in public toilets can obliterate any colour tone contrasting and consideration should be made to assist those with perceptual problems or visual impairments.
- 5.31 In larger premises, communication/IT areas require heat gains to be off-set (usually by a ceiling mounted, non-ozone depleting refrigerant, air conditioning cassette), category 2 lighting and a cable containment system capable of recovery/upgrading as technology requirements develop further.
- 5.32 Architects and engineers should collaborate to ensure that the decorative finishes used are compatible with the colour-rendering properties of the lamp(s), and that the spectral distribution of the light source is not adversely affected. Luminaires should be manufactured and tested in accordance with the requirements specified in the relevant sections of BS4533: 'Luminaires'. Their location should afford ready access for lamp changing and maintenance.
- 5.33 Where merited by the size of the premises and diversity of use the number and location of luminaries connected to a circuit and the number of switches and circuits provided, should allow flexibility in the general and local level of illumination, particularly in areas away from windows where daylight can vary significantly. Project teams should consider the provision of automatic/presence switching in areas of the premises which may be unoccupied for long periods. Generally, high efficiency luminaries should be fitted and be appropriate to the space. Light tubes should be installed to provide natural light in internal spaces unless proven non-viable.
- 5.34 Where chiropody facilities are provided, general lighting should be supplemented by an examination luminaire, preferably ceiling mounted.
- 5.35 Where visual display terminals are to be used, the lighting should be designed to avoid any bright reflections on the screen, and should ensure compliance with the requirements of the Health and Safety (Display Screen Equipment) Regulations. Further guidance is contained in the CIBSE Lighting Guide LG3: 'The visual environment for display screen use'.

- 5.36 The lighting of corridors, stairways and other circulation areas, which are not generally covered by Activity Data Sheets, should be designed in accordance with the guidance contained in SHPN 40: 'Common activity spaces Volume 5, Scottish Appendix'. Where chiropody facilities are provided, standby lighting will be required to enable interrupted procedures to be temporarily dressed, together with primary escape routes in accordance with BS5266 'Code of practice for emergency lighting' and SHTM 2011: 'Emergency electrical services'.

## Water

### Hot and cold water services

- 5.37 There are a variety of means of generating domestic hot water, including stand-alone hot water generators or point-of-use heaters. When deciding on the most appropriate method of providing the hot water service, cognisance should be given to legionella precautions and energy efficiency. See Section 6 of SHTM 2040: 'The control of legionellae in healthcare premises - a code of practice'.
- 5.38 Where domestic hot water supply is taken from a circulating main, a minimum supply temperature of 60°C to the main is required, and the return temperature to the generator must be not less than 50°C. Reference should be made to SHTM 2040: 'The control of legionellae in healthcare premises – a code of practice' and HSE document L8 'Legionnaires disease – The control of legionella bacteria in water systems'.
- 5.39 All hot water hand-washing outlets to which patients, visitors and staff have access should be fitted with a thermostatic valve complying with Model Engineering Specification D08 limiting the outlet temperature to 41°C.
- 5.40 In all other areas such as pantries and cleaner's room, the hot water outlets should be clearly labelled "VERY HOT WATER" with fixed notices.
- 5.41 Cold water storage will be determined by the size and use of the water services in the premises.
- 5.42 Storage tanks should have an appropriate internal surface; a sealed lid, filtered vents in compliance with SHTM 2027: 'Hot and cold water supply, storage and maintenance'. The materials used should be Water Research Council (WRC) approved so that they do not promote the growth of bacteria and are suitable for contact with drinking water.
- 5.43 All cold water pipe-work, valves and fittings should be insulated and vapour-sealed to protect against frost, surface condensation and heat gain. All hot water pipes, valves and fittings should also be insulated.
- 5.44 The requirements for the control of legionellae bacteria in hot and cold water systems are set out in SHTM 2040: 'The control of legionellae in healthcare premises – a code of practice' and the current HSE document, L8, 'Legionnaires' Disease – The control of legionellae bacteria in water systems'.

Further guidance on the design and installation of hot and cold water supply and distribution systems is contained in SHTM 2027: ‘Hot and cold water supply, storage and mains services’ and SHTN 2: ‘Domestic hot and cold water systems for Scottish Healthcare Premises’. Compliance with SHTN 2 should be where applicable and reasonable. It would not be expected, however, that on-site dedicated filtration plant would be provided.

- 5.45 For the purposes of maintenance and increased safety, hot and cold water services in larger multi-function premises should be monitored via a BMS for cold water storage, hot water storage (where applicable), main hot flow and return, and sentinel points on main branch circuits where appropriate.
- 5.46 Alternatively, on smaller premises where the fitting of a BMS is inappropriate, temperature monitoring and recording may be achieved by means of a manual system or by using an electronic data recorder with appropriate temperature sensors.

## Design considerations

### Acoustics

- 5.47 Excessive noise and vibration from engineering services and process plant, whether generated internally or externally and transmitted to individual areas, or noise from other sources, for example speech which can be transmitted by the ventilation system, can adversely affect the operational efficiency of services and cause discomfort to patients and staff. The limits and means of control advocated in SHTM 2045: ‘Acoustics’ should provide an acceptable acoustic environment.

### Privacy factor categories

<i>Privacy factor</i>	<i>Resulting privacy, assuming normal speech</i>
<70	Clearly audible and intelligible
70 –75	Audible but not intrusive (public areas)
75 – 80	Audible but not intelligible (general offices)
>80	Inaudible (consultation rooms)



## Electricity

### *Electrical Installation*

- 5.48 Larger facilities will increasingly have a high level of computers, and light fittings will be required to comply with the CIBSE Lighting Guide 3: 'The visual environment for display screen use'.
- 5.49 The installation should comply in all respects with BS7671, 'Requirements for Electrical Installations', and for larger premises where applicable and reasonable SHTM 2007: 'Electrical services: supply and distribution' and SHTM 2020: 'Electrical safety code for low voltage systems'. All designs must take full account of the current Building Regulations (Scotland) Act.

### *Electrical interference*

- 5.50 Care should be taken to avoid mains-borne interference and electrical radio frequency interference affecting physiological monitoring equipment, computers and other electronic equipment used in the building or elsewhere on the site. Guidance on the avoidance and abatement of electrical interference is contained in SHTM 2014: 'Abatement of electrical interference'.

### *Socket-outlets and power connections*

- 5.51 Sufficient twin 13-amp switched socket-outlets should be provided to supply all portable appliances which are likely to be used simultaneously.
- 5.52 To enable domestic cleaning appliances with flexible leads (nine metres long) to operate over the whole of the premises, switched single socket-outlets should be strategically provided in corridors. Where considered necessary in individual rooms, these should be located at low level below the room light switch at the doorway.
- 5.53 Adequate provision of socket-outlets must be made available for voice/data IT equipment, and a minimum of three twin 13A switched outlets should be provided per workstation to eliminate the use of trailing leads.
- 5.54 Where feasible, all socket outlets in examination/treatment areas should be connected in such a manner that a supply is available from two separate circuits of the same phase.

## Engineering commissioning

- 5.55 The engineering services should be commissioned in accordance with the validation and verification methods identified in the latest editions of the relevant Scottish Health Technical Memoranda (SHTMs). Flow measurement and proportional balancing of air and water systems require adequate test facilities to be incorporated at the design stage. Guidance is also contained in a series of commissioning codes published by the Chartered Institution of Building Services Engineers (CIBSE) and in the Guidance to Engineering

Commissioning issued by the Institute of Healthcare Engineering and Estate Management (IHEEM). The commissioning period identified at the planning stage should not be compromised due to time constraints to avoid lifetime effectiveness and efficiency problems.

## 6. Security and safety

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- 6.1 The premises should be protected during ‘out-of-use’ hours by a monitored intruder alarm system which complies with BS4737, BS7042 or BS5979 as appropriate. The main entrance should be well lit. In addition, the provision of closed-circuit TV (CCTV) at the main entrance may be useful if sightlines are obscured. CCTV may also be required within the premises to cover areas not readily visible, including access to ‘staff only’ accommodation. Panic buttons, or other systems for summoning assistance, should be provided for emergency use. Further guidance on aspects of building and staff security is contained in the NHS Security Manual – NAHAT, 1992. Early consideration should be given to the Secured by Design Initiative. ‘Secured by Design, is a police initiative to encourage the building industry to adopt crime prevention measures in the design of developments to assist in reducing the opportunity for crime and the fear of crime, creating a safer more secure environment. ‘Secured by Design, is owned by the Association of Chief Police Officers (ACPO) and has the support of the Home Office Crime Reduction and Community Safety Group and the Planning Section of The Office of the Deputy Prime Minister (ODPM). Contact should be made with the local Police Architectural Liaison Officer for detailed assistance. Further information is available at [www.securedbydesign.com](http://www.securedbydesign.com)

### Telephone services

- 6.2 Telephone calls to the premises should be routed through the dispensing area. Further guidance on telephone systems is contained in SHPN 48: ‘Telecommunications’. The telephone exchange hardware is an item which the practice will choose and install themselves, while developers will install the voice and data cabling and trunking infra-structure.

### Information Management and Technology (IM&T)

- 6.3 There are three principal factors which must be considered when providing IT equipment:
- space: computer workstations must be designed to the dimensions which will provide sufficient space for the required equipment, its peripherals and its operator;
  - visibility: computer workstations should be designed and sited so that the room lighting provides satisfactory lighting conditions, giving sufficient and appropriate contrast between the screen and the background environment so that the content of the screen is clearly legible; the ambient lighting, and other sources of light – such as windows and brightly coloured fixtures or walls, should not cause reflections or glare on the screen;

- noise; most modern printers have acceptable noise levels; if a printer is noisy, a printer hood could be fitted, or alternatively the printer could be located in an easily accessible but separate area.

Reference should be made to HBN 40 Volume 3 for typical activity space requirements, Health and Safety Executive's Display Screen Equipment Regulations, and also to Scottish Health Guidance Note (SHGN): 'Structured cabling for IT systems'.

- 6.4 Each computer workstation should be served by a triple RJ45 outlet.
- 6.5 All computerised records should have a local emergency battery back-up (UPS) to cope with power cuts, but no stand-by emergency generators would be expected.

### Lightning protection, clocks, music, radio and television

- 6.6 Any clocks that are sited in clinical areas should have a sweep second-hand. The environment of a Community Pharmacy should reflect the professional activity undertaken and any other activities that detract from this should be avoided. However where music, radio and television are being played then connections for television/video and background music/radio system outlets should be provided in areas where considered necessary. A licence will be required for the use of TVs. Where music and radio are being played for the public there is a need to register with the Performing Rights Society. In addition, if the music is pre-recorded e.g. from a CD, there is a requirement to register with the Phonographic Performance Ltd. Consideration should be given to the location of radios and televisions in order to prevent interference with loop systems.
- 6.7 Protection of the building against lightning should be provided in accordance with SHTM 2007: 'Electrical services: supply and distribution' and BS6651 (1992).

### Lifts

- 6.8 Premises are most likely to be single storey as lifts are expensive to install and maintain. However, in the situations where lifts are a necessity, guidance is given in SHTM 2024: 'Lifts'.

### Fire safety

- 6.9 The need for structural fire precautions and means of escape from the whole accommodation must be taken into account at the earliest possible planning stage.
- 6.10 Means of escape guidance is now incorporated within SBSA Technical Handbook for all healthcare buildings. Additional guidance is provided by

BS5588: 'Part 8, Code of Practice' for means of escape for people with disabilities.

- 6.11 If any fire hazard rooms are located internally and require mechanical ventilation then NHSScotland Firecode will apply. These rooms will require fire/smoke dampers or fire rated ductwork in accordance with the guidance.
- 6.12 It is important to establish during the design stage those aspects of fire safety strategy which affect the design, configuration and structure of a project. At appropriate stages of the design process, the architect and engineer should discuss and verify their proposals with the local fire authority, and ensure that the project team and all other planning staff are fully acquainted with the fire safety strategy for the design in terms of operation (staff responsibilities, etc), equipment provision, and building and engineering layouts. SHTMs 57: 'Internal Glazing' to SHTM 60: 'Ceilings' give detailed information for the selection of fire-resistant building components.

### **Infection control and the built environment**

- 6.13 The built environment should meet the requirements of Scottish Health Facilities Note 30: 'Infection control in the built environment – design and planning'. Further information is available from Health Facilities Scotland and reference should be made to NHSScotland decontamination guidance issued by NHS Health Facilities Scotland available at [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk) and Health Protection Scotland <http://www.hps.scot.nhs.uk/>

## References (Specific)

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### Environments for Quality Care; ‘Health Buildings in the Community’

A series of exemplars, this guide shows how good design can make local health buildings, ranging in size from surgeries to community hospitals, attractive to patients and pleasant for staff to work in. The Stationery Office, 1994, ISBN 0-11321-764-1.

### Scottish Health Planning Notes (SHPNs) and Scottish Health Facilities Notes (SHFNs)

These are produced by Health Facilities Scotland and replace some NHS Estates technical guidance (HBN and HFN).

**SHFN 14: ‘Disability Access’:** considers the introduction of the Disability Discrimination Act (1995) and provides guidance and assistance on implementing the requirements for healthcare premises.

**SHFN 20: ‘Access Audits of Primary Healthcare Facilities’:** enables healthcare providers to carry out access audits of their practice premises. The aim is to identify those aspects of the building which would need to be improved or modified to enable the premises to perform within the spirit of the Disability Discrimination Act (1995). This audit could then be used in any discussions with the healthcare body about reasons for improvements.

**SHFN 30, Version 3: ‘Infection Control in the Built Environment’ 2007:** provides guidance for ‘designed-in’ infection control to enable designers, architects, engineers, facilities managers and planners to work in collaborative partnership with infection control teams. The aim is to deliver facilities in which infection control needs have been planned for, anticipated and met.

**Access Audit Survey Toolkit: ‘Access for disabled people in healthcare premises’:** aims to help all healthcare providers survey the accessibility of their existing properties to assess whether they meet the requirements of Section 21 of the Disability Discrimination Act 1995 and to establish what improvements need to be made to ensure there is no discrimination against disabled people in the provision of equal access to the services offered in any property.



## Scottish Health Technical Memorandum (SHTM)

### SHTM 07-02: EnCO<sub>2</sub>de – making energy work in healthcare

Encode is the primary source of guidance on managing energy use and carbon emissions in the healthcare sector. Encode is not prescriptive. It draws together the best practice guidance so that healthcare organisations can determine a way forward that best suits their situation.

The aim of Encode is to ensure that everyone involved in managing, procuring and using buildings and equipment thinks about the implications of energy use, today and in the future.

The most important step on the way to achieving energy and carbon savings is strong leadership. Strong leadership and commitment from the Chief Executive will enable staff, patients, suppliers and visitors to take the necessary actions to gain control of energy use, keep that control, and make the right choices for the future. Encode explains how cost savings, and environmental benefits can be achieved.

Encode provides sufficient information for any healthcare organisation to manage its daily energy-saving activities, and to plan effectively to make the most of opportunities that lie ahead.

## Health Building Notes (HBNs) and Health Facilities Notes (HFNs)

Produced by NHS Estates, the HBN and HFN series provides technical guidance on buildings and facilities management in the context of clinical practice for most healthcare premises and hospital departments.

**Primary and social care premises:** this is a web based site which replaces HBN 36: 'Local Healthcare Facilities'. The website can be found at <http://primarycare.nhsestates.gov.uk>.

**HBN 40: 'Common Activity Spaces', 1995:** a series of four volumes which provide guidance on activity spaces frequently occurring in health buildings. Each volume provides detailed ergonomic data on general public areas.

If the intended primary care premises are of a size that requires lifts, stairs, corridors, lobby and sign posting then HBN 40 Volume 4 should be referred to. Volume 2 details consulting/examination rooms.

- Volume 1, The Stationery Office, 1995, ISBN 0-11 3221 843
- Volume 2, The Stationery Office, 1995, ISBN 0-11322-185-1
- Volume 3, The Stationery Office, 1995, ISBN 0-11322-186-X
- Volume 4, The Stationery Office, 1995, ISBN 0-11322-187-8

**HBN/SHPN 40: ‘Common Activity Spaces, Volume 5, Scottish Appendix’, 1996:** this Note is aimed at designers of health buildings in Scotland. It provides amendments to all four volumes of HBN 40 which, when applied, will ensure that the documents conform to current Scottish medical and nursing practices, Scottish Statutory Standards, references etc.

## Miscellaneous

**‘Fair For All’: 2005:** prepared by SEHD in partnership with Disability Rights Commission. Available to view at [www.drc-gb.org/scotland](http://www.drc-gb.org/scotland)

**‘Building Sight’: 1995:** published by the Royal National Institute for the Blind; also available from HMSO (ISBN 1 85878 074 8-paperback).

**‘Enhancing Care Provision for Blind and Partially Sighted People in GP Surgeries’:** published by Guide Dogs for the Blind Association (Guide Dogs) UK.

## British Standards Institution

**British Standard 6465-1:1994 Sanitary appliances.** Code of practice for scale of provision, selection and installation of sanitary appliances.

**British Standard 6465-2:1996 Sanitary appliances.** Code of practice for space requirements for sanitary appliances.

**British Standard 8300:2001 Design of buildings and their approaches to meet the needs of disabled people – Code of practice.**

## References (General)

**NOTE:** Where there is a requirement to address a listed reference, care should be taken to ensure that all amendments following the date of issue are included.

<i>Publication ID</i>	<i>Title</i>	<i>Publisher</i>	<i>Date</i>	<i>Notes</i>
<b>Acts and Regulations</b>				
	Health and Safety at Work etc Act	HMSO	1974	
	The Water (Scotland) Act	HMSO	1980	
	Electricity Act	HMSO	1989	
	Clean Air Act	HMSO	1993	
	Registered Establishments (Scotland) Act	HMSO	1998	
	The Building (Scotland) Act 2003	TSO	2003	
	Building (Scotland) Regulations 2004	TSO		
	Scottish Building Standards Agency Technical Handbooks <a href="http://www.sbsa.gov.uk">http://www.sbsa.gov.uk</a>	SBSA Website	2007	
SI 917	Health and Safety (First Aid) Regulations	HMSO	1981	
SI 2115	Control of Asbestos at Work Regulations (as amended)	HMSO	1987	
SI 635	Electricity at Work Regulations	HMSO	1989	
SI 682	Health and Safety (Information for Employees) Regulations	HMSO	1989	
SI 1790	Noise at Work Regulations	HMSO	1989	
SI 1380	Health and Safety (Training for Employment) Regulations	HMSO	1990	
SI 3139	Personal Protective Equipment (EC Directive) Regulations (as amended)	HMSO	1992	
SI 2966	Personal Protective Equipment at Work (PPE) Regulations	HMSO	1992	
SI 3004	Workplace (Health, Safety and Welfare) Regulations	HMSO	1992	
SI 2372	Electromagnetic Compatibility Regulations (as amended)	HMSO	1992	
SI 2792	Health and Safety (Display Screen Equipment) Regulations	HMSO	1992	
<i>Publication ID</i>	<i>Title</i>	<i>Publisher</i>	<i>Date</i>	<i>Notes</i>

<b>Acts and Regulations (continued)</b>				
SI 2793	Manual Handling Operations Regulations	HMSO	1992	
SI 320	The Construction (Design and Management) Regulations 2007 (CDM2007)	HMSO	2007	
SI 3163	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	HMSO	1995	
SI 341	Health and Safety (Safety Signs and Signals) Regulations	HMSO	1996	
SI 1460	Chemicals (Hazard Information and Packaging for Supply) Regulations (CHIP2)	HMSO	1997	
SI 1713	Confined Space Regulations	HMSO	1997	
SI 1057	Electricity Supply Regulations (as amended)	HMSO	1988 (1998)	
SI 2306	Provision and Use of Work Equipment Regulations (PUWER)	HMSO	1998	
SI 2307	Lifting Operations and Lifting Equipment Regulations (LOLER)	HMSO	1998	
SI 2451	Gas Safety (Installation and Use) Regulations	HMSO	1998	
SI 437	Control of Substances Hazardous to Health Regulations (COSHH)	HMSO	1999	
SI 3242	Management of Health and Safety at Work Regulations	HMSO	1999	
<b>British Standards</b>				
BS 349	Specification for identification of the contents of industrial gas containers (AMD 6132, 5189)	BSI Standards	1973	
BS 1319	Specification for medical gas cylinders, valves and yoke connections (AMD 3029, 6179, 4603, 6184)	BSI Standards	1976	
BS 5499	Fire safety signs and graphic symbols	BSI Standards		
BS 5266	Code of practice for emergency lightning	BSI Standards	1988	
BS 6465-1	Sanitary appliances. Code of practice for scale of provision, selection and installation of sanitary appliances	BSI Standards	1994	
<i>Publication ID</i>	<i>Title</i>	<i>Publisher</i>	<i>Date</i>	<i>Notes</i>
<b>British Standards (continued)</b>				

BS 6465-2	Sanitary appliances. Code of practice for space requirements for sanitary appliances	BSI Standards	1996	
BS 8313	Code of practice for accommodations of building services in ducts	BSI Standards	1997	
BS 8300	Design of buildings and their approaches to meet the needs of disabled people – Code of practice	BSI Standards	2001	
<b>Scottish Health Technical Memoranda</b>				
Scottish Health Technical Memoranda (SHTMs) are generally produced for use in the design of large healthcare buildings containing in-patient accommodation so care should be taken when being used in connection with small and medium sized practices. (SHTMs are about to be replaced by an updated SHTM 00 - 09 series)				
SHTM 2005	Building management systems	HFS	2001	CD-ROM
SHTM 2007	Electrical services supply and distribution	HFS	2001	CD-ROM
SHTM 2011	Emergency electrical services	HFS	2001	CD-ROM
SHTM 2014	Abatement of electrical interference	HFS	2001	CD-ROM
SHTM 2020	Electrical safety code for low voltage systems (Escode – LV)	HFS	2001	CD-ROM
SHTM 2021	Electrical safety code for high voltage systems (Escode – HV)	HFS	2001	CD-ROM
SHTM 2022	Medical gas pipeline systems	HFS	2001	CD-ROM
SHTM 2022: Supplement 1	Dental compressed air and vacuum systems	HFS	2004	CD-ROM
SHTM 2023	Access and accommodation for engineering services	HFS	2001	CD-ROM
SHTM 2024	Lifts	HFS	2001	CD-ROM
SHTM 2025	Ventilation in healthcare premises	HFS	2001	CD-ROM
SHTM 2027	Hot and cold water supply, storage and mains services	HFS	2001	CD-ROM
SHTM 2040	The control of legionellae in healthcare premises – a code of practice	HFS	2001	CD-ROM
SHTM 2045	Acoustics	HFS	2001	CD-ROM
SHPN 3	General design guidance	HFS	2002	
SHTN 1	Post commissioning documentation for health buildings in Scotland	HMSO	1993	
SHTN 2	Domestic Hot and Cold Water Systems for Scottish Health Care Premises	HFS	2001	CD-ROM
SHTN 3	Management and Disposal of Clinical Waste	HFS	2002	
<b>Publication ID</b>	<b>Title</b>	<b>Publisher</b>	<b>Date</b>	<b>Notes</b>
<b>Scottish Health Technical Memoranda (continued)</b>				

SHTN 4	General Purposes Estates and Functions Model Safety Permit-to-Work Systems	HFS	2001	CD-ROM
SHTN 6	The Safe Operation and Maintenance of Thermostatic Mixing Valves	HFS	2001	CD-ROM
SHGN (to be in new SHTM04-01)	'Safe' hot water and surface temperatures	HFS	2001	CD-ROM
	NHSScotland – Procode	HFS	2002	CD-ROM
<b>NHS in Scotland Firecode</b>				
SHTM 82	Alarm and detection systems	HFS	1999	CD-ROM
SHTM 83	Fire safety in healthcare premises: general fire precautions, Version 2	HFS	1999	CD-ROM
SHTM 87	Textiles and furniture	HFS	1999	CD-ROM
SFPN 6	Arson prevention and control in NHS healthcare premises Version 2	HFS	1999	CD-ROM
<b>NHS Estates Guidance</b>				
HBN 40	Common Activity Spaces	HMSO	1995	
MES	Model Engineering Specifications	NHS Estates	1997	As required
<b>HSE Publications</b>				
CS 5	Part 1: Entry into confined spaces Part 2: Cleaning and gas freeing of tanks containing flammable residues	HMSO	1977	
CS 4	Keeping of LPG in cylinders and similar containers	HMSO	1986	
Approved code of practice	The Control of Asbestos at Work Regulations	HMSO	1987	
Approved code of practice	Work with Asbestos Insulation, Asbestos Coating and Asbestos Insulating Board	HMSO	1988	
EH 40	HSE Occupational Exposure limits	HSE	Annual	
CIS 39	Construction (Design and Management) Regulations 1994: The role of the client	HSE	2000	
CIS 40	Construction (Design and Management) Regulations 1994: The role of the planning supervisor	HSE	2000	
HSG 224	Managing health and safety in construction: Construction (Design and Management) Regulations 1994: Approved Code of Practice and Guidance	HSE, HMSO	2001	
<b>Publication ID</b>	<b>Title</b>	<b>Publisher</b>	<b>Date</b>	<b>Notes</b>
<b>Miscellaneous References</b>				



CIBSE	The safe storage of gaseous hydrogen in seamless cylinders and similar containers (CP 8)	British Compressed Gases Association	1986	As amended
	Lighting Guide LG2 Hospitals and Health Care Buildings	CIBSE	1989	
	Environments for Quality Care; 'Health Buildings in the Community'	HMSO	1994	
<b>Miscellaneous References (continued)</b>				
CIBSE	Property Transactions	HMSO	1994	
	Historic Buildings in the Health Service	HMSO	1995	
	Lighting Guide LG3 The visual environment for display screen use	CIBSE	1996	
	Designing Primary Healthcare Premises: A Resource	North West Regional Office, NHS Executive	1996	
	Better Buildings for Better Services: A review of innovative developments in primary care	Radcliffe Medical Press	1997	

**Publisher Key:**

Her Majesty's Stationery Office	HMSO
The Stationery Office	TSO
Scottish Building Standards Agency	SBSA
British Standards Institution	BSI
Health Facilities Scotland	HFS
Health and Safety Executive	HSE
Royal Institute of British Architects	RIBA
Chartered Institution of Building Services Engineers	CIBSE

## Appendices

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**Appendix 1: Room Data Sheets - Typical accommodation**

**Appendix 2: Room Data Sheets - Environmental Services**

## Appendix 1: Room Data Sheets –Typical accommodation

The extent and provision of the rooms listed below will be a function of the size of the premises and facilities to be offered. The areas listed below are the minimum net areas from internal wall surfaces. They **exclude** all ‘service’ zones required for radiators, all pipe ducts and all narrow ‘passage’ entry zones between the main corridor and the ‘clinical’ or working area of the room and all space required for all internal partitions. In larger facilities the toilet provision will be dependent on the design and travel distances involved.

<i>Checklist of Typical accommodation</i>				
	<i>optimum</i>	<i>minimum</i>	<i>by ratio</i>	<i>notes</i>
<b>Customer Interface</b>				
Drive through prescription facility				as required by Pharmacy
Entrance				consider wheelchair and pram movements
Retail space				as required by Pharmacy
Dispensary Area				as required by Pharmacy
Interview Room	9.0m <sup>2</sup>	7.5m <sup>2</sup>		1 @ 9.0m <sup>2</sup> should be suitable for easy wheelchair use
<b>Patient Interface</b>				
Patients' Reception Point	7.5m <sup>2</sup>	6.0m <sup>2</sup>		add for Pharmacy size – ensure wheelchair turning circle
Waiting area				as required by Pharmacy plus 3.0m <sup>2</sup> for wheelchair space
Children's Play		5.0m <sup>2</sup>		as required by Pharmacy - planned within waiting area, space will vary with size
Patients' Toilet – disabled with assistance	5.5m <sup>2</sup>	4.5m <sup>2</sup>		
<b>Staff Facilities</b>				
Staff Office	12.0m <sup>2</sup>	9.0m <sup>2</sup>		if applicable
Staff Lounge/Kitchen		12.5m <sup>2</sup>		Size will vary depending on staff numbers
Staff Cloakroom/Lockers				as required by Pharmacy
Staff Toilet (disabled)		4.5m <sup>2</sup>		with whb
Staff Toilet (ambulant)		2.25m <sup>2</sup>		with whb - as required by Pharmacy

<b>Checklist of Typical accommodation</b>				
<b>Patient Services</b>				
Consulting and Examination Room(s)	16.5m <sup>2</sup>	14m <sup>2</sup>		As required by Pharmacy
Therapies Room				As required by Pharmacy
Podiatry				As required by Pharmacy
Clean Utility Room	9.5m <sup>2</sup>	5.0m <sup>2</sup>		
<b>Ceiling Heights</b>	2.7m	2.4m		larger rooms/spaces will require a minimum of 2.7m
<b>Storage and Ancillary Support</b>				
Cleaner's Room	10.0m <sup>2</sup>	7.0m <sup>2</sup>		per floor level
General/Multi Purpose Store(s)				as required by Pharmacy
Stockroom				as required by Pharmacy
Bottled Gas Store				as required by Pharmacy
Disposal Hold Store		5.0m <sup>2</sup>		determined by size, facilities provided and collection frequency.
General Refuse (Local Authority)				generally wheelie bins located externally in screened off area
<b>Plant/Services/IT</b>				
Mechanical Services Plant				as determined by Engineer
Electrical Switchroom				as determined by Engineer
Node Cabinet/Telephone Switch Room				as determined by Engineer
<b>Circulation</b>	In small premises, a large portion of the circulation will be within the retail and dispensary space. Larger premises with additional patient services, or buildings with more than one floor, will require additional circulation. It is unlikely that many buildings will require circulation in excess of 20%, circulation figures exclude any space required for lifts and stairs. Careful consideration must always be given to the movement of wheelchairs and the possibility of the ambulance service having to remove collapsed patients or customers.			
Corridors				determined by layout and applicable regulations
Stairs				determined by layout and applicable regulations
Lifts				determined by layout and applicable regulations
<b>Note 1</b> At the briefing stage it is essential to the design team that pharmacists take responsibility for defining the services and accommodation requirements necessary within their development. This checklist should serve as a broad briefing tool at the outset.				

<b>RDS 1 - Entrance Area</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>External Walls</b>	The shop front and main entrance are most likely to be designed as one 'unit', and typically will be constructed metal, glass and brick/blockwork.	All windows and entrance doors will require a high level of security provision, usually by provision of metal shutters and alarm system. Ideally if there is space a lobby approach should be adopted with two sets of doors to maintain heat within the premises.
<b>Wall finishes</b>	Any wall surfaces within the building should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Main entrance doors can be made of a variety of materials; timber, aluminium, upvc etc. If timber, they should be solid, or solid core construction with a suitable facing and hardwood lipped on all four edges. Doors may be automatic, fully glazed or fitted with viewing panels complying with current regulations and DDA recommendations.	Doors will require to be self closing and may also require to be fire rated. If so, then the complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors.
<b>Ironmongery</b>	Push plates, pull handle, door closer.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ) when tested on completion by an acoustic consultant.  Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Some sort of 'barrier' carpeting or entrance flooring system required to remove dirt and water from customer shoes. Extreme care must be taken to ensure the material is non-slip.	The Contractor should liaise with the client to decide which product is most appropriate.  Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Area</b>		Consider wheelchair and pram movements

<b>RDS 2 - Retail Space</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system may be required to provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', where patient confidentiality is an issue.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Any doors leading off this area should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  If partitions do not go to the underside of the main structure then the ceiling system may be required to provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', where patient confidentiality is an issue.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish on the public side</b>	Textile or hard floor covering can be used. If hard covering, like lino or PVC sheet is considered, extreme care must be taken to ensure the material is non-slip.	The Contractor should liaise with the client to decide which product is most appropriate.  Flooring should comply with HTM 61 'Flooring' 2006
<b>Floor finish on the staff side of the counter</b>	Textile floor covering will give a more comfortable finish for staff.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Area</b>		As required by Practice



<b>RDS 3 - Waiting Areas</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	
<b>Wall finishes</b>	Wall surfaces within the area should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006. Consideration should be given to sound absorption, particularly where children are waiting/playing.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering will help with sound absorption. However the use of carpet is dependant on the range of services to be provided on the premises and whether the waiting area will be used for more clinical procedures.	The Contractor should liaise with the client to decide which product is most appropriate.  Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Furniture and Fittings</b>		The layout of these items should be arranged to provide the best use of space with seats in non-linear layouts, however, this should avoid the creation of secluded spaces without supervision from the reception area. Consideration should be given to any requirement for displaying notices and leaflets. To avoid ad-hoc systems being used or notices and posters being stuck to wall finishes or doors, careful thought should be given to a suitable display system at the design stage. This should be fixed/permanent for safety reasons.
<b>Area</b>		Waiting area sizes again depend on workload, the needs of the local community, the nature of services being provided, the number of floors and the size of the facility. As a guide 1.5m <sup>2</sup> should be provided for each space and all waiting areas should include at least 3m <sup>2</sup> specifically for wheelchair users. A children's play area will require a minimum of 5m <sup>2</sup>

<b>RDS 4 - Consultation Advice point – non private</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Screens will generally be constructed from metal supports with glass infill panels which will stop short of the floor and ceiling. Any stud wall system should be reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	This is generally a 'corner' of the Retail Space which is screened off to provide a small interview space which does not provide complete privacy.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	If a door is provided it is likely to form part of the 'screen' wall system.	
<b>Ironmongery</b>	To be suitable for use by disabled users.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	The ceiling is likely to be a continuation of the main retail space ceiling which may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering will give an element of sound absorption to make the space more 'comfortable'.	Some advice may be obtained from HTM 61: 'Flooring' 2006

<b>RDS 5 - Health Promotion Area</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	Some advice may be obtained from SHTM 56: 'Partitions' 2006.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering.	Some advice may be obtained from HTM 61: 'Flooring' 2006.

<b>RDS 6 - Patient reception point for Consultation Rooms</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	
<b>Wall finishes</b>	Wall surfaces within the area should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Any doors within this area should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish on the public side of reception.</b>	Textile floor covering should be barrier carpet if adjacent to the main entrance. When hard covering like lino or PVC sheet is considered extreme care must be taken to ensure the material is non-slip if adjacent to the main entrance.	The Contractor should liaise with the client to decide which product is most appropriate. Flooring should comply with HTM 61 'Flooring' 2006
<b>Floor finish on the staff side of reception.</b>	Textile floor covering.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Area</b>		Staff side will typically require 4.5m <sup>2</sup> per receptionist space, while the patients side will require 3 to 4.5 m <sup>2</sup> recessed off the main circulation. Ensure wheelchair turning circle.

<b>RDS 7 – Needle Exchange Point</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Any stud wall system should be reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	This is generally a 'corner' of the Retail Space which is screened off to provide a small interview space which does not provide complete privacy.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	If a door is provided it is likely to form part of the 'screen' wall system.	
<b>Ironmongery</b>	To be suitable for use by disabled users.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	The ceiling is likely to be a continuation of the main retail space ceiling which may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering will give an element of sound absorption to make the space more 'comfortable'.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Other Issues</b>		Sufficient space to be allowed for Sharps Bin – refer to BS 7320: 1990 'Specification for Sharps Containers'  Reference should be made to 'A Pharmacy Guide to Waste Management', the Special Waste (Scotland) Amendment Regulations 2004, and the Waste Management Licensing Regulations 1994, with regard to the disposal of sharps, and also to SHTN 3: 'Management and Disposal of Clinical Waste', and to the 'Safe Disposal of Clinical Waste' by the Health Services Advisory Committee.

<b>RDS 8 – Consultation Room</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	The door should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock. The room should be capable of being locked with a key when not in use.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R'w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Furniture and Fittings</b>		Chairs and a writing surface should be provided in an area not less than 7.5m <sup>2</sup> . Careful thought will require to be given to the choice and design of furniture and fittings, in buildings where this room is used by disturbed or violent patients, to avoid them being used as weapons.
<b>Area</b>		1 @ 9.0m <sup>2</sup> should be suitable for easy wheelchair use – 7.5 m <sup>2</sup> min.



<b>RDS 9 - Patient toilets</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	<p>Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.</p> <p>For large multi-practice facilities toilets may be of a size that will allow the use of cubicle partition systems.</p>	<p>The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R<sub>w</sub>), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.</p> <p>Some advice may be obtained from SHTM 56: 'Partitions' 2006.</p>
<b>Wall finishes</b>	<p>Wall surfaces within the room should be finished with an emulsion paint finish.</p> <p>Ceramic wall tile splash backs.</p> <p>Wall finishes must be washable.</p>	<p>Apply a minimum of two coats to all wall surfaces.</p>
<b>Doors</b>	<p>Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.</p>	<p>Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.</p>
<b>Ironmongery</b>	<p>Push plates, pull handle, door closer, toilet locks and grabrails. In an emergency, doors must be able to be opened by staff from outside.</p>	<p>Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.</p>
<b>Ceiling</b>	<p>Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.</p>	<p>Some advice may be obtained from SHTM 60: 'Ceilings' 2006.</p> <p>The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R<sub>w</sub>), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.</p>
<b>Ceiling finish</b>	<p>Plastered ceiling finishes should be finished with an emulsion paint finish.</p>	<p>Apply two coats to ceiling surface.</p> <p>If the suspended ceiling system is selected, it has a factory finish.</p>
<b>Floor finish</b>	<p>Non-slip PVC sheet material with welded joints and cove skirting.</p>	<p>Some advice may be obtained from HTM 61: 'Flooring' 2006</p>
<b>Area</b>		<p>Min 4.5m<sup>2</sup> – max 5.5m<sup>2</sup>.</p>
<b>Other Issues</b>		<p>Ease of access must be provided to all drainage and plumbing services for maintenance.</p>

<b>RDS 10 – Examination and Treatment Rooms</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud partition system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long term protection against the growth of mould, bacteria and other organisms.	Apply two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.  Doors should not have vision panels.	Doors may require to be fire resistant to FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors.  Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock only capable of being locked with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface.  If a suspended ceiling system is selected it will require a factory finished anti-bacterial coating.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and coved to form skirting.	Some advice may be obtained from HTM 61: 'Flooring' 2006

<b>RDS 10 - Consulting and Examination Rooms(continued)</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Furniture and Fittings</b>		<p>Provision must be made for computer equipment, a panic alarm and any additional equipment. It is recommended that a standard built in desk/workstation/worktop with all the associated service outlets and cableways is provided. This will ensure a standard location for the panic alarm and general familiarity for staff using different rooms. A clinical washhand basin is required together with storage for sterile equipment and supplies, consideration should be given to the provision of 'hands free' taps. The room should allow for a single examination couch with a curtain/screen provided around the couch for patient privacy and dignity to dress/undress. The couch should be located to allow examination of the patient lying on their back, from both the right side and the foot of the couch. In addition, any worktops should be smooth, impervious, washable and have coved rear up-stands and post formed fronts. The client and designers must establish the type of examination lamp required early in the design process, either wall fixed, ceiling fixed or a mobile unit. Typical layouts are contained in HBN 40: 'Common Activity Spaces Volume 2 Treatment Areas'. Windows must be provided with curtains or blinds.</p>
<b>Area</b>		<p>The minimum area should be 14m<sup>2</sup>, although the room is generally 16.5m<sup>2</sup> to allow for additional medical staff, better wheelchair provision and more leeway with couch location. One room at least may require to be larger to cope with a wheelchair patient with one or two companions, the practitioner and space for using a patient hoist adjacent to the couch.</p>

<b>RDS 11 - Therapist Room</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud partition system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long term protection against the growth of mould, bacteria and other organisms.	Apply two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resistant to FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors.  Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock only capable of being locked with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface.  If a suspended ceiling system is selected it will require a factory finished anti-bacterial coating.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and coved to form skirting.	Some advice may be obtained from HTM 61: 'Flooring' 2006

<b>RDS 12 - Podiatry Room</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud partition system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long term protection against the growth of mould, bacteria and other organisms.	Apply two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resistant to FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors.  Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock only capable of being locked with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface.  If a suspended ceiling system is selected it will require a factory finished anti-bacterial coating.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and coved to form skirting.	Some advice may be obtained from HTM 61: 'Flooring' 2006

<b>RDS 13 - Dispensing Area</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	A large portion of the walls in this area will have storage shelves and cupboards.
<b>Wall finishes</b>	Exposed wall surfaces within this area may be finished with a pre-finished lining. If not they should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Any doors within this area should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Generally hard coverings, like lino or PVC sheet, care must be taken to ensure the material is non-slip.	The Contractor should liaise with the client to decide which product is most appropriate.  Flooring should comply with Health Technical Memorandum 61 'Flooring' 2006



<i>RDS 13 - Dispensing Area (continued)</i>		
<i>Element</i>	<i>Construction</i>	<i>Comments</i>
<b>Furniture and Fittings</b>		<p>A recognised healthcare range of fitments and fittings should be used for all benching, workstations, shelves, drawers and cupboards. Standard layouts will include a dedicated sink and a washhand basin. Worktops require to be special laboratory type with sealed joints, with post formed roll fronts. Post formed rear upstands will ensure easy cleaning. The worktops require to be cleaned and disinfected, the whole area must comply with infection control procedures.</p> <p>Assistance with room layout, furniture and fittings, sanitaryware and services required can be provided by specialised shopfitters and designers. Provision must be made for computer equipment, controlled drug storage, refrigeration, safe storage of dispensed medicines prior to collection, safe storage of controlled stationery and panic alarm systems. A discrete screened section of counter will often be required for supervised methadone provision.</p>
<b>Area</b>		As required by Practice

<b>RDS 14 - Clinical utilities</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	Partitions should comply with SHTM 56: 'Partitions' 2006.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long term protection against the growth of mould, bacteria and other organisms.	Apply two coats to all wall surfaces. Vinyl wall cladding may be considered for the disposal hold room/cupboard to give added protection and cleanability.
<b>Doors</b>	Laminate faced plywood solid core flush door hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Doorsets should also comply with SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Ironmongery should comply with SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Ceilings should comply with SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and coved to form skirtings.	Flooring should comply with HTM 61: 'Flooring' 2006
<b>Furniture and Fittings</b>		The facility should contain clinical washhand basins, work surfaces, shelving and underbench storage cupboards (some lockable). The clean utility area may contain a fridge and lockable/alarmed drugs cupboard while the dirty utility area will require a sink and temporary storage facilities for clinical waste, sharps etc. Worktops should have coved rear upstands and be suitable for regular cleaning or decontamination to avoid cross infection. The quantity of fittings will be project specific and the clients' needs should be determined at an early stage.

<i>RDS 14 - Clinical utilities (continued)</i>		
<i>Element</i>	<i>Construction</i>	<i>Comments</i>
<b>Area</b>		The minimum area for each clean and dirty area should be no less than 5m <sup>2</sup> . If local decontamination is taking place, then the minimum area will be 7.5m <sup>2</sup> .
<b>Other Issues</b>		Reference should be made to 'A Pharmacy Guide to Waste Management', the Special Waste (Scotland) Amendment Regulations 2004, and the Waste Management Licensing Regulations 1994, with regard to the disposal of sharps, and also to SHTN 3: Management and Disposal of Clinical Waste, and to the 'Safe Disposal of Clinical Waste' by the Health Services Advisory Committee.

<b>RDS 15 - Staff Office</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.  Doors not have vision panels. Any windows must be provided with curtains or blinds.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.  Due to usage a push button security lock may be preferred for the door.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 59: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Textile floor covering.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Area</b>		Typically between 9m <sup>2</sup> and 12m <sup>2</sup>

<b>RDS 16 - Staff lounge and kitchen</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant will be required to prove compliance.  Some advice may be obtained from HTM 56: 'Partitions' 2005.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes. Doors should not have vision panels.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors.  Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock.  If a security locking system is used it should be suitable for use by people with disabilities from both sides of the door.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.  Due to usage a push button security lock may be preferred for the door.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant will be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
<b>Floor finish</b>	Textile floor covering in the common room and non-slip PVC sheet material with welded joints and cove skirting in the kitchen area.	Some advice may be obtained from HTM 61: 'Flooring' 2006

<i>RDS 16 - Staff lounge and kitchen (continued)</i>		
<i>Element</i>	<i>Construction</i>	<i>Comments</i>
<b>Furniture and Fittings</b>		Informally furnished area with kitchen facilities to include a stainless steel sink with draining board, a separate washhand basin, fridge, microwave, storage units, work surfaces etc and possibly a dishwasher. This area should also include wall-mounted notice boards. Any windows must be provided with curtains or blinds.
<b>Area</b>		Typically 12.5m <sup>2</sup> for a small pharmacy but the size will be significantly influenced by the number of facilities being provided and opening hours.



<b>RDS 17 - Staff toilets</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.  Some advice may be obtained from SHTM 56: 'Partitions' 2006.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.  Ceramic wall tile splash backs.  Wall finishes (including skirtings) must be washable.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Push plates, pull handle, door closer, toilet locks and grabrails. In an emergency, doors must be able to be opened by staff from outside.	Some advice may be obtained from SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and cove skirting.	Some advice may be obtained from HTM 61: 'Flooring' 2006
<b>Area</b>		Min 4.5m <sup>2</sup> .
<b>Other Issues</b>		Ease of access must be provided to all services.

<b>RDS 18 - Storage areas</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long term protection against the growth of mould, bacteria and other organisms.	Apply two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resisting FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Doorsets should also comply with SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock capable of being locked from the outside with a key but capable of being overridden from the inside by a turnbuckle.	Ironmongery should comply with SHTM 59: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Ceilings should comply with SHTM 60: 'Ceilings' 2006.  The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R <sub>w</sub> ), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and coved to form skirtings.  Floor finish in the bottled gas store should be sealed and painted to provide a tough dust free finish.	Flooring should comply with HTM 61: 'Flooring' 2006
<b>Area</b>		As required by Practice

<b>RDS 19 - Cleaner, plant and refuse areas</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Partition Walls</b>	Partitions should be constructed from either brick/block with mortar joints and in some areas finished in two-coat lightweight gypsum plaster OR timber/metal stud partition system lined with gypsum plasterboard and finished with a board finish plaster.	Apply a minimum of two coats to all wall surfaces. Colours to be approved by the client.
<b>Wall finishes</b>	Wall surfaces within the room should be finished with an emulsion paint finish.  Wall finishes (including skirtings) must be easily washable.	Apply a minimum of two coats to all wall surfaces.
<b>Doors</b>	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to plant areas to be fitted with acoustic brushes.	Some advice may be obtained from SHTM 58: 'Internal Doorsets' 2006.
<b>Ironmongery</b>	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from SHTM 58: 'Ironmongery' 2006.
<b>Ceiling</b>	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from SHTM 60: 'Ceilings' 2006.
<b>Ceiling finish</b>	Plastered ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface.  If the suspended ceiling system is selected, it has a factory finish.
<b>Floor finish</b>	Non-slip PVC sheet material with welded joints and cove skirting in cleaner.  No floor finish in Plant Rooms and refuse hold enclosure.  Floor finishes in spaces housing data/communications equipment should be assessed for any requirement for static dissipative properties.	Some advice may be obtained from HTM 58: 'Flooring' 2006.  Concrete sealer to be applied to exposed concrete to reduce dust levels.
<b>Furniture and Fittings</b>		Any cleaner's room should have lockable metal cupboards for the storage of cleaning materials in accordance with COSHH regulations. Typically the room will have a low-level bucket or 'belfast' sink, stainless steel sink unit and small washhand basin together with space for all cleaning equipment.

<b>RDS 19 - Cleaner, plant and refuse areas (continued)</b>		
<b>Element</b>	<b>Construction</b>	<b>Comments</b>
<b>Other Issues</b>		<p>Clinical waste should be stored within special containers which should be held in an appropriate separate secure 'Disposal Hold' Store together with dirty articles and linen, pending cleaning and decontamination. Each storage area should be clearly labelled. The areas should be ventilated by extract mechanical means. There should also be suitable means of safely transporting and handling the refuse i.e. wheeled bins.</p> <p>General refuse awaiting collection should be held in a secure enclosure close to the building and the pavement where staff will require to leave wheeled bins for collection by refuse vehicles.</p> <p>Reference should be made to 'A Pharmacy Guide to Waste Management', the Special Waste (Scotland) Amendment Regulations 2004, and the Waste Management Licensing Regulations 1994, with regard to the disposal of sharps, and also to SHTN 3: 'Management and Disposal of Clinical Waste', and to the 'Safe Disposal of Clinical Waste' by the Health Services Advisory Committee. Consultation with SEPA regarding the disposal of clinical waste is advisable.</p>

***Schedule of Sanitaryware and related requirements***

The following Schedule provides a description of sanitaryware required in each room.

The number of appliances required in toilets should comply with British Standard 6465-1:1994 'Sanitary appliances. Code of practice for scale of provision, selection and installation of sanitary appliances'.

The layout of appliances should comply with British Standard 6465-2:1996 'Sanitary appliances. Code of practice for space requirements for sanitary appliances'.

Design for disabled people should comply with current Building Standards (Scotland) Regulations and British Standard 8300:2001 'Design of buildings and their approaches to meet the needs of disabled people – Code of practice'.

For infection control purposes, cleaning and access to service/pipework; sanitaryware should be mounted on an integrated panel system (IPS) finished with a surface material which can withstand regular cleaning and/or decontamination. All washhand basins and sinks will require wall mounted dispensers for typical soap, paper towels, antiseptic skin cleaning detergent. Some may also require glove and nail brush dispenser services.

The specification for clinical washhand basins can be found in SHTM 64: 'Sanitary assemblies'. The arrangement is the accepted standard even though this document has not been approved for use in Scotland. Consideration should be given to the use of movement sensor 'hands free' taps for all clinical WHBs and possibly public WHBs.

All sanitaryware, fixtures and fittings require to be securely fixed to withstand misuse and vandalism. WHBs require particular attention and should always be supported on legs or secure brackets.

<b><i>Room</i></b>	<b><i>Description of Requirements</i></b>	<b><i>Notes</i></b>
<b>Dispensary</b>	One stainless steel inset sink and drainer with standard trap. Overflow, waste plug, dual flow swivel nozzle mixer trap.	
<b>Consulting Interview Room</b>	Vitreous china washhand basins with single level basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste.	Dependent on the use of this room, not required if only used for interviews and patient contact is not required or expected.
<b>Patient Toilets</b>	Vitreous china washhand basins with single level basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste.  Close coupled washdown WC units in vitreous china with 7.5 litre capacity cisterns with seats and covers.  One wheelchair WC compartment complying fully with current building regulations and BS 8300:2001.  A WC for independent and assisted wheelchair use should be provided.  The peninsular layout allows a user to transfer to the WC from either side.	Disabled toilets require, as a minimum, all grab rails and fittings as detailed in manufacturers 'Doc M standard packs'. Layouts as NHS Estates HBN 40 guidance.
<b>Staff Shower (if provided)</b>	Shower tray, thermostatic mixing valve.	
<b>Consulting/ Examination Room</b>	One vitreous china clinical washhand basin with single lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	

<b>Schedule of Sanitaryware and related requirements (continued)</b>		
<b>Room</b>	<b>Description of Requirements</b>	<b>Notes</b>
<b>Podiatry Room</b>	One vitreous china clinical washhand basin with single lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes. The room will also require a low level sink or bidet for feet washing.	
<b>Clinical Utilities</b>	One vitreous china clinical wash-hand basin with single lever mixer tap, standard trap, on overflow, no waste plug, flush grated waste and no tap holes.  One stainless steel inset sink and double drainer with standard trap. Overflow, waste plug, dual flow swivel nozzle mixer trap.	
<b>Staff lounge/Kitchen</b>	One stainless steel inset sink and drainer with standard trap. Overflow, waste plug, dual flow swivel nozzle mixer trap.  Vitreous china washhand basins with single lever basin mixer tap, standard trap, no overflow, no waste plug, and flush grated waste.	
<b>Staff Toilets</b>	Vitreous china washhand basins with single lever basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste.  Close coupled washdown WC unit in vitreous china with 7.5 litre capacity cisterns with seats and covers.  One wheelchair WC compartment complying fully with current building regulations and BS 8300:2001.  A WC for independent assisted use should be provided. The peninsular layout allows a user to transfer to the WC from either side.	
<b>Cleaner, plant and refuse area</b>	Vitreous china washhand basins with single lever basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste.  One low level vitreous china bucket sink with wall mounted hot and cold taps.  Stainless steel single drainer sit-on sink top.	



<b>Schedule of Fittings and related requirements</b>		
<p>Care should be taken with the choice of fittings. They should be of a suitable quality to stand up to the treatment they will be subjected to in a busy healthcare building. Fittings should be selected from manufacturers which produce a range specifically designed for NHS buildings. Advice should also be sought from the local healthcare body's infection control team regarding the design of fittings and worktops.</p> <p>Client to confirm any locking requirement for storage units.</p>		
<b>Room</b>	<b>Description of Requirements</b>	<b>Notes</b>
<b>Retail Area</b>	Proprietary shop wall and island display shelving.	
<b>Dispensary area</b>	Jointless worktop with bullnosed leading edge. Proprietary wall storage required; shelving, cupboards and drawer units.	
<b>GP/Nurse Consulting and Examination Room, Therapies Room and Podiatry Room</b>	Built-in desk/workstation. Small clinical workstation consisting of small wall cupboard and base cupboard/drawer unit. Smooth, impervious, jointless and washable worktop with bullnosed leading edge and covered rear upstand.	Client to confirm the storage requirements for sterile equipment and supplies, trolley might be all that is required.  Ceiling fixed cubicle curtains and wall mounted sharps box required.
<b>Cleaner's Room</b>	3 tier adjustable shelving. Double door lockable sink base cupboard unit. Double door lockable wall cupboard unit. Inset sinktop with integral drainer. Jointless worktop with bullnosed leading edge. Suitable splashback required between worktop and wall units, and full length of worktop.	
<b>Clinical Utilities</b>	The room will require some worktop with bullnosed front edge and covered rear upstand. Wall storage may be shelving and/or wall units, some of the storage cupboards are likely to be lockable.	Practice fitment requirements must be determined at the briefing stage and approved by the healthcare body as compliant with Control of Infection requirements.
<b>Staff Room</b>	The room will require some worktop with base and wall storage cupboards. Some secure staff lockers can be located in this area.	
<b>Storage Rooms</b>	5 tier adjustable shelving to be provided.	Heavy items may require metal floor mounted storage shelving system.

## Appendix 2: Room Data Sheet - Environmental Services

ROOM TYPE	SHTM 2025 Ventilation and ADB Room Data			
	Ambient Room Temperature oC	Type of Ventilation	Ventilation Rate	Nominal room pressure with respect to surroundings
<b>Customer Interface</b>				
Drive through prescription facility				
Entrance				
Retail Space	20	Natural		
Dispensary Area	20	Natural		
Consulting/Interview Room	21	Natural		
<b>Patient Interface</b>				
Patients' Reception Point	21	Natural/Supply	5 ac/hr	0/+ve
General Waiting and Children's Play Area	21	Natural/Supply	5 ac/hr	0/ + ve
Patients' Toilet – disabled with assistance	20	Natural/Extract	10 ac/hr	- ve
<b>Staff Facilities</b>				
Practice Office	20	Natural		
Medical Records Room				
Staff Lounge/Kitchen	19	Extract	6 ac/hr	- ve
Staff Cloakroom/Lockers	21	Extract	10 ac/hr	- ve
Staff Toilet - Disabled	20	Extract	10 ac/hr	- ve
Staff Toilet - Ambulant	20	Extract	10 ac/hr	- ve
<b>Patient Services</b>				
GP/Nurse Consulting and Examination Rooms	21	Natural		
Therapies Room	21	Natural		
Podiatry Room				
Clean Utility Room	20	Supply	6 ac/hr	+ ve
Dirty Utility Room	16	Extract	10 ac/hr	- ve
<b>Storage and Ancillary Spaces</b>				
Cleaner's Room/DSR	16	Extract	10 ac/hr	- ve
General/Multi-purpose Store	16	None		
Stockroom				
Bottled Gas Store				
Disposal Hold/Clinical Waste Store	Unheated	Extract	10 ac/hr	- ve
General Refuse (Local Authority)				
<b>Plant/Services/IT</b>				
Plant Room	Frost protection	Natural		
Electrical Switchroom	Unheated	None		
Node Cabinet/Telephone Switch Room	18	Extract		- ve
<b>Circulation</b>				
Corridors				
Stairs				
Lifts				

ROOM TYPE	CIBSE Lighting Guide LG2			Colour Rendering Required	SHTM2045 Acoustics	CCTV
	Service Lighting Level – Lux	Service Lighting Position of Measurement	Emergency Lighting Standby Grade		Privacy Factor	
<b>Customer Interface</b>						
Drive through prescription facility						
Entrance						
Retail Space						
Dispensary Area						
Consulting/Interview Room	300	Desk	B	X	80	-
<b>Patient Interface</b>						
Patients' Reception Point	300/500	Floor/Desk	B	-	75	X
General Waiting/Children's Play Area	200	Floor	B	-	70	X
Patients Toilet – disabled with assistance	150	Floor	-	-	70	-
<b>Staff Facilities</b>						
Practice Office	300	Desk	B	-	80	-
Medical Records Room	150	Floor	-	-	70	-
Staff Lounge/Kitchen	300	WP	-	-	75	-
Staff Cloakroom/Lockers	200	WP	-	-	70	-
Staff Toilet - Disabled	150	Floor	-	-	70	-
Staff Toilet - Ambulant	150	Floor	-	-	70	-
<b>Patient Services</b>						
GP/Nurse Consulting and Examination Rooms	300/1000	WP/Couch	B	X	80	-
Therapies Room						
Podiatry Room						
Clean Utility Room						
Dirty Utility Room	150	WP	B	-	70	-
<b>Storage and Ancillary Spaces</b>						
Cleaner's Room/DSR	100	Floor	-	-	70	-
General/Multi-purpose Store	100	Floor	-	-	70	-
Stockroom						
Bottled Gas Store						
Disposal Hold (Clinical Waste) Store	100	Floor	-	-	70	-
General Refuse (Local Authority)						
<b>Plant/Services/IT</b>						
Mechanical Services Plant	150	Equip	A	-	70	-
Electrical Switchroom	150	Equip	A	-	70	-
Node Cabinet/Telephone Switch Room	150	Floor	A	-	70	-
<b>Circulation</b>						
Corridors						
Stairs						
Lift						

ROOM TYPE	SHGN Safe Hot Water and Surface Temps		SHPN 48 Telecomms SHGN Structure Cabling for IT Systems		SHTM 2015 Bedhead Services			Comments
	Low Level Heating Surfaces <43°C	TMV Requirement <41°C	Telephone/Communication Provision	Data Communication Provision	Intruder Alarm	Attack Alarm	Patient – Staff Call System	
<b>Customer Interface</b>								
Drive through prescription facility								
Entrance								
Retail Space								
Dispensary								
Consulting/Interview Room	X	-	X	X	X	X	-	
<b>Patients' Interface</b>								
Patients' Reception Point	X	-	X	X	X	X	-	
General Waiting and Children's Play Area	X	-	X	-	-	X	-	
Patients' Toilet – disabled with assistance	X	X	-	-	-	-	X	See SHTN 6
<b>Staff Facilities</b>								
Practice Office	X	-	X	X	X	X	-	
Medical Records Room	X	-	-	-	X	-	-	
Staff Lounge/Kitchen	X	-	-	-	-	-	-	
Staff Cloakroom/lockers	X	X	-	-	-	-	-	See SHTN 6
Staff Toilet - Disabled	X	X	-	-	-	-	X	See SHTN 6
Staff Toilet - Ambulant	X	X	-	-	-	-	X	See SHTN 6
<b>Patient Services</b>								
GP/Nurse Consulting and Examination Rooms	X	X	Double	Double	X	X	-	See SHTN 6
Therapies Room								
Podiatry Room								
Clean Utility Room								
Dirty Utility Room	X	-	-	-	-	-	-	

ROOM TYPE (continued)	SHGN Safe Hot Water and Surface Temps		SHPN 48 Telecomms SHGN Structure Cabling for IT Systems		SHTM 2015 Bedhead Services			Comments
	Low Level Heating Surfaces <43°C	TMV Requirement <41°C	Telephone/Communication Provision	Data Communication Provision	Intruder Alarm	Attack Alarm	Patient – Staff Call System	
<b>Storage and Ancillary Spaces</b>								
Cleaners Room/DSR	X	X	-	-	-	-	-	
General/Multi-purpose Store	X	-	-	-	X	-	-	
Stockroom								
Bottled Gas Store	-	-	-	-		-	-	
Disposal Hold (Clinical Waste) Store	-	-	-	-	-	-	-	See SHTN 3
General Refuse (Local Authority)								
<b>Plant/Services/IT</b>								
Mechanical Services Plant								
Electrical Switchroom	-	-	X	-	-	-	-	
Node Cabinet/Telephone Switch Room	-	-	X	X	X	-	-	
<b>Circulation</b>								
Corridors								
Stairs								
Lifts								
<p><b>Note 1</b> If LST Radiators, rather than overhead radiant panels are to be utilised, then these should be used throughout the premises.</p> <p><b>Note 2</b> The requirements for Clinical Waste Stores are given in SHTN 3.</p> <p><b>Note 3</b> If a Ventilated Air Supply can be provided naturally, then this is the preferred option, but the guidance in SHTM 2025 shall apply to all treatment and clinical areas.</p> <p><b>Note 4</b> 'X' indicates that provision of this service is required in the room.</p> <p><b>Note 5</b> 'A' or 'B' refers to the Emergency lighting grade as defined in LG2 (see Section 4.46 for definitions).</p> <p><b>Note 6</b> Privacy factors are defined in Section 4.64 of LG2.</p> <p><b>Note 7</b> Where there are two lighting levels quoted, the first figure is the general 'space' lighting level and the second figure is the level to be achieved by use of an examination lamp.</p> <p><b>Note 8</b> SHTN 6 advises that where TMVs are not fitted, a warning notice saying 'Very Hot Water' is required.</p>								

## Acknowledgements

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Health Facilities Scotland would like to acknowledge the assistance of Retail Design Consultants and Dollar Rae Shopfitters for their advice and experience in the production of this document, including providing photographic images and floor plans, and also to Bannerman Pharmacies for their input.