

New Zealand Health Facility Design Guidance Note

DGN V2.0: NZ Health Facility Design

Released September 2022

The bottom half of the page features a decorative background. It consists of a dark blue field with a repeating geometric pattern of concentric diamonds and triangles in a lighter blue shade. Below this patterned band, there are numerous thin, vertical, light blue lines that resemble a stylized fringe or a dense forest of reeds, extending to the bottom edge of the page.

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Explanatory note

This document provides design guidance for all New Zealand health facility design projects.

For any queries or communication about this document, please contact facility.design@health.govt.nz

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Introduction

This design guidance note (DGN) supplements the Australasian Health Facility Guidelines (AusHFG) by providing guidance specific to Aotearoa New Zealand. It also provides overarching guidance for all health facility projects in Aotearoa.

The objective of this DGN is to provide design guidance and support to health facility project teams by:

- reinforcing the AusHFG as the primary reference guide to briefing and designing health facility projects in Aotearoa
- providing Aotearoa-specific health facility design guidance which is supplementary to the AusHFG.

Project Teams should refer to the AusHFG in combination with the overarching and supplementary NZ specific design guidance in this document.

This DGN applies to the design of all Health Planning Units (HPU) in new buildings and any reconfigurations or conversions of existing buildings. Te Whatu Ora – Health New Zealand (HNZ) expects reconfiguration and conversion projects to achieve the standards set out in this DGN unless pre-existing conditions require variations from this guidance. Throughout all project stages, project teams must identify and justify deviations from the AusHFG and this DGN.

This document is dynamic and will be updated as further guidance is developed.

1 Overarching Aotearoa New Zealand design guidance

1.1 Australasian Health Facility Guidelines

HNZ expects project teams to use the AusHFG as the primary reference guide for briefing and designing health facility projects. Alignment with the AusHFG is intended to encourage standardisation and provide consistency of design and project reporting across health projects without restricting innovation.

The AusHFG comprises:

- Part A: Introduction
- Part B: Health Facility Briefing and Planning
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control
- Part E: Building services and Environmental Design
- Part F: Project Implementation

Refer to: <https://healthfacilityguidelines.com.au/>

1.2 Legislation

When applying AusHFG recommendations, project teams must comply with relevant Aotearoa standards and legislation and the relevant parts of any documents noted in Section 2: Supplementary Aotearoa New Zealand Design Guidance.

1.3 Design principles

The briefing and design of all health facility design projects should address the following overarching design principles developed for the Aotearoa context.

1.3.1 Kaupapa Māori

Meaningful engagement with Māori is vital to improving health equity for Māori and ensuring that Treaty obligations are addressed.

Effective partnerships between project teams and Māori based on Te Tiriti o Waitangi principles will assist in planning and implementing an appropriate strategy for engaging with Māori when designing and delivering projects (Te Arawhiti 2021a and b).

Project teams should integrate Māori narratives and principles appropriate to the region, community, and site into the project. The following link provides an example of how project teams can achieve this:

<https://www.aucklanddesignmanual.co.nz/design-subjects/maori-design/te-aranga-principles#/design-subjects/maori-design/te-aranga-principles/guidance/about/introduction>

Where possible, Māori design practitioners should be involved to guide integration.

It may be helpful to include Kaupapa Māori specialists in peer reviews.

1.3.2 Environmental sustainability

*Sustainable healthcare infrastructure promotes better health outcomes, lowers emissions, reduces operating costs, promotes efficient use of resources, and assists with meeting responsibilities under the **Carbon Neutral Government Programme (CNGP)**.*

Exploring project possibilities can deliver creative solutions that offer high-quality facilities of lasting economic and social value.

Facility design teams should address the critical actions on Environmentally Sustainable Design (ESD) described in Section 1.10.

1.3.3 Universal Design

Effective Universal Design practices ensure that all people can access, use, and understand the environment to the greatest extent possible without the need for adaptations or specialised solutions.

The following seven principles of Universal Design should be incorporated.

- Equitable Use
- Flexibility in Use
- Simple and Intuitive Use
- Perceptible Information

- Tolerance for Error
- Low Physical Effort
- Size and Space for Approach and Use

Refer to <https://www.vhba.vic.gov.au/universal-design-policy> for further detail.

1.3.4 Co-design

Effective co-design practices ensure that specific stakeholder needs are appropriately reflected in the design outcome and that effective facility operation and service delivery are supported.

The quality of the design will be enhanced by implementing an appropriate co-design strategy. Careful selection of key stakeholders is required to build the shared understanding, commitment and engagement required for briefing, standardisation, design, and delivery of the facility.

The scope, type, and level of co-design will need to be appropriate to the project objectives, programme, governance, and the cultural groups and communities the project will serve.

The co-design strategy should be proportionate and balanced to achieve the desired outcomes on time.

1.3.5 Futureproofing

Successful futureproofing ensures durability over time while providing initial flexibility of designed spaces, and adaptability.

Appropriate and robust materials guarantee functionality, high structural integrity, and cost-effectiveness over the long term.

The design needs to support flexible usage of spaces.

The design needs to support future adaptability, including upgrades, additions, replacements, reconfigurations, and repurposing of building components. This will accommodate changing needs over time, including different functions, new models of care and technological innovation. Adaptability also supports changing, maintaining and replacing plant and medical equipment.

1.3.6 Site master planning

Effective site master planning ensures that current and future health infrastructure supports current and future clinical service and asset management requirements and

broader community objectives. Facility design should be aligned and integrated with a site masterplan.

The facility design should align with the context, master planning objectives and frameworks of the region, locality, and campus. Any difficulties in achieving this should be identified upfront and addressed.

The facility should integrate with its immediate natural and urban environment and contribute to high-quality public space and services. The design team should consider the building form, orientation, and accessibility of buildings in this context.

1.3.7 Resilience and post-disaster planning

Effective disaster and emergency response planning ensures that healthcare facilities are designed to remain operational during and after natural disasters and pandemics.

If a facility is required to have an emergency post-disaster function, it will need sufficient resilience to meet this function. HNZ is developing further guidance on appropriate design resilience considerations.

1.3.8 Safe and secure environments

Effective design of safe and secure environments supports the safety of all building occupants (including building maintenance access).

This includes as a minimum.

- The design should optimise safety and security, minimise the risk of personal harm and support safe behaviour and use.
- The level of visibility and lines of sight should be appropriately optimised for all users of the clinical service or function provided.
- The security, nurse call, digital support (such as WiFi), and access control strategies should be appropriate for the project and the overall facility.
- Robust materials which can be easily maintained and cleaned for safety and infection control should be used throughout the project.
- Environmental systems, including adequate heating, ventilation, cooling, and lighting, should be used throughout the project to provide a safe and healthy internal environment.

1.3.9 Dignity, autonomy, and choice

Effective facility design provides a person with more choices for satisfying personal preferences and requirements.

Effective facility design should offer building occupants various options to satisfy personal preferences and requirements such as control over natural and artificial light levels, and access to visual or auditory privacy. The design should also support independence and opportunities for self-care.

1.3.10 Therapeutic environment

Effective facility design can contribute to good health outcomes.

The design should optimise the therapeutic potential of the external environment, with reference to such aspects as natural light, external views, orientation, and fresh air.

The interior design should deliver a therapeutic environment, with reference to its ambience, including colours, natural light penetration and careful choice of forms, fabrics, and finishes.

1.4 Clinical service planning and functional design brief

Hospitals and health services operate within the context of care at national, regional and locality levels. Clinical service planning defines this context and the resulting care requirements and is used to inform the briefing and design of facilities. Aligning facility design with clinical service planning plays a crucial role in delivering appropriate and high-quality care where it is needed.

The objective of the Functional Design Brief and Schedules of Accommodation is to incorporate the core operational and functional requirements identified in clinical service planning into the project design.

1.5 Kaupapa Māori considerations

Note: This section is under development.

This section should be read together with the AusHFG: Resources, Culturally Sensitive Planning and Design <https://healthfacilityguidelines.com.au/content/arts-and-culture>

1.5.1 Kaupapa Māori concepts

Design projects should consider the following Kaupapa Māori concepts and spaces:

- *Waharoa* – the entry gateway signalling the beginning of the ātea.

- *Ātea* – a clearing, or forecourt in front of the entrance for ceremonial welcomes, providing civic and transitional space like a procession to prepare for the journey ahead. A marae ātea is a sacred space only associated with traditional marae. Preferably, vehicles should not cross the ātea, especially if a welcome is occurring.
- *Mahau* – the porch in front of the whare, a transitional space from ‘Te Ao Marama’ (the light of the natural world) to ‘Te Po’ (the darkness) and in some cases a sacred space on the marae.
- *Whare Whakatau* – a formal welcoming space. The key word is ‘tau’ which means ‘to arrive’ or to ‘be settled’. A whare whakatau does not have the restrictions and sacredness associated with a whare tupuna or whare whakairo on the marae. (see 1.5.3.1 below).
- *Whānau room* – a place to accommodate whānau to stay connected to their tangata whaiora, with provision for eating, sleeping, children and play space. (see 1.5.3.2 below).
- *Whare manaaki* - a supportive space for Māori, often featuring modern whare typology with open and flexible use.
- *Whare puni* – a sleeping hut.
- *Puna* – a ‘pool of healing’; healing and contemplative spaces.
- *Waerenga* - internal courtyards to allow connection to the natural environment: whenua (land), ngahere (forest), wai (water), tama-nui-te-rā (sun). Waerenga provide the opportunity for small vegetable gardens and Rongoa Māori species.

1.5.2 Tūpāpaku

Careful consideration should be given to protocols and practices in the event of a death within the facility, including:

- clear flows and routes for tūpāpaku (deceased person), independent of other flows, especially those used for food and drink
- privacy and dignity of patients and whānau
- separation from other patients and whānau
- ability for whānau to accompany tūpāpaku
- enough space for whānau to gather, both with and apart from tūpāpaku
- incorporating processes into hospital-wide operational policies
- availability of water for ritual cleansing at entry and exit points.

1.5.3 Design elements to support Kaupapa Māori concepts

Design elements commonly used to support Kaupapa Māori concepts.

- Facade, entrance, corridors, and main living spaces: incorporate Māori design in the form of wayfinding, materiality and artworks which express the principles and values of Te Ao Māori.
- *Te Waonui a Tane te Waiora*: provide for connection to the natural environment belonging to Tane te Waiora (god of healing, of the forest).
- *Mahi toi*: incorporate appropriate artworks to support wayfinding and connect to narrative and values.

1.5.3.1 Whare whakatau

A whare whakatau is a multi-function space, often located at or adjacent to the main entrance to the facility. The activities that take place here include:

- arrival and welcome
- gatherings
- ceremonial events
- treatment and activities
- discharge and farewell.

The area will not be used for other operational functions such as judicial hearings or staff meetings, and no food or drink will be served or consumed in it.

A whare whakatau will typically feature a mahau, ātea, waharoa, and decoration and furnishing that expresses the character of the service and the community served.

1.5.3.2 Whānau room

A whānau room is a space for supporting family and whānau and is often located near the main entry.

A whānau room supports a range of functions, including:

- family gathering activities, including resting, talking, singing
- quiet reflection, prayer, contemplation
- sleeping overnight
- care for children and other family members
- storage, preparation and consumption of food and drink.

Depending on the facility size and the nature of the community, more than one whānau room may be required.

A whānau room should feature:

- storage for mattresses and linen
- access to nearby bathroom and kitchen facilities
- design and fittings that clearly indicate the special nature of the facility
- access to information about health and family support services.

Tūpāpaku should never be placed in the whānau room.

1.6 Seismic considerations in Aotearoa New Zealand

The New Zealand Building Code specifies minimum seismic protection requirements for buildings.

The project briefing documents must clearly define the clinical functions of the facility so that the appropriate Importance Level (IL) can be determined.

An additional space allowance for NZ seismic structures should more properly be included in the SOA allowances for T&E and/or Façade.

1.7 Climatic considerations in Aotearoa New Zealand

New Zealand design teams must consider the impact of local climatic conditions specific to the project, when following the AusHFG, this DGN and New Zealand Building Code requirements.

1.8 Design Assurance

Project teams should refer to the Design Assurance (DA) steps and provide the level of detail and content to satisfy those requirements. Please email facility.design@health.govt.nz for DA information.

1.9 Area measurement

Measurements are based on the AusHFG methodology for generating accurate and consistent designed figures for building areas.

All New Zealand health facility projects shall apply this methodology and reflect it in the schedule of accommodation for the designed figures.

Minimum spatial and dimension requirements for clinical space should be clear of any restrictions caused by building structural or services elements.

For more detailed information, refer to the AusHFG:

<https://healthfacilityguidelines.com.au/part/part-c-design-access-mobility-safety-and-security>

1.10 Te Whatu Ora environmentally sustainable design principles

New Zealand's health facility design and performance must meet the responsibilities as set out under the framework of the **Zero Carbon Act** with the following policy and guidance:

- **Carbon Neutral Government Programme (CNGP)**
- **MBIE's Green Star mandate for new government owned or leased non-residential buildings**
- **Building for Climate Change programme** (NZ Building Code)
- **Broader outcomes**
- **Living Standards Framework**

Meeting these requirements will reduce climate heating impacts and contribute to healthy places, people, and environment. Design and procurement teams should follow the steps detailed below to achieve the best outcomes for the proposed facility and campus design.

1.10.1 Planning

- Establish and describe the project sustainable drivers, green building tool (see 1.10.4 below), and draft targets for reduced impacts in the outcomes and goals in the business case.
- Engage a dedicated sustainable champion for the project.

- Plan and facilitate team workshops to consider design, buildability and operations at both Concept and Preliminary Design stages to optimise the facility's design, delivery, performance, and cost.

1.10.2 Healing and Resilience

- Plan and facilitate workshops for Biophilic and Bi-Cultural Design strategies at the Concept Design Stage (use Te Aranga Design Principles). Integrate the principles and strategies into the project design by the end of the Preliminary Design.
- Consider, review and document climate change risks to the future operation of the facility.
- Ensure the project mitigates or adapts to these identified risks.

1.10.3 Carbon Emissions

Modelling and strategies to reduce embodied and operational carbon emissions.

- Carry out verified Life Cycle Analysis (LCA) modelling to ISOs 14040 and 14044 Standards.
- Ensure the design completes early energy modelling during Concept Design.
- Avoid all fossil fuel use. Emergency backup generation options are an exception.
- Plan to install appropriate metering and collect building performance data with monitoring and recording.
- Include an independent commissioning agent and 'tune' the building at six months after completion.
- Complete post-occupancy building surveys at twelve months.

1.10.4 Green Building Tools

1.10.4.1 Mandate for Greenstar (Projects over \$50M)

Evaluate the implications and apply NZ Green Building Council (NZGBC) 5 Green Star appropriate to the project type and CAPEX build cost:

- NZGBC 5 Green Star Certification should be applied for all new health facility buildings.

1.10.4.2 Alternative Green Building Tools (Projects under \$50M)

Evaluate the implications and apply green building tools to facilities appropriate to the project type and capex build cost:

\$10-50M:

- ILFI's CORE Certification for medium scale developments (\$10-\$50 million)¹
- ILFI's Zero Energy Certification for small or medium scale new facilities (\$10-\$50 million) should be considered.

Under \$10M:

- As a minimum all projects under \$10 million to undertake verified LCA and energy modelling and meet the following targets.

1.10.5 Recommended Targets

Design to reduce carbon, energy, and water use.

Interim 2022-2024 targets, subject to building typology and establishing a baseline from existing building usage and other available data and models:

- All new hospital design projects must achieve a minimum of 5 Star NABERSNZ rating for electricity and water²
- Operational energy to be reduced by a minimum of 35 percent
- Embodied carbon to be reduced by a minimum of 25 percent
- Potable water reduced by a minimum of 20 percent
- Uncontaminated construction and demolition waste diverted from landfill: 85 percent (Auckland); 70 percent (rest of Aotearoa)
- Targets to be reviewed and increased by 2024.

1.10.6 Material Selection

- Select products and materials that have lower embodied carbon and are locally sourced.
- Do not select materials containing toxic 'Red List' and harmful chemicals³
- Select refrigerant gases with the lowest global warming potential available.
- Specify non-toxic building materials: 65% of architecture and engineering specification items to contain no 'Red List' chemicals.

1.10.7 Performance Reporting

- Report on implementation of the above steps, and the performance of the design against targets, in all design stage reports for the facility.

¹ Infrastructure are working with MBIE to review alternative tools

² NABERSNZ for hospitals applied from July 2021

³ <http://envirospec.nz/resources/lbc/>

- Report back to the Infrastructure Team at HNZ on energy, water and operational carbon use at twelve and twenty-four months post-occupation.
- Share a copy of the final verified LCA report, with HNZ on completion of the construction tendering stage.

1.11 Resources and further reading

- Auckland Council. Auckland Design Manual. 2021 (updated). Te Aranga Māori Design Principles. Website. Retrieved from:
<https://www.aucklanddesignmanual.co.nz/design-subjects/maori-design>
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2 Supplementary Aotearoa New Zealand specific design guidance

The following design guidance supplements the individual AusHFG Health Planning Units (HPU).

2.1 Adult Acute Mental Health Inpatient Unit

2.1.1 Introduction

Aotearoa's approach to mental health and addiction is guided by the Government's response to He Ara Oranga (2018): the report of the Government Inquiry into Mental Health and Addiction (Ministry of Health 2018). The Government's response has been and continues to be a key driver for improving mental health support and services across the country. In line with He Ara Oranga, project teams need to involve people with lived experience in providing advice on the look and feel of the facilities.

2.1.2 Legislation

Relevant legislation that must be complied with includes:

- Mental Health (Compulsory Assessment and Treatment) Act 1992 and associated Regulations and Guidelines (see below)
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT).

The associated Ministry of Health⁴ Guidelines are as follows:

- NZ Ministry of Health: Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992, 2020. These guidelines support the effective and lawful use of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
- NZ Ministry of Health: Introductory Guideline to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017. This guideline supports the effective and lawful use of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.
- NZ Ministry of Health: Human Rights and the Mental Health (Compulsory Assessment and Treatment) Act 1992, 2020. This document provides guidance on how to think about and apply human rights, recovery approaches and supported decision-making when implementing the current Mental Health Act. It should be read with the Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992. 'Chapter 6: Part 1: compulsory assessment and treatment (Ministry of Health 2020a).
- NZ Ministry of Health: Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992. These guidelines identify best practice methods for using seclusion in mental health acute inpatient units, in alignment with the specifications set out in the Health and Disability Services Standards. Section 71 of the Act covers the legal basis for the seclusion of patients.

2.1.3 Guidance

- AHIA: Australasian Health Facility Guidelines:
 - B.0131 – Mental Health – Overarching Guideline
 - B.0134 – Adult Acute Mental Health Inpatient Unit
 - Parts B, C, D & E AusHFG

2.1.4 Aotearoa New Zealand design considerations

- Cohort Management

⁴ The associated Guidelines can be found at the following link: <https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/mental-health-compulsory-assessment-and-treatment-act-1992/mental-health-act-guidelines-and-resources>

- The facility design needs to support flexibility for appropriate consumer placement and management of different consumer cohorts based on various factors such as admission status, age, gender, acuity, and diagnosis.
- Bedrooms, pods (groups of bedrooms), and shared indoor and outdoor areas should be designed to allow for different arrangements and flows so that different sizes of cohorts can be separated at different times.
- Door-top sensors should be installed on all consumer-operated doors linked to the security or alarm monitoring system.
- Access to central plant and building services should be separated from clinical areas where possible.

2.1.5 Kaupapa Māori considerations

- Adult acute mental health inpatient units should provide whare whakatau spaces appropriate for the model of care in the unit.
- Adult acute mental health inpatient units should provide whānau room spaces appropriate for the model of care in the unit.
- Care of tūpāpaku.

Refer Section 1.5 for further detail.

2.1.6 Further reading for Adult Acute Mental Health Inpatient Unit DGN

- British Medical Journal: Design features that reduce the use of seclusion and restraint in mental health facilities: a rapid systematic review. Oostermeijer S, et al. BMJ Open, 2021
[Design features that reduce the use of seclusion and restraint in mental health facilities: a rapid systematic review | BMJ Open](#)
- He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018)
[He-Ara-Oranga.pdf \(inquiry.govt.nz\)](#)
- Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing
[Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing \(health.govt.nz\)](#)
- Mental Health and Wellbeing Commission: Wellbeing Outcomes Framework
<https://www.mhwc.govt.nz/our-work/he-ara-oranga-wellbeing-outcomes-framework/>
- NZ Standards: Health and Disability Services Standard (Restraint Minimisation and Safe Practice) Standards NZS 8134:2021 (Superseding NZS 8134.2.2008 and NZS

8141:2001)

NZS 8134:2021 :: Standards New Zealand

- Te Pou o te Whakaaro Nui: Reducing and Eliminating Seclusion in Mental Health Inpatient Services; An evidence review for the Health Quality & Safety Commission in New Zealand. June 2018

[Reducing-and-eliminating-seclusion-in-mental-health-inpatient-services-Jul-2018.pdf \(hqsc.govt.nz\)](#)

- Thinking Outside the Box. A review of seclusion and restraint practices in New Zealand, Dr Sharon Shaley and New Zealand Human Rights Commission, 2017
<https://www.solitaryconfinement.org/solitary-confinement-in-new-zealand>

3 Additional Design Guidance

This DGN will be updated when additional guidance is developed.