

## Workplace Facilities and Accommodation for Hospital Doctors

2021

### 1. Introduction

The provision of safe, high-quality patient care remains the highest priority for the medical profession. Adequate workplace facilities and accommodation are essential to support this priority and to enable doctors to provide 24-hour patient care. This position statement outlines the minimum and mandatory requirements needed for doctors with respect to workplace facilities and accommodation to provide safe, high-quality patient care.

### 2. General facilities

- 2.1. Doctors must be provided with clean, well-maintained shower and bathroom facilities and a changing room with individual secure lockers for each doctor<sup>1</sup>. These should be close to on-duty rest rooms. Introducing gender neutral bathrooms or encouraging trans employees to use bathrooms that align with their gender identity should be considered.
- 2.2. Doctors must have access to a common room (resident quarters or however described), away from clinical work areas of the hospital and not accessible to patients and other staff to allow doctors to complete clinical paperwork and discuss patient treatment and management with colleagues confidentially. This room must be equipped as per 2.1.1 and 2.1.2 as follows:
  - 2.2.1.A dining table, chairs, and lounge furniture.
  - 2.2.2.Reasonable provision for the preparation of light refreshments.
- 2.3. Doctors should have access to the following dining and meal facilities on a 24-hour basis:
  - 2.3.1.A separate dining/eating area away from patients and visitors, that provides high quality and nutritious food, is well maintained, and meets appropriate hygiene and safety standards.
  - 2.3.2.This should include the provision of tables, chairs, clean cutlery and crockery, and adequate manual or automatic dishwashing facilities.
  - 2.3.3.Provision of a meal for night shift doctors working over ten-hour shifts is highly desirable.<sup>2</sup>
  - 2.3.4.Whilst acknowledging the challenges faced by some rural and remote facilities to meet these criteria, best efforts and innovative solutions are encouraged such as access to a vending machine with nutritious food and frozen meals. Consultation with affected doctors to find optimum solutions where difficulties present is encouraged.
- 2.4. The health service organisations must have processes in place to maintain a clean and hygienic environment in line with the current edition of the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).<sup>3</sup>

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<sup>1</sup> AMA Victoria - Victorian Public Health Sector - Doctors in Training Enterprise Agreement 2018-2021.

<https://www.fwc.gov.au/document/agreement/AE429349> Accessed June 2021.

<sup>2</sup> This acknowledges the stressful nature of nightshifts and the change of the sleep-cycle making access to food and groceries outside of the hospital difficult.

<sup>3</sup> Australian Commission on Safety and Quality in Health Care. Action 3.11 Clean environment.

<https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-healthcare-associated-infection-standard/infection-prevention-and-control-systems/action-311>

### 3. Workspace amenities

- 3.1. Each hospital ward must have a separate area for doctors to undertake administrative work. These areas must be accessible on a 24-hour basis of adequate size and be equipped with the following facilities:
  - 3.1.1. Access to workstations, telecommunications, and information technology capable of ensuring administrative and similar work can be accomplished efficiently.
  - 3.1.2. Access to reliable Wi-Fi, intranet, internet, word processing and e-mail facilities for work purposes, including capacity to access electronic records, test results and other clinical data.
  - 3.1.3. Twenty-four (24) hour access to a hospital study and/or library space and its resources, equipped as per 3.1.1 and 3.1.2.<sup>4</sup>
  - 3.1.4. Private office space for staff specialists and trainees to allow them to perform their clinical and non-clinical work duties.<sup>5</sup> Staff specialists appointed at 0.6FTE or more should have access to individual office space, with office sharing available to those appointed on a fractional basis.<sup>6</sup> These should be equipped as per 3.1.1 and 3.1.2.
  - 3.1.5. A private meeting space of adequate size for doctors to conduct clinical handover, hold discussions with colleagues and private discussions with patient's relatives, equipped as per 3.1.1 and 3.1.2.

### 4. Heating, ventilation, and air conditioning

- 4.1. All hospital wards, common and dining areas, clinical work areas and on-duty restrooms must be serviced by a well-designed, installed, commissioned, and maintained heating, ventilation, and air conditioning (HVAC) system.
- 4.2. During an epidemic situation, facilities should make use of HVAC expertise to optimise air flow, assist in reducing the risk of transmission of air borne disease, determine suitability of accommodation and meet public health directions.<sup>7,8</sup>

### 5. Extended hours provisions

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<sup>4</sup> Noting that not all hospitals will have library facilities.

<sup>5</sup> This includes supporting quality focused supervision, training, and mentoring; enabling efficient completion of administrative work, rostering and quality improvement activities; ensuring privacy for both patient conversation and for clinically complex case reasoning; and minimising any fragmentation of collegiate relationships and cooperation.

<sup>6</sup> ASMOF NSW Position Paper - Office Accommodation & Safe Working Environments.

<http://www.asmofnsw.org.au/latest-news/asmof-safe-workplaces-and-office-accommodation-working-group>  
Accessed June 2021.

<sup>7</sup> Queensland Health. Infection prevention and control guidelines for the management of COVID-19 in healthcare settings Version 1.20 19 July 2021. [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf) (accessed August 2021)

<sup>8</sup> Victorian Department of Health Coronavirus (COVID-19) Policy: Infection control measures to optimise ventilation and reduce transmission of COVID-19 in acute healthcare settings Version 1.1 June 2021  
<https://www.dhhs.vic.gov.au/departments-health-coronavirus-covid-19-policy-doc> (accessed August 2021)

- 5.1. Hospitals often require doctors to be on-duty for extended hours. As a result, sleeping accommodation and rest areas are a necessary provision in hospital environments.<sup>9</sup>
- 5.2. Where a doctor is rostered for an extended period of twelve hours or more, doctors must have access to:
  - 5.2.1. A separate reasonably furnished bedroom with adequate lighting and ventilation, heating, and cooling facilities, and including a work desk, chair, and desk light. This should be in a quiet room separate from the clinical work areas of the hospital.
  - 5.2.2. Rooms fully cleaned and beds made with clean linen (linen changed daily with additional stores of clean linen available).
  - 5.2.3. Reasonable provision for the preparation of refreshments by the doctor.
  - 5.2.4. Provision for securely storing clothing and belongings.
  - 5.2.5. Reasonable provision for laundering, drying, and ironing of personal clothing by the doctor.
  - 5.2.6. Taxi vouchers to allow the doctor to travel safely home.

## **6. Safe workspaces and security**

- 6.1. Providing a safe environment for all employees must be a primary consideration for health services and hospitals. This is especially relevant for employees working at night or in circumstances which might reasonably give rise to concerns about personal safety. The following must be provided:
  - 6.1.1. Sufficient lighting inside and in the immediate vicinity of the hospital to provide a safe and secure working environment.
  - 6.1.2. External doors must be secured at night with only the main entrances left open for public access; these must be under surveillance by security staff and/or security cameras.
  - 6.1.3. Sufficient, reserved car parking spaces for doctors (and other health care staff) rostered on, or who are called in for, work after hours and on weekends. These parking spaces must be well lit and in a secure place within 200 meters from the main entrance of the hospital.
  - 6.1.4. Hospital security staff must be on-site 24 hours/7 days, with access to a security escort at night to accommodation and/or transportation options.

## **7. Childcare facilities**

- 7.1. Individual personal circumstances and the availability of childcare should be considered when developing work rosters.
- 7.2. Doctors and other hospital staff should have access to high quality childcare facilities at or in the immediate vicinity of the hospital. This should be at least 7am to 7pm Monday to Friday.
- 7.3. Where access to childcare as per 7.2 is not available, hospitals should have a plan in place to support medical parents to care for children. This could include providing doctors with compensation to support access to childcare.

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<sup>9</sup> Whilst acknowledging the challenges faced by some rural and remote facilities to meet these criteria, best efforts and innovative solutions are encouraged.

- 7.4. Access to a dedicated family room with adequate supervision to care for dependents to enable a doctor to carry out regular duties may be appropriate where 7.2 is not available.
- 7.5. Family rooms should provide facilities including a bed and/or cot, facilities for light refreshments, a television and hospital networked computer, work desk, chair, and desk light.

## 8. Lactation facilities<sup>10</sup>

- 8.1. Dedicated lactation rooms must be provided for the purposes of breastfeeding, chest feeding or expressing breastmilk.<sup>11</sup> These should:
  - 8.1.1. Be safe, clean, and quiet, separate from similar patient facilities, and not to be used for any other purpose.
  - 8.1.2. Be easily identifiable and accessible by any parent.
  - 8.1.3. Provide a comfortable place that is shielded from view and free from intrusion from co-workers and the public, which may be used by a doctor to express breast milk, breastfeed or chest feed a child in privacy.
  - 8.1.4. Be smoke free and advertising free.
  - 8.1.5. Provide appropriate seating, hot and cold water, hand drying, and a dedicated fridge for milk storage and lactation support equipment (breast pump, sterile storage containers, labels etc.).
  - 8.1.6. Provide power outlets and appropriate waste disposal.
  - 8.1.7. Be easily identifiable and within reasonable proximity of any given clinical work area (especially critical care settings and operating theatres).

## 9. Facilities when on rotation

- 9.1. Where doctors are required to rotate to hospitals away from their normal residence for service or training purposes, separate residential accommodation must be provided at or close to the hospital at no cost in accordance with the following minimum specifications:
  - 9.1.1. Secure, clean, and well-maintained accommodation for study and recreation, which must be available for the doctor's exclusive use, that is as close to the hospital as practicable and separate from accommodation for the relatives of patients.
  - 9.1.2. There must be guaranteed no access by cleaners, maintenance staff, etc., without prior agreement and at least 24 hours written notice.
  - 9.1.3. A separate reasonably furnished bedroom with adequate ventilation, heating, and cooling, including a work desk, chair, and desk light.
  - 9.1.4. Furnishings, facilities, and whitegoods including but not limited to:

<sup>10</sup> AMA Position Statement on Medical parents and prevocational and vocational training 2020. <https://ama.com.au/articles/medical-parents-and-prevocational-and-vocational-training> Accessed June 2021.

<sup>11</sup> The term "chest feeding" has been included as part of a broader push to use gender-inclusive language. The Victorian government has become the country's largest employer to recently include the term "chest feeding". <https://www.theage.com.au/national/victoria/the-right-to-chestfeed-enshrined-in-government-workplace-agreement-20210513-p57rj3.html> (accessed August 2021).

- 9.1.4.1. A fully equipped kitchen with a conventional and microwave oven, stove top, toaster, refrigerator, cutlery, and crockery, etc.
- 9.1.4.2. A television, dining table, chairs, etc.
- 9.1.5. A clean and well-maintained bathroom.
- 9.1.6. Provision for the laundering, drying, and ironing of personal clothing.
- 9.1.7. Access to on-site car parking.
- 9.1.8. Reliable internet access, including access to Wi-Fi and contact details for any necessary technical support.
- 9.2. Where doctors are required to walk to the hospital the thoroughfare must be safe and well lit; if there is any question of safety there must be security available 24 hours/day to escort the doctor.
- 9.3. A safe environment having regard for individual circumstances including but not limited to any security risk. Reasonable provisions include windows and doors fitted with security grills and locks as well as external lighting, fire detectors and extinguishers.
- 9.4. Doctors with spouses and/or dependents and/or pets who are seconded for 6 months or more should be offered accommodation to allow their family and/or pets to accompany them. Where appropriate accommodation is not available on site, they should be offered a rental subsidy towards their own choice of accommodation.<sup>12</sup>
- 9.5. Doctors should receive reimbursement for actual and reasonable costs associated with a non-voluntary relocation.

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<sup>12</sup> AMA NSW Workplace Facilities and Accommodation for Doctors- in-Training: Minimum Standards.