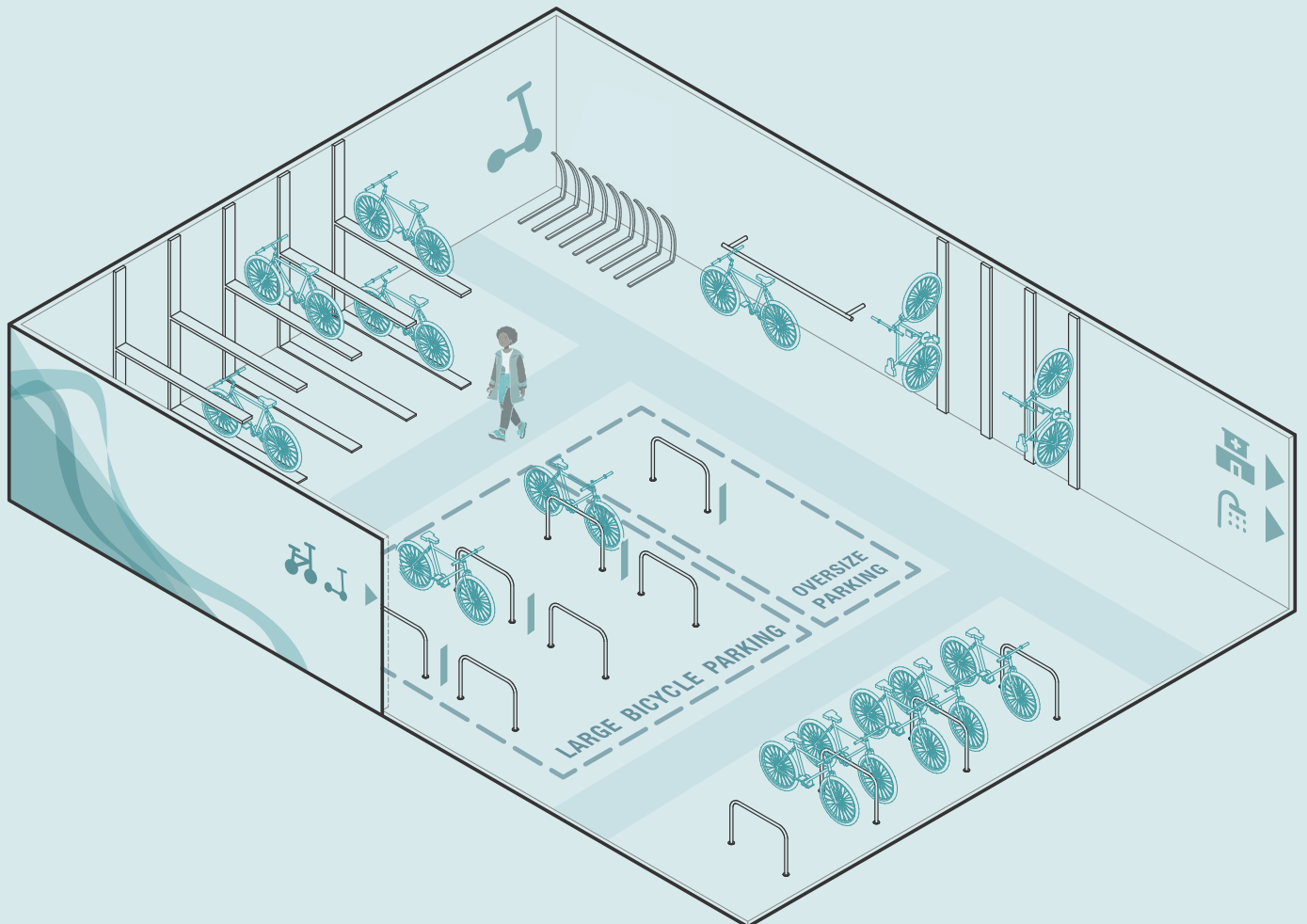




# Hospital End-of-Trip Facilities Design Guide

October 2024





Original document (21/05/2024) was prepared by studiopacific architecture, and subsequently reviewed and revised by Health New Zealand | Te Whatu Ora.

The guidelines should be reviewed to capture lessons learned from implementing the guidance on hospital projects.

Image credit:

Waka Kotahi New Zealand Transport Agency

# Vision

Give staff high-quality End-of-Trip Facilities.

Make active transport an attractive travel option.

Improve health and sustainability outcomes for hospital staff.

# Contents

## Introduction

### The Guidance:

1. *Strategic planning*
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# Introduction

## Purpose

This design guidance responds to the brief to deliver a robust guidance document covering the design of hospital active transport End-of-Trip (E.O.T.) Facilities.

The design guidance expands upon the *Hospital End-of-Trip Facilities Background Report*, outlining the methodology that leverages insights from bottom-up focus groups and top-down literature reviews. These key learnings and observations inform the key ingredients that make up best practice E.O.T. Facilities that would support hospital staff to travel by active transport.

Note, this guidance leans on Waka Kotahi's *Cycle Parking Planning and Design Guide* as the foundation of best practice in New Zealand and builds on this using insight gained during a literature review and Health NZ engagement to make it more relevant to the hospital context.

The guidelines strike a balance between maximising the quantity of facilities with achieving a layout that is comfortable for the end-user.

## Legislative Requirements

Council District Plan requirements vary across jurisdictions and are constantly changing. In the event a District Plan rule requires a higher standard of E.O.T. Facilities provision than what is recommended in this design guide document the District Plan rule should be used.

Alongside national standards and council legislation, designs must meet all Health NZ mandated design guidance, including NZ Design Guidance Notes and the Australasian Health Facilities Guidelines.

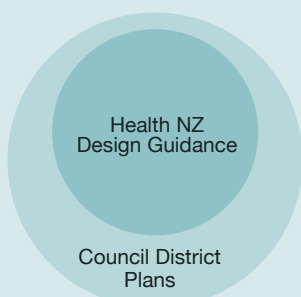
## What are End-of-Trip Facilities?

E.O.T. Facilities are a key part of active transport infrastructure. They encompass the entire range of active transport modes that include walking, running, cycling, e-bikes, and micro-mobility (e.g. e-scooters and skateboards). These facilities enable travelers to seamlessly conclude their journey and transition into work at the hospital destination. E.O.T. Facilities play a vital role in making active transport journeys feasible. The practicality and appeal of traveling by active transport can be significantly compromised without safe and convenient facilities to park bikes or scooters, take a shower, and store gear.

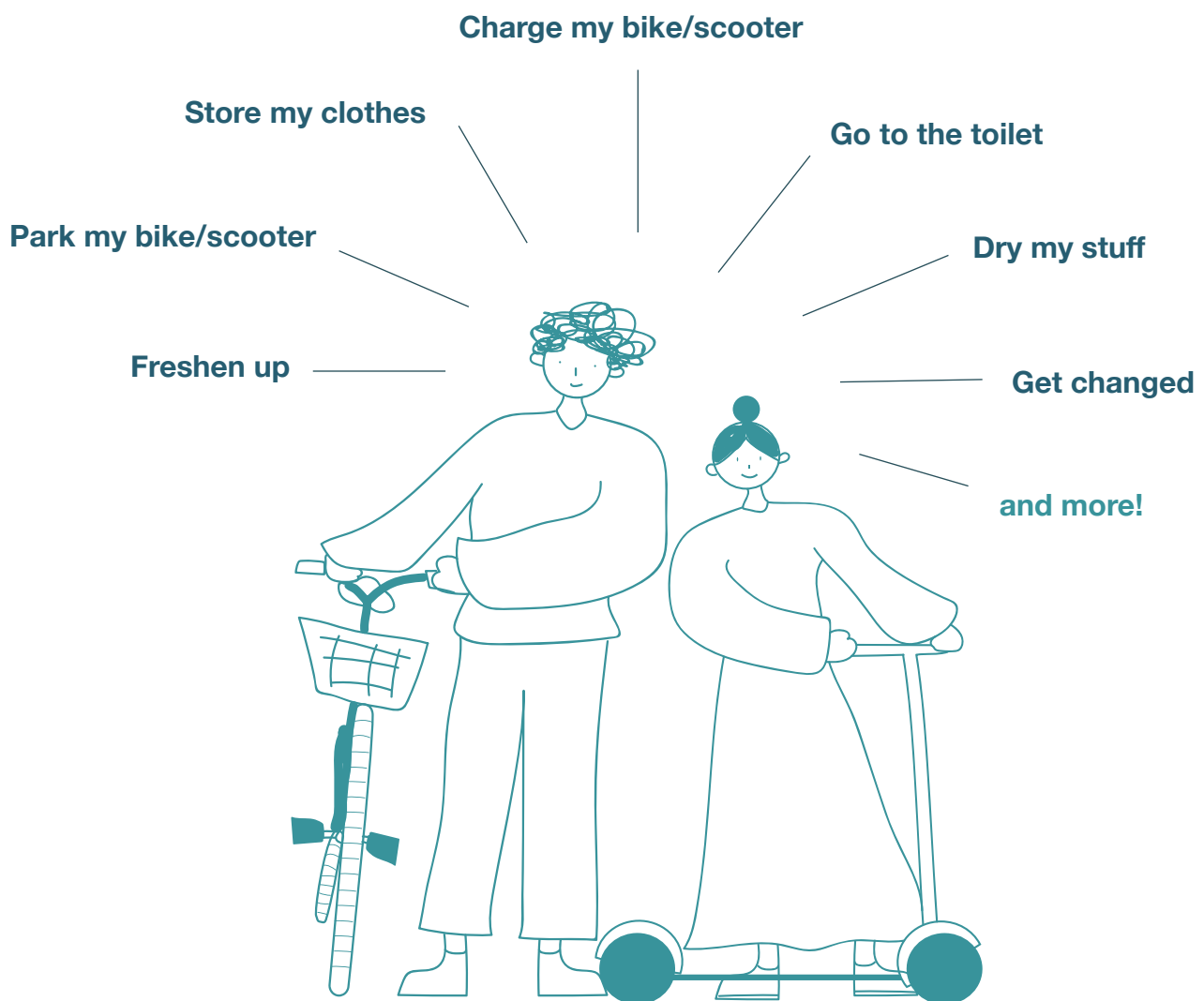
## Why End-of-Trip Facilities?

Providing high-quality, safe, and convenient End-of-Trip Facilities for staff at Health New Zealand | Te Whatu Ora sites will:

- Demonstrate to staff who use active transport that they are valued, and contribute to a positive start to their day.
- Support the health and well-being of staff by supporting them to commute by active transport.
- Encourage staff to walk or bike to work instead of drive, thereby freeing up parks for those that need to drive.
- Present potential cost- and space-saving opportunities by reducing the need to provide carparking.
- Produce indirect positive benefits for the environment, air quality, and climate change by supporting staff to commute by active modes rather than driving.



# End-of-Trip Facilities enable staff to complete their journey to work and transition seamlessly into their daily tasks.



**I need somewhere I can...**

# Key principles of successful End-of-Trip Facilities



## Inclusive

Support the varying staff needs and work roles (i.e. shift work and donning requirements).



## Secure

Bikes and gear are safely secured within robust, well-designed facilities.



## Always available

Takes a forward looking staged approach so that the supply of E.O.T. Facilities are always ahead of demand.



## Easy to use

Functional facilities that enable users an easy transition between arrival, parking, showering, changing, and storing gear.



## Safe

In terms of functionality, Crime Prevention Through Environmental Design (CPTED), and interactions with other transport modes.



## Managed well

Designed for easy low-cost maintenance and regularly maintained and organised.



## Variety of parking types

Catering for standard and larger cycles, trikes, e-bikes and e-scooters.



## Convenient + visible

Easy to find, well-signposted, and close to the end destination of the user.



## Attractive + incentivising

The enticing design, and wrap around policy incentives makes staff want to cycle.



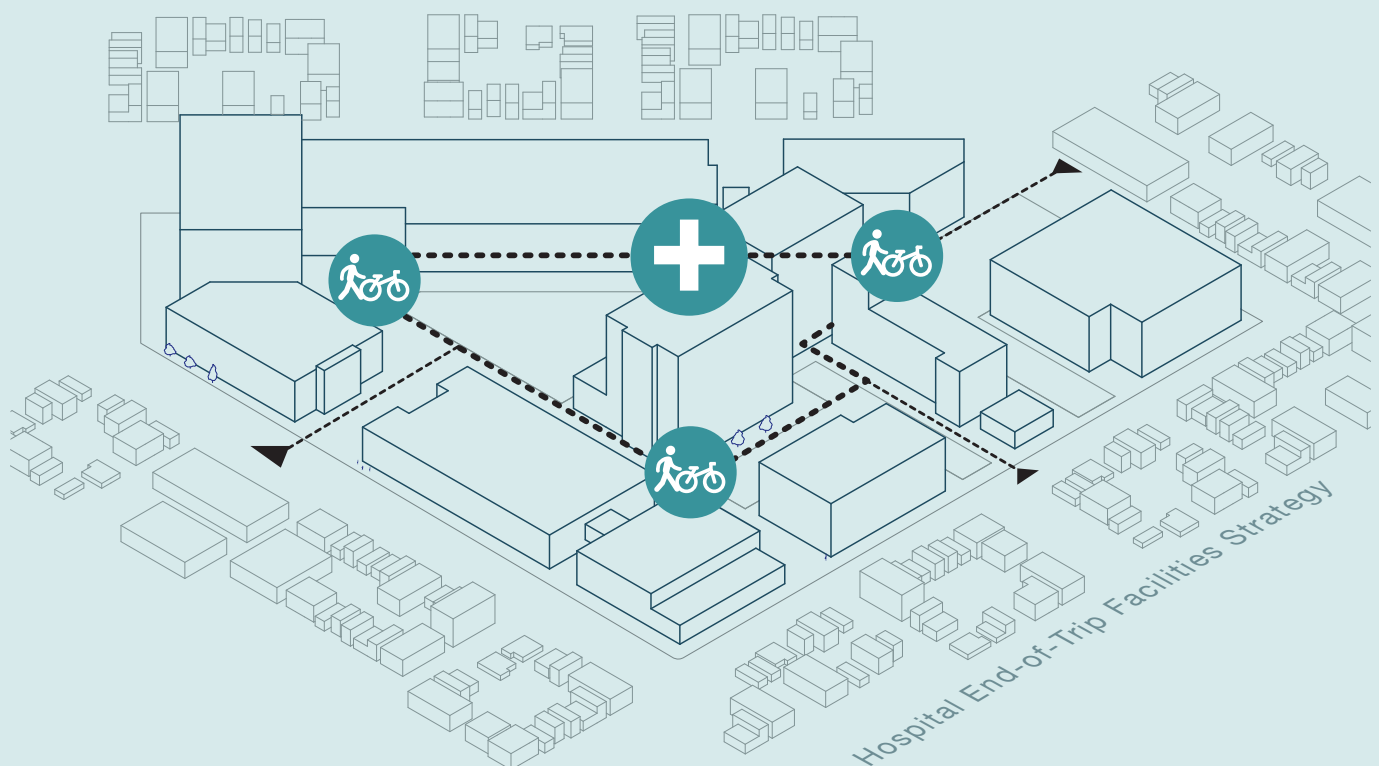
# The Design Guide

## Applying the Design Guidance to your hospital

### Utilising existing hospital facilities

Hospitals are strongly encouraged to meet all the aspects of this guidance as it has been tailored to the needs of Health NZ's hospital staff. There may be cases where an alternative design solution is appropriate, however, to meet best practice any alternative solution should meet all the 'Key Principles of Successful E.O.T. Facilities' as discussed above.

While the goal is to deliver purpose-built facilities that are most convenient for the user, in some existing hospital contexts it will be appropriate to utilise existing building facilities (such as toilets or showers) which could be substitutable for a proportion of the target rates. It is important that locations and potential access restrictions are considered in these situations, to ensure that active commuting staff have reasonable access to these facilities.



# 1.0

## Strategic planning

**Achieving high-quality E.O.T. Facilities goes beyond spatial design. Strategic management decisions and approaches play a crucial role in ensuring effective planning for transport. Active transport users should have confidence that their interests and needs are being advocated for through good governance.**

### 01. Setting the foundations

- A. Develop a long-term E.O.T. Facilities hospital campus strategy and delivery strategy outlining the staging, positioning, and size of future E.O.T. Facilities hubs to be delivered incrementally alongside the site masterplan. The strategy should be based on the anticipated future E.O.T. Facilities demand.
  - B. Explore a nationwide approach to procurement to ensure best prices are achieved through coordinated bulk purchasing of equipment across regions.
- Fire engineer e.g. concerning emergency egress and use of e-charging and electronic gear.
  - Services engineer e.g. concerning heating, cooling, ventilation, and clearances to mechanical services.
  - Structural engineer e.g. concerning E.O.T. Facilities enclosure design, additional new weight loading and interfaces with existing structural elements.

### 02. Partnerships

- A. Each hospital is encouraged to have regular contact and partnerships with Council and local active transport advocacy groups.
- B. Have a regular schedule of education and awareness events and programmes which are integrated with Council and advocacy groups.
- C. Identify opportunities to collaborate with mana whenua on the design e.g. wayfinding expression, graphic artworks.
- D. Organise on-site designated parking areas for bike and e-scooter share services.

### 03. Design integration

- A. Any planned hospital construction works will include a review of, and strategy, for minimising, potential disruptions on active transport.
- B. All designs will include as required relevant design and engineering codes such as;

# 2.0

## E.O.T. Facilities rates

Hospitals need to consider the right type and quantity of facilities to adequately meet the amenity needs of a diverse set of users groups. Below are the facilities required, calculated based on the number of regular hospital staff on campus each day.

### 01. Overall E.O.T. Facilities rates:

A.	E.O.T. Facilities rates should cater to a diverse range of staff active transport needs by delivering hubs which contain the facilities outlined below.
B.	E.O.T. Facilities are to be fit-for-purpose and carefully planned for as part of a wider Hospital Campus E.O.T. Facilities Masterplan Strategy.
C.	The baseline provision should be calculated using the greater of either: <ul style="list-style-type: none"><li>• 10% staff cycling mode share plus scooters (i.e. 1 bicycle park per 10 staff).</li><li>• Council's city-wide cycling mode shift target.</li><li>• The Hospital's own cycling mode shift target.</li></ul> And; <ul style="list-style-type: none"><li>• Should consider future demand. Providing above and beyond the baseline provision is recommended to ensure reliability in finding a park.</li></ul>

### 02. E.O.T. Facilities rates by facility:

A.	<b>Long-term parking:</b> <ul style="list-style-type: none"><li>• <u>Long-term park definition:</u> Places where active transport users park their bikes and scooters at a destination for long durations. E.O.T. Facilities are associated with Long-term parking as these users often need to use changing and shower facilities before moving on to their next activity.</li><li>• Standard bicycle parks = minimum 60% of the total supply as per target rate above 2.0(01C).</li><li>• Large bicycle parks = minimum 18% of the total supply.</li><li>• Oversize bicycle parks = minimum 2% of the total supply</li><li>• Scooter parks 2 for the first 40 staff then 1 per 80 staff thereafter.</li><li>• Consider providing assigned subscription parks (quantity and pricing to be determined with hospital management to meet the demand).</li></ul>
B.	<b>Showers and changing facilities:</b> <ul style="list-style-type: none"><li>• One shower area for the first five bicycle spaces or part thereof, plus an additional shower for each 10 bicycle parking spaces up to 10 showers. Then 1 shower per 15 parking spaces thereafter.</li><li>• Changing facilities to be integrated with shower cubicals, or use separate male and female changing areas.</li><li>• Showers and changing cubicles to be unisex.</li><li>• Contain a wash basin and vanity area (also refer to 'Layout and Design of Supporting Infrastructure').</li></ul>
C.	<b>Lockers:</b> <ul style="list-style-type: none"><li>• Some lockers should be provided for gear storage, particularly for active transport users without access to lockers elsewhere in the hospital.</li><li>• Consider number and distribution of other existing or planned lockers when determining number to provide inside the E.O.T. facility.</li><li>• It is likely that more lockers will be required if the E.O.T. Facilities hub includes showers.</li></ul>



# 3.0

## Location of facilities

Facilities should be conveniently located and designed in alignment with the hospital's wider 'Long-term E.O.T. Facilities Strategy'. This should outline the staging, positioning, and size of future E.O.T. Facilities hubs to be delivered incrementally.

### 01. Wayfinding

A.	Consolidate E.O.T. Facilities into well-designed hubs.
B.	Wayfinding to E.O.T. Facilities hubs should be clearly visible to users entering the hospital grounds. Up-to-date maps should be on the hospital website and physically displayed on hospital grounds.

### 02. Proximity of E.O.T. Facilities to building entrance:

A.	Entrances to E.O.T. Facility hubs should be located as close as possible to the building entrances, much closer than the nearest car parks (except for mobility parks). <ul style="list-style-type: none"><li>• Ideal = &lt;25m</li><li>• Maximum = 50m (only applies for overflow capacity).</li></ul>
B.	To be located no more than 1 level of vertical separation from entrances.
C.	The location is to be in the direct line of travel to the key building entrances – If possible, avoid users needing to 'double back' to the building entrance after visiting the E.O.T. Facilities.
D.	For larger campus sites with multiple buildings and/or where facilities are undergoing phased redevelopment, it may be more pragmatic to consider smaller, separate E.O.T. Facilities hubs rather than one large central facility.

### 03. Ramps and slopes:

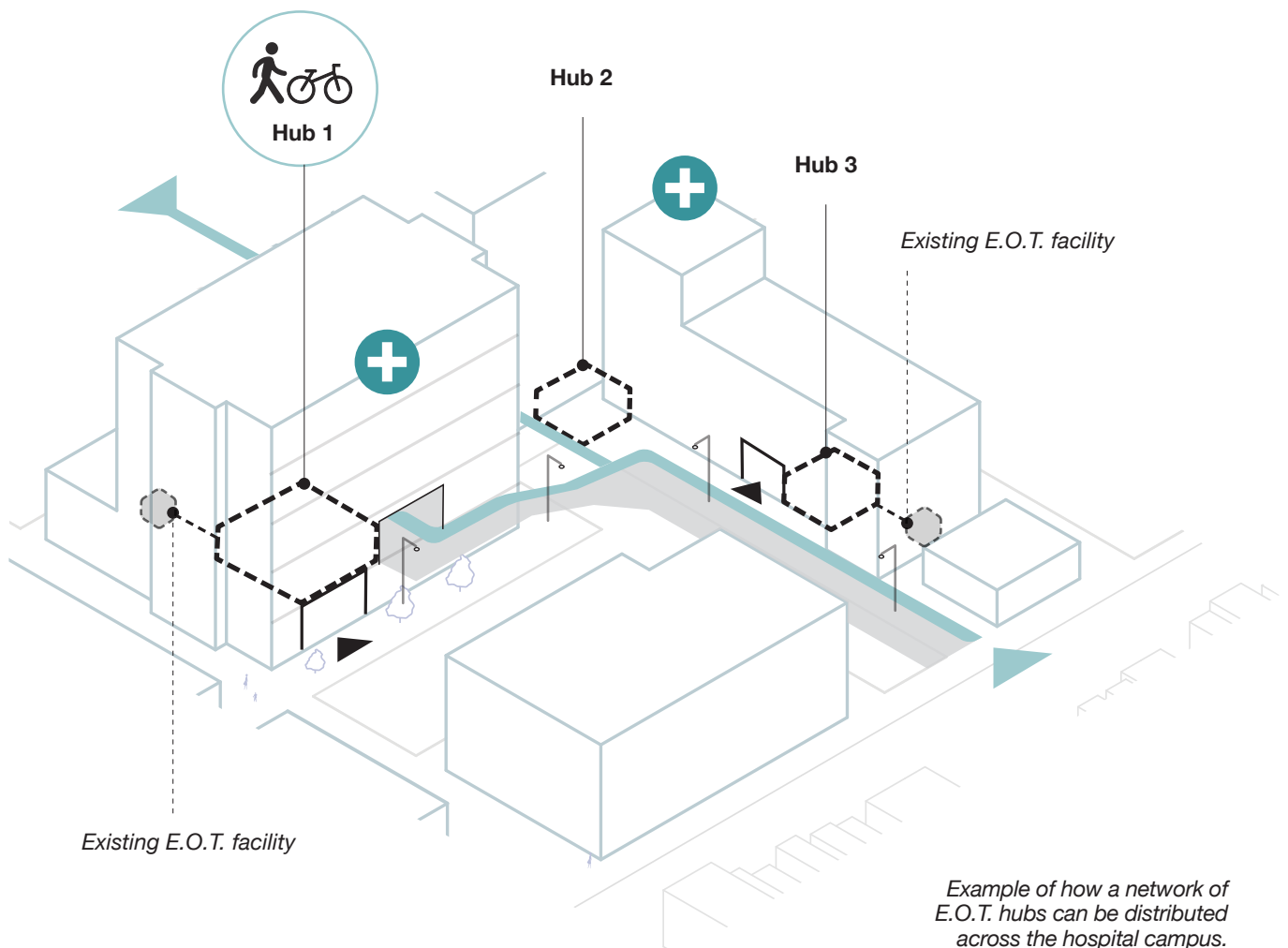
A.	Must provide step-free access.
B.	Any ramps/slopes should be less than 1:12 slope and no longer than 25m.
C.	Stair wheel ramps should be avoided. However, they may be required in rare cases when retrofitting E.O.T. Facilities solutions into existing hospital buildings. The wheel channel should be spaced at 0.4m (minimum) from a fence or wall to allow for pedals/handlebar clearances.

### 04. Protection from weather:

A.	All E.O.T. Facilities are recommended to be sheltered from weather (such as rain and wind) to prevent equipment rusting and make facilities comfortable to use in all weather conditions.
B.	Use slip resistant ground surfaces throughout access routes. Note, wet equipment will shed water.

## 05. Safe from crime

A.	Facilities need to be usable 24/7, by day and night shift hospital workers.
	<p>The facilities (including the entrance and arrival route) should:</p> <ul style="list-style-type: none"> <li>• Provide passive surveillance to deter theft and anti-social behaviour. This includes from overlooking windows or being adjacent to busy activity areas such as a well-used circulation area (such as a well-used circulation area). Where this cannot be achieved, electronic surveillance through CCTV could be used (also refer to section 9.0 Security and Crime Prevention).</li> <li>• Avoid obscured locations and routes with poor sight lines.</li> <li>• Have good lighting in the parking areas, refer to 9.0 Security and Crime Prevention for lighting requirements.</li> </ul>
B.	Clearly separate E.O.T. Facilities (including entrance arrival areas) that are used by staff versus the public. This is to ensure staff have exclusive controlled access to their own facilities.



# 4.0

## Access to facilities

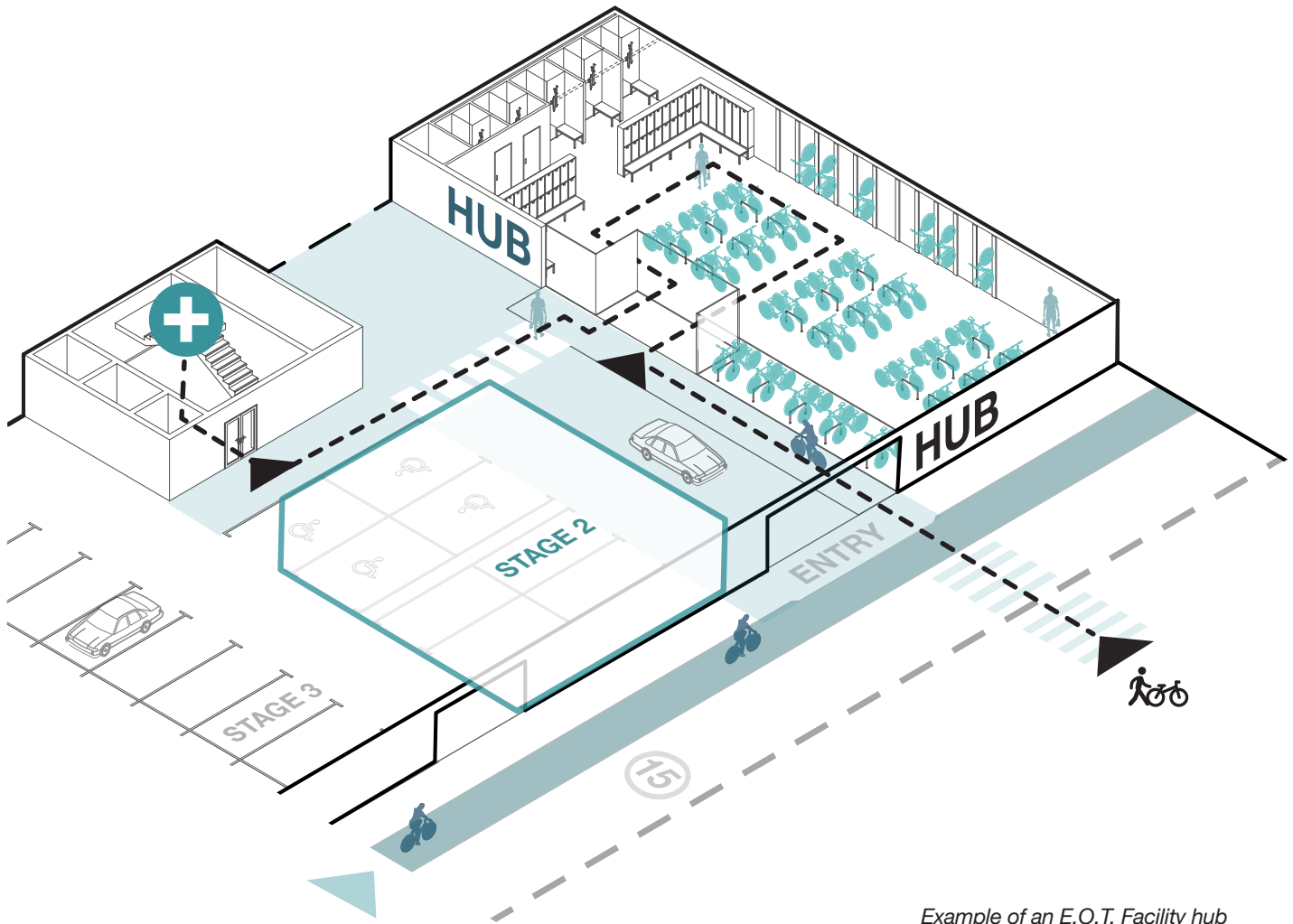
**E.O.T. Facilities hubs should be easy to access with routes and pathways designed appropriately to accommodate all active transport users.**

### 01. Attractiveness

A.	E.O.T. Facilities hubs should portray a positive image about active transport. They should look user-friendly and attractive. This should be done through good lighting and integration of graphic artworks, utilising partnerships with mana whenua artists where appropriate.
B.	Each hub should be clearly labeled with information about the facilities i.e. their location, and the purpose of the various sized park types.

### 02. Access routes

A.	Key active transport routes through the hospital campus have been identified as part of a wider hospital campus masterplan or E.O.T. Facilities Strategy. They are on key desire lines and are safe, avoiding conflicts with other transport modes.
B.	Routes to E.O.Ts: <ul style="list-style-type: none"><li>• Are safely separated from moving and reversing vehicles.</li><li>• Are safely separated from pedestrian routes.</li><li>• Cyclists and e-scooters should have a dedicated route which avoids crossing main pedestrian entrance thoroughfares.</li><li>• Pass through no more than 2 sets of doors (of which meet the door requirements).</li><li>• Note: also check with a fire engineer regarding egress requirements.</li></ul>
C.	Cyclists and micro-mobility users can share the access route with cars if the route: <ul style="list-style-type: none"><li>• Is clearly signposted as a 'shared zone' for active transport and vehicles with a 15km/hr (maximum) sign posted speed.</li><li>• Is traffic engineered to a maximum 15km/hr design speed by using traffic calming measures that are safe for people riding bikes and scooters (e.g. avoids full width speed bumps).</li><li>• Has a slope no greater than 1:12.</li></ul>
D.	Dimensional allowances of the access paths to off-street cycle parking facilities should cater to both standard and large bikes. The following apply to dedicated cycle and micro-mobility access routes only, additional allowance is required when routes are shared with pedestrians. Dimensions are to accommodate a low speed cyclist and person walking their bike. <ul style="list-style-type: none"><li>• One way = minimum 2m wide.</li><li>• Two way = minimum 2.5m (not required for less than 30 movements per hour).</li><li>• A vertical clearance of minimum 2.2m.</li></ul>
E.	For convenience cyclists should be able to ride their bikes within 5m of the cycle facility entrance to avoid having to dismount.
F.	Door considerations: <ul style="list-style-type: none"><li>• Minimum door width opening of 2m (i.e. 2x1m double doors).</li><li>• Doors can automatically open with push button or swipe access and a delayed action closer.</li><li>• Doors to enable users on both sides to be visible (i.e. via a door vision panel or mesh).</li><li>• Swipe card area is located on a ground slope of less than 1:20.</li></ul>



*Example of an E.O.T. Facility hub with clear signage and safe and convenient access.*

### 03. Facilities are safe to use

A.	E.O.T. Facilities should be protected and located so that the area and thoroughfare routes and parking aisles are clear of potential collisions and damage from vehicle movements.
B.	Bollard, fence, or kerb protection are required against vehicle manoeuvring areas. Consider the safety of mobility or vision impaired pedestrians. Clear path of travel shall be maintained along fence lines and property boundaries to not disrupt vision impaired persons.
C.	E.O.T. Facilities should be on flat ground (no greater than 1:20 fall). Where this cannot be achieved, consider aligning the stands parallel to the contours so that cycles do not roll downhill.
D.	Uses slip resistant flooring.
E.	Note, items relating to egress such as thoroughfares and aisle widths need to be checked against fire requirements as wider clear openings may be required or multiple egress/exit points.

# 5.0

## Stand types

Hospital End-of-Trip Facility hubs need a variety of stand types to cater for a diversity of user groups.

### 01. Primary stands

A.	<b>An inverted U</b> , (also known as a staple or Sheffield) is typically 0.8m high and 1.0m long (0.6-1.1m acceptable width). These stands should account for a minimum of 50% of the total supply.
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### 02. Supplementary stands

A.	<b>The two-tier rack</b> . This must include a 'lift assist' mechanism or be weighted so that rolling a bike on will automatically lift a bike. They must also include signposted instruction for use. These stands can account for 20% max of the total supply (this is equivalent to the oversupply rate).
B.	<b>Wall hooks</b> . 0.1m wide, with 0.11m entry gap, angled 35° downward from the horizontal (for strength and ease of hanging.) Hooks should be covered with a polyurethane or similar sheath to avoid damage to bike elements including rims, spokes and valves.
C.	<b>Hitching Rails</b> . Set 0.3m from wall.
D.	Wall hooks and hitching rails combined can be a maximum of 20% of the total supply.
E.	<b>Cycle lockers (lockers which fit an entire bike)</b> . Provide a minimum of 5% as an assigned parking option only.

### 03. Scooter parking

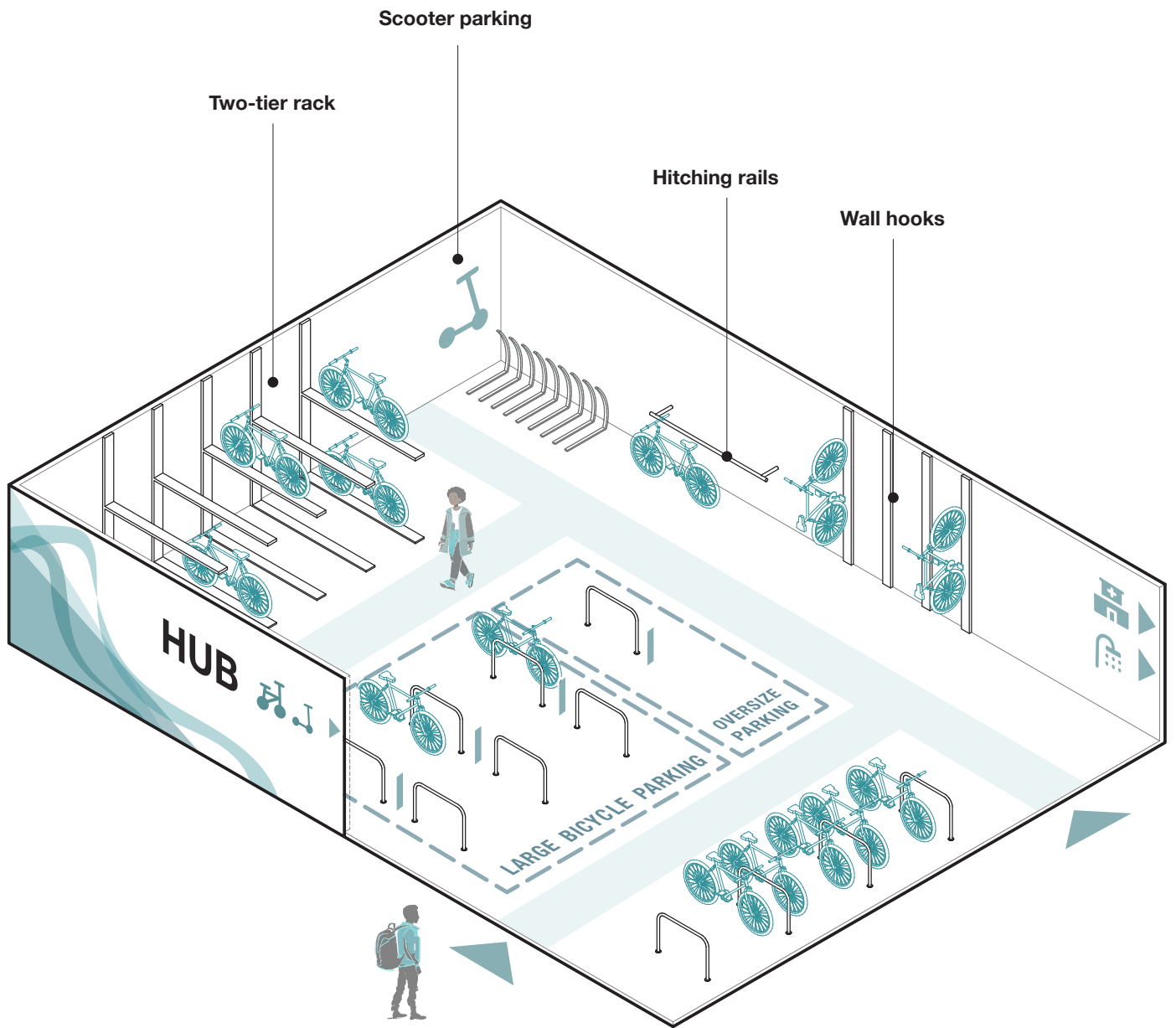
A.	<ul style="list-style-type: none"><li>• Scooter stands must enable scooters to be locked.</li><li>• Support the scooter frame on two sides.</li></ul>
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### 04. Specifications for bikes and scooter stands

A.	<ul style="list-style-type: none"><li>• Stands should be securely attached to the ground and enable locking of the frame and wheels with a rigid 'D-lock', a cable lock, or both.</li><li>• Stands should support the cycle frame with two points of contact so it doesn't fall over.</li><li>• Bike stands should be removable to enable the layout to change over time. Bike stands should be bolted (surface mounted) to the floor. Multiple stands can connect via a stand rail.</li><li>• They should not be easily removed with ordinary tools, and should be resistant to cutting, bending, and breaking.</li><li>• Use low maintenance materials e.g. no powered coating stands (which scratch easily).</li><li>• Ensure suitability for e-bikes (which often have bigger wheels and larger tire widths).</li></ul>
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### 05. E-charging

A.	<ul style="list-style-type: none"><li>• Refer to district policy regarding on-site charging of e-bikes, e-scooters, and other electronic mobility devices and equipment.</li><li>• Any e-charging specifications need to be approved with the electrician / mechanical engineer.</li></ul>
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*Example of an E.O.T. hub utilising a range of stand types*

# 6.0

## Layout of stands

The below stand spacing requirements will ensure users have sufficient space to move around the E.O.T. Facilities hub, and that a range of bikes and scooters can be accommodated. These requirements will help to future-proof each hub to better accommodate the rapidly changing types of bikes and micro-mobility equipment.

### 01. Envelope sizes

A.	<p><b>Standard bike</b> = 2.0m x 0.8m to allow for small mountain bikes and small e-bikes, child seats, and panniers.</p> <p><b>Large bike</b> = 2.4m x 1m to allow for large mountain bikes, e-bikes and cargo bikes.</p> <p><b>Oversized bike</b> = 3m x 1m.</p> <p><b>E-scooter</b> = 1.2m x 0.6m.</p>
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### 02. Stand spacings, side by side (measured centre to centre)

A.	<p><b>Inverted-U:</b></p> <ul style="list-style-type: none"><li>• Standard bikes = 1m.</li><li>• Large bikes = 1.2m.</li><li>• Oversize bikes = 1.5m.</li></ul>
B.	<p><b>Two-tier:</b></p> <ul style="list-style-type: none"><li>• Option A) Bottom tier 0.5m spacing (with alternating front wheel height), and overhead parks at 1m spacing.</li><li>• Option B) Bottom and top tier at 0.75m spacing.</li></ul>
C.	<p><b>Wall hooks staggered vertically</b></p> <ul style="list-style-type: none"><li>• Installed horizontally at 0.6m intervals measured centre to centre.</li><li>• Alternating at 1.9m and 2.2m (0.3m offset) above ground level. Dimension is set out from the highest point of the bicycle wheel when it is mounted on the wall.</li></ul> <p><b>Wall hooks <u>not</u> staggered vertically</b></p> <ul style="list-style-type: none"><li>• Installed horizontally at 0.8m measured centre to centre.</li><li>• Note: wall hooks are not suitable for e-bikes.</li></ul>

### 03. Stand spacings, nose to tail (inverted-U stand)

A.	<p><b>Standard bike:</b></p> <ul style="list-style-type: none"><li>• 2.2m centre to centre, or 1.7m centre to centre when offset 0.5m (based on 1m apart stands).</li></ul> <p><b>Large bike:</b></p> <ul style="list-style-type: none"><li>• 2.6m centre to centre, or 2.2m centre to centre when offset 0.6m (based on 1.2m apart stands).</li></ul> <p><b>Oversized bike:</b></p> <ul style="list-style-type: none"><li>• Sized to accommodate the oversize bike envelope size (Refer diagram opposite).</li></ul>
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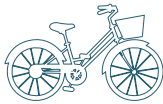
### 04. Aisle widths (clear of parked bikes)

A.	<ul style="list-style-type: none"><li>• <b>One way</b> 1.5m minimum.</li><li>• <b>Two way</b> 2.5m minimum.</li></ul>
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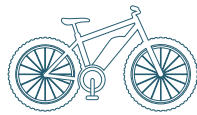
Bike and scooter envelopes

Type:

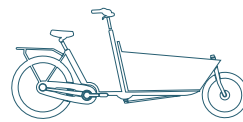
**Standard**  
2m x 0.8m



**Large**  
2.4m x 1m



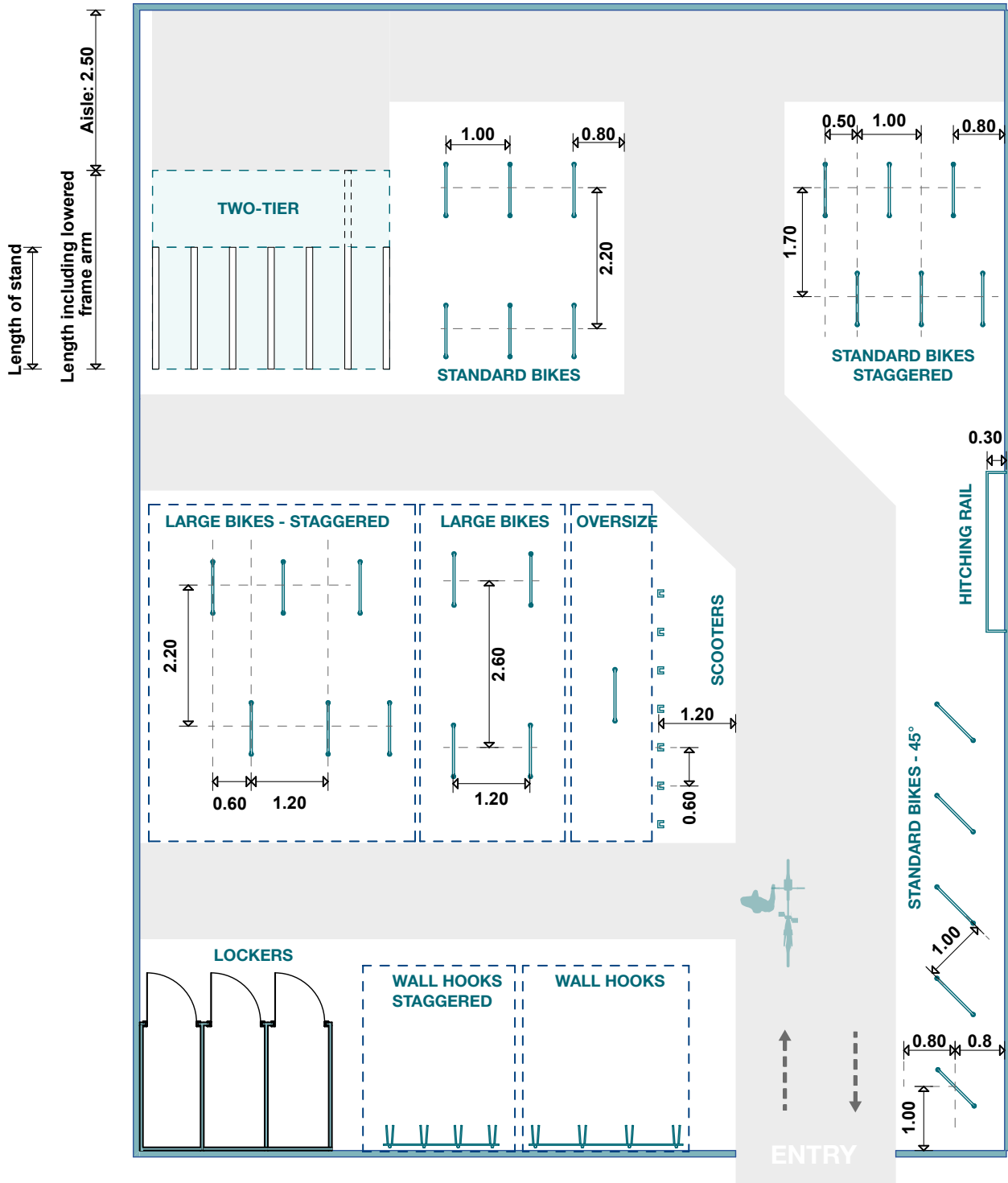
**Oversize**  
3m x 1m



**Scooter**  
1.2m x 0.6m



Plan:  
Envelope



Plan diagram showing key dimension set out of various stand types

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## 01. Stall depths (clear of parked bikes)

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A.	<ul style="list-style-type: none"><li>• <b>Inverted-U stand (standard bike)</b> = 2m.</li><li>• <b>Inverted-U stand (large bike)</b> = 2.5m.</li><li>• <b>Inverted-U stand (oversize bike)</b> = 3m.</li><li>• <b>Wall hooks</b> = 2m.</li><li>• <b>Two-tiered</b> = 2.5m beyond the lowered frame arm to allow the bike to be dismounted from the top rack. Refer diagram opposite.</li><li>• <b>Cycle lockers</b> = 2.5m to allow for an opened door leaf.</li></ul>
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## 02. Clearances to walls and aisles

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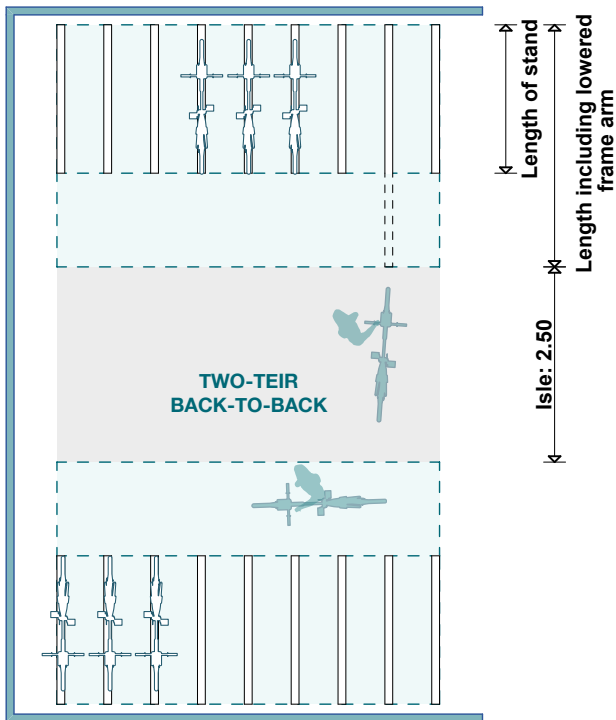
A.	<b>90° Stands:</b> <ul style="list-style-type: none"><li>• From side: 0.8m (minimum) from centre of the inverted-U stand.</li><li>• From nose (standard bikes): 1m (minimum) from centre of the inverted-U stand.</li><li>• From side: (large and oversize bikes): 1.2m.</li><li>• From nose (oversize bikes): 1.5m.</li></ul>
B.	<b>45° Stands:</b> <ul style="list-style-type: none"><li>• From side: 1m (minimum) from centre of the inverted-U stand.</li><li>• From nose: 0.8m (minimum) from centre of the inverted-U stand.</li></ul>
C.	<b>Wall Hooks:</b> <ul style="list-style-type: none"><li>• Side: 0.6 (minimum) from centre of the wheel.</li></ul>
D.	<b>Hitching Rails:</b> <ul style="list-style-type: none"><li>• From wall: 0.3 (minimum) measured from rail.</li><li>• From aisle: 1m (minimum) measured from rail to allow user to access their bike without blocking the aisle.</li></ul>

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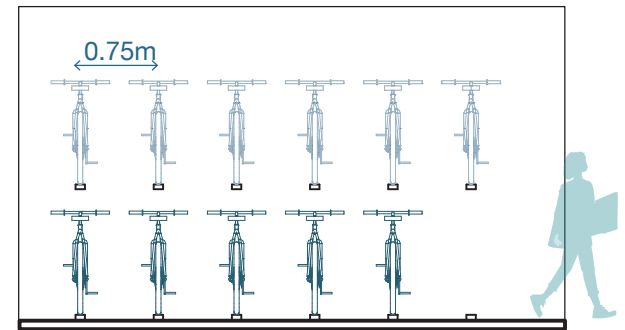
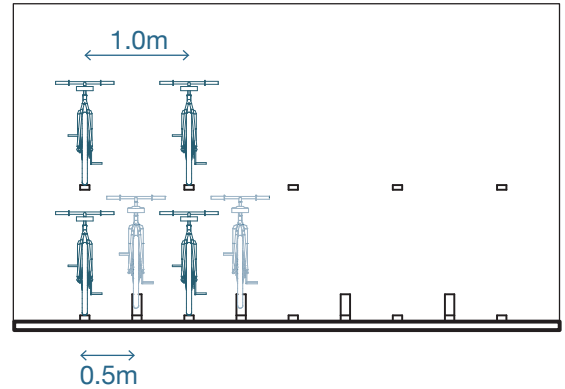
## 03. Other clearances

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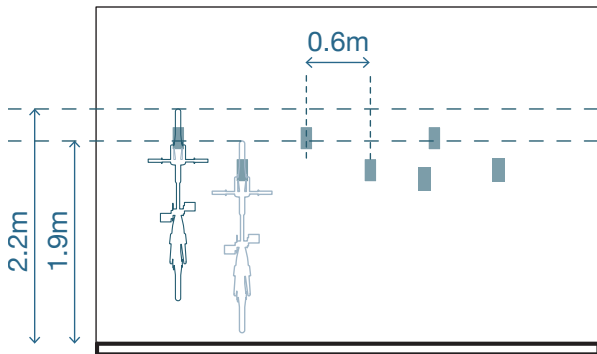
A.	<ul style="list-style-type: none"><li>• Consult with a services engineer regarding the necessary clearances to mechanical services for example on ceilings, walls, and ground services and lids.</li></ul>
B.	<ul style="list-style-type: none"><li>• Consult with a structural engineer regarding the necessary clearances to structural elements.</li></ul>
C.	<ul style="list-style-type: none"><li>• Consult with a fire engineer for emergency egress requirements.</li></ul>
D.	<ul style="list-style-type: none"><li>• Two-tier stands: Check manufacturer's requirements for overhead clearances.</li></ul>



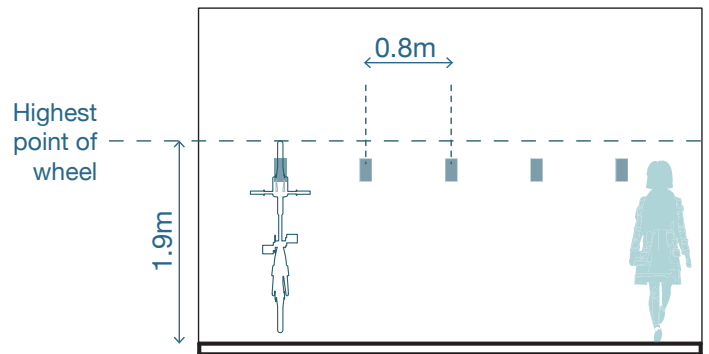
Plan diagram of two-tier back to back bike stands with ideal aisle width.



Elevation diagrams of acceptable two-tier bike arrangements.



Elevation diagrams of acceptable wall hook arrangements



# 7.0

## Supporting infrastructure

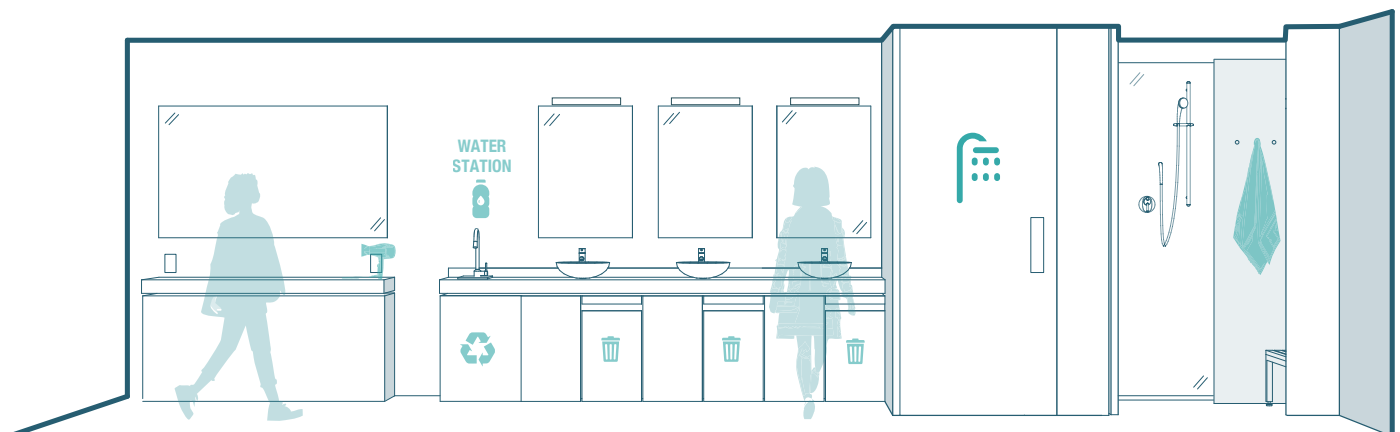
It's important that E.O.T. Facilities hubs have well-designed supporting infrastructure that ensures staff have the facilities they need to wash up, get dressed, store their travel gear, and transition conveniently to their working day/ shift.

### 01. Gear lockers and changing areas

A.	Lockers should be vented for drying wet gear and storing clothes.
B.	Hospital management need the ability to open and search lockers for security reasons.
C.	At least internal clear dimensions of 1m minimum (hanging room height measured from bottom of the rail downward) x 0.35m (width) x 0.45m (depth). This enables clothes on coat hangers to be hung. Note alternative z-locker configurations are also appropriate.
D.	Multi-tiered lockers are separated by a solid base so that moisture from potentially wet gear does not drip down between lockers.
E.	Changing areas to consider seating benches and water cooler/ drink station.

### 02. Vanities

A.	<b>To include:</b> <ul style="list-style-type: none"><li>• Electrical outlets for personal grooming devices.</li><li>• Mirror, soap dispenser, and towel bin.</li></ul>
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Example diagram of well designed washing facilities (illustrations may not align with the AusHFG)

### 03. Shower cubicle requirements

<b>A.</b>	<b>To include:</b> <ul style="list-style-type: none"><li>• A bench seat, and wall/door hooks for clothes, bags, and towels.</li><li>• Shower curtain or partition and wet floor mat.</li><li>• Soap dispenser.</li><li>• Adequate mechanical or natural ventilation.</li></ul>
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### 04. Self-Contained unisex bathrooms

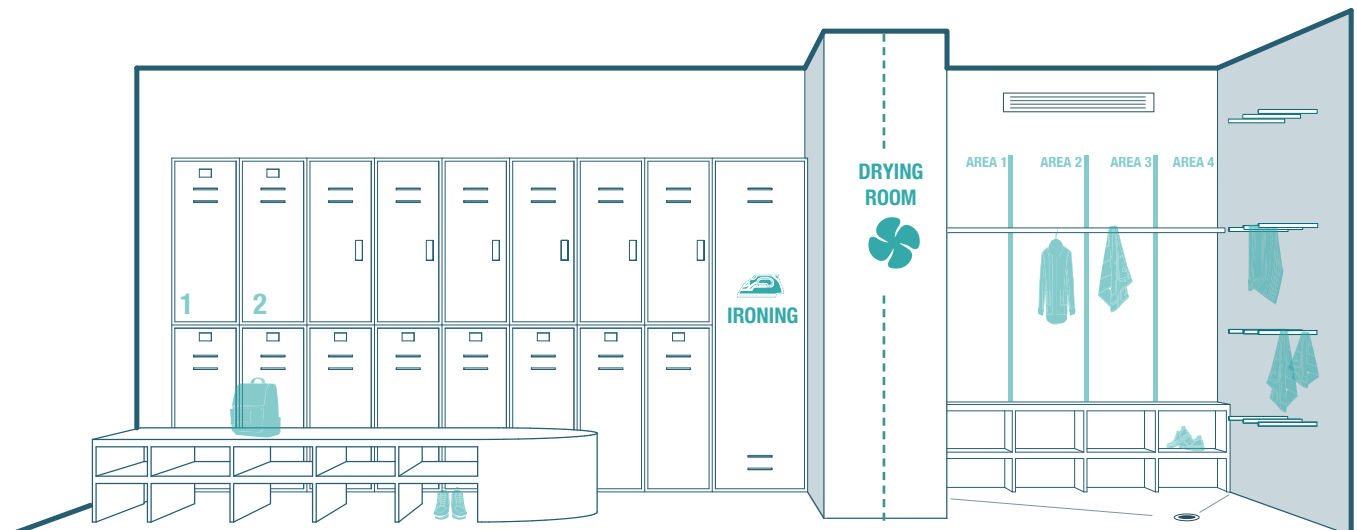
<b>A.</b>	Should be fully accessible in accordance with New Zealand Standards, Health NZ Design Guidance Notes, and the Australasian Health Facility Guidelines.
<b>B.</b>	<b>To include:</b> <ul style="list-style-type: none"><li>• Refer to vanity requirements from 02A.</li><li>• Toilet and sanitary bin.</li><li>• Shower with shower curtain (or equivalent).</li><li>• Bench seat and hanging hooks for clothes and bags.</li></ul>

### 05. Drying rooms

<b>A.</b>	Are to be mechanically heated and ventilated.
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### 06. Repair Stands

<b>A.</b>	Consider providing a bike / scooter repair stand with a pump and basic tools to allow people to pump up tires and make basic repairs on-site.
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Example diagram of well designed changing and drying facilities (illustrations may not align with the AusHFG)

# 8.0

## Security and crime prevention

The following initiatives improve user safety and reduce the likelihood of crime occurring at E.O.T. Facilities hubs.

### 01. Controlled secure access

A.	Hospital staff are to have exclusive controlled access to all staff E.O.T. Facilities.
B.	Locking systems ideally have centralised monitoring capabilities so that facilities management are aware when secure points (such as entry doors) are not working, or fail to close.
C.	Locking systems must enable users to exit the hub in the event of a power cut, or if they were to lose their swipe key while inside.

### 02. Surveillance and monitoring

A.	Facilities must be usable day and night for hospital shift workers.
B.	Facilities including entrances and arrival routes should have adequate surveillance to deter theft and anti-social behaviour. (Also refer to the safety from crime guidance in sections 3.0 and 4.0)
C.	Facilities can consider CCTV electronic surveillance and be part of actively monitored 24hr on-site security routes.

### 03. Lighting

A.	E.O.T. Facilities hubs must be well lit at all times. This also applies to the lighting levels immediately outside the entrance as users approach the E.O.T. Facilities hub.
B.	Note, different lighting levels may be necessary in other spaces such as bathrooms and changing areas.
C.	Access routes between the hospital campus site entrances and the E.O.T. Facilities hubs are to be well lit.
D.	Avoid using sensor lighting as when the lights turn off potential offenders may not be visible.

### 04. Vandal proofing

A.	Use vandal-proof fixing and enclosure elements e.g.: <ul style="list-style-type: none"><li>• Tamper-proof fixings</li><li>• Avoid mesh screens/cages that can be cut with manual tools.</li><li>• Smash-proof security glass.</li></ul>
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