

**Part B – Health Facility Briefing & Design
115 Long Term Care Unit (LTCU)**



iHFG

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115 Inpatient Unit – Long Term Care (LTC)

1 Introduction

The prime function of the Long-Term Care Unit (LTCU) is to provide appropriate accommodation and ongoing care and treatment for inpatients whose stay is expected to be extended.

The LTCU may also be referred to as “Slow Stream Rehabilitation”.

Patients requiring Long-term care may include medical, surgical or rehabilitation patients who are not independent enough to return home and palliative care patients. Long Term Inpatient Care units provide the following services:

- Accommodation-related services including meals, cleaning and laundry
- Personal care services such as daily living activities
- Rehabilitation and Allied Health services
- Medical and therapy services as required health services

Occupational Therapy, Physiotherapy, Psychology, Speech Pathology, and Social Work may be delivered within the Unit in conjunction with general medical treatment, depending on the Service Plan.

The length of an extended care stay is determined by the facility's Service Plan. It usually refers to a stay in an acute care setting that exceeds the average length of stay (which may be 4 to 7 days). Most long-term care institutions can accommodate patients for anywhere from 2 weeks to several years.

In addition, the Unit must provide facilities and conditions to suit the needs of patients and visitors, as well as staff working standards. Patients in need of long-term care might be of any age, however the majority are likely to be seniors.

2 Functional and Planning Considerations

Operational Models

The LTCU will operate on a 24-hour basis. The delivery of clinical care and personal care services will be dependent on the Scope of Services and Operational Policy, including the patient mix, number of beds and the Model of Care to be adopted.

Models of Care

The Model of Care will reflect the number of beds planned for the facility and reflect the acuity of patients.

The goal of treatment is to keep the patient's autonomy within their abilities and functions. Clinical care and continuous therapy are provided as needed, with a focus on self-care and management. The purpose of a multidisciplinary assessment and goal-setting process that includes treatment, medical and surgical intervention, and assistance with Activities of Daily Living (ADL) is to maximize the patient's independence and function.

Levels of Care

The levels of care will range from ongoing rehabilitation nursing with specialist care, with a progression to intermediate care and self-care prior to discharge or transfer to other facilities. The LTCU also caters for patients who may never fully recover, with compromised bodily functions such as breathing, eating, etc. This may include “End of Life” care of the care of severely disabled patients.

Planning Models

Within the context of the broader health system, the LTCU may be provided as a standalone facility within a community, or it can be associated with a rehabilitation hospital. The catchment population and scope of services of the LTCU will determine its size, design, functional requirements and relationships with hospitals.

The recommend size of the Unit should comprise of 30 beds (± 2). Considering the type of patients admitted to a LTCU, it is recommended that the unit will comprise of 20% of single bedrooms and 80% of 2 bed rooms to ensure operational efficiency. Functional Areas

The LTCU will consist of a number of functional areas:

- Entrance/ Reception which may be shared with adjoining Units including:
 - Reception
 - Waiting Areas
 - Consult / Examination Room/s
- Patient/ Activities/ Therapy Areas for patients with:
 - Patient Bedrooms and Ensuites
 - Dining Area which could also be used for therapy activities
 - Pantry/ Servery, co-located with Dining facilities
 - Lounge and Activities areas with access to outdoor areas
 - Gymnasium, (optional)
 - ADL rooms such as ADL Bathroom, Kitchen (optional)
 - Treatment Room
 - Patient Laundry
 - Stores for patient belongings, activity materials, linen
 - Sitting alcoves along corridors for patients to rest
- These will be dependent on the Service Plan and patient conditions being treated.
- Clinical Support Areas may include:
 - Cleaner's Room
 - Clean and Dirty Utilities
 - Medication Room
 - Disposal Room
 - Staff Station
 - Stores for equipment, consumable stock, files, stationery and patient property
- Staff Areas consisting of:
 - Offices for administration, management and clinical staff
 - Staff Handover room which may be collocated with the Staff Station
 - Meeting Room/s
 - Staff Room
 - Staff Toilets, Shower and Lockers

The above areas are briefly described below.

Entrance/ Reception

Patients, family, and visitors have direct access to the Facility through the Entrance. It should be easily enable access and transfer from a private or patient transport vehicle with weather protection sufficient to provide shelter for a minibus.

Between the Entrance and the Reception and Staff Station, an intercom and viewable CCTV should be installed. Visitors should be able to wait in gender-separated waiting areas either outside or inside the unit.

A Consul/ Examination Room at the entry allows medical, nursing, allied health and support staff to interview patients, relatives or carers and examine patients as necessary.

Patient Areas

Patient areas will include:

Patient Bedrooms

Two types of patient bed rooms should be provided in a LTCU. For non-ventilated patients requiring long term medical care or going through rehabilitation, regular bed rooms similar to those in a standard inpatient unit will be sufficient. For ventilated patients, bed rooms should be set up similar to a high dependency patient room with ceiling mounted pendants. A 50:50 split of these two types of patient bed rooms are recommended but the final configuration is subject to the facility's services plan.

Patient bed rooms could be single or double occupancy; the ratio of these types will vary based on the scope of services plan. As a general guide, it is recommended that 20% of beds can be provided in a single room setting with most as standard inpatient bed rooms. For double occupancy is best suited for long-term ventilated patients.

Given the long stay nature, regular patient rooms should be equipped and fitted out to enable functionality of an 'at home' space, including opportunities for patients to personalise space such as a notice board and display shelves. An external outlook is necessary from each room.

Ensuites/ Toilets

In general, an Ensuite including a toilet, shower and hand basin must be available within each standard patient room. Ensuites shall provide sufficient space for the manoeuvring of a wheelchair and various types of mobility devices. Considerations must be made to enable assistance aids to be fitted permanently or according to patient needs including transfer benches, commodes, grab rails and shower stools.

However, for bed rooms which cater for patients, who are permanently bed-ridden, provision of ensuites is optional.

Toilets must also be located throughout the Facility near communal areas and close to outdoor spaces. General toilets may have doors which slide for ease of use by patients and prevention of obstruction in either direction, in or out of the toilet.

Dining Area and Servery/ Kitchen

Patients who are not permanently bed-ridden will generally have meals in a common Dining Area. The room should be sized to accommodate all patients. Tables should be height adjustable and movable to accommodate for patients in wheelchairs and using other mobility aids.

A Servery/Kitchen should be located adjacent to the Dining Area for serving of meals. A beverage bay accessible to patients should be collocated to the meal service area. Hand washing and toilet facilities may be located near the entry/exit point of the Dining Area. Wall and floor surfaces of the Dining Area and Servery/Kitchen should be impervious and easy to clean.

The Dining Area may be used for other activities when not in use for meals.

Lounge/ Activity Areas

Lounge and Activity Areas may be located adjacent to Dining Areas to provide a larger space when required. At least two separate social spaces are required, one for quiet activities and one for noisier recreational activities. Activity Rooms may be provided as multi-function spaces for flexible use. Access to the external areas from these Rooms is desirable, as well as floor to ceiling windows and doors to facilitate the transition. Activity Areas should have hard impervious, easy to clean flooring.

Lounge Areas may have carpeted flooring for comfort and to assist with noise dispersion. Lounge Areas should be fitted and equipped to enable a range of indoor and relaxing activities, including a television set, music player, bookshelves, storage for indoor card and board games.

Multifunction Activities Rooms

Separate social spaces shall be provided for quiet and noisy activities. Activities Rooms may be provided as multi-function spaces for flexibility of use including arts and craft activities, music and TV areas. Access to an external area for use in all types of weather from at least one Activities Room is desirable. The spaces involving wet activities shall include:

Long Term Care Unit (LTCU)

- Hand-washing
- Workbenches/ Tables (movable)
- Storage and Displays
- Bench and sink

Gymnasium

The Gymnasium is a space for patients to undertake indoor exercise activities or ongoing rehabilitation therapy under staff supervision. The room may include a range of exercise equipment, suitable for the therapy needs of the patients.

Courtyard/ Garden Areas

External Courtyard, secure Terrace and Garden Areas for long-term patients are recommended, for both mental and physical health. External Areas should provide covered space for shade and patient use in inclement weather. Secure storage for activities equipment and access to toilet facilities near the Courtyard/Garden Areas should be considered.

Garden beds may be elevated to a suitable height for patients and be surrounded by comfortable and adequate seating to enable close enjoyment and increase functionality.

Staff Station

Staff Station should be located with direct visual supervision of the bed rooms for patients who are long-term ventilated (LTV). Alternatively, write-up stations, located directly outside LTV patient rooms are also acceptable. One nurse per two patient rooms (either single or double occupancy) should be provided.

The Staff Station should also have good visibility of common areas (Activity, Lounge, Dining, Gymnasium (etc.) of other long-term care (LTC) patients. Patient information should be secured, and records may be electronic.

Clinical Support Areas

Support Areas include:

- Cleaner's Room
- Clean and Dirty Utilities
- Disposal Room
- Medication Room
- Storage for linen, consumable supplies, equipment for activities, daily living aids, files, patient property stationery, and a resuscitation trolley

Staff Areas

Staff Areas will consist of:

- Offices and workstations for the Unit manager and senior personnel required for administrative as well as clinical functions
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Access to workstations for support staff, visiting medical and allied health staff should be considered in an area discreet from the Staff Station.

Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

External Relationships

The LTCU may be located in a community setting with close links to health facilities. The Facility will require strong functional links to:

Long Term Care Unit (LTCU)

- Service Units including medications, food, linen, general consumable supplies and waste handling for deliveries and collections.
- Rehabilitation Unit services including Physiotherapy, Occupational Therapy, Hydrotherapy and Allied Health Services.
- Diagnostic facilities such as Medical Imaging.
- Day Surgery/Procedures Unit for minor procedures.
- Clinical Laboratories and Pharmacy (may be via Pneumatic Tube).

Internal Relationships

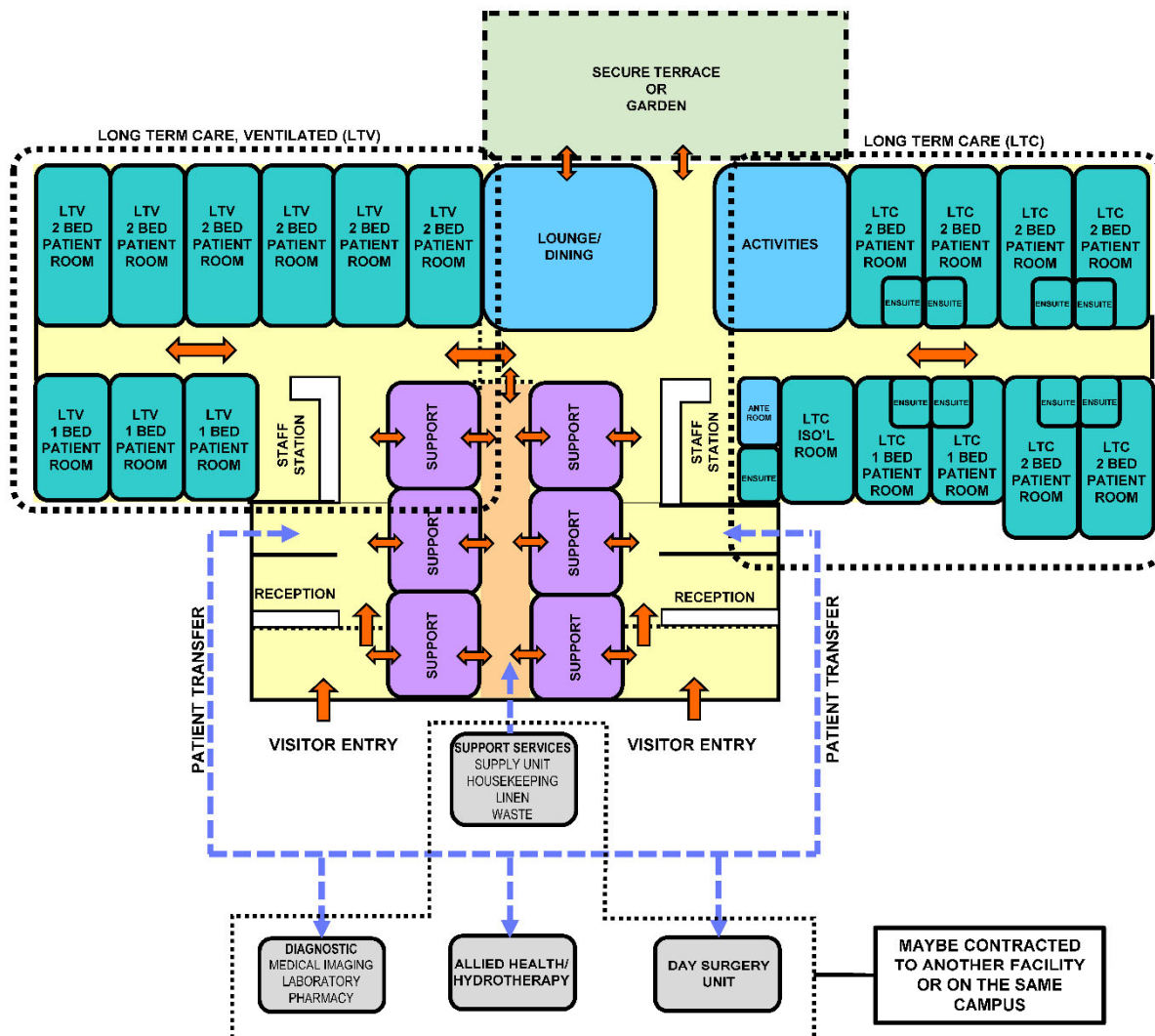
Optimum internal relationships include:

- Reception at the entrance with Waiting areas and access to Consult rooms.
- Patient occupied areas on the perimeter with access to windows.
- Dining, Lounge and Activities areas centrally located.
- The Staff Station and support areas need good access and observation of communal areas, therapy areas and Patient area corridors.
- Utility and storage areas need ready access to both patient and staff work areas.
- Staff Offices and amenities located away from patient areas.
- Public Areas should be on the outer edge of the Unit.

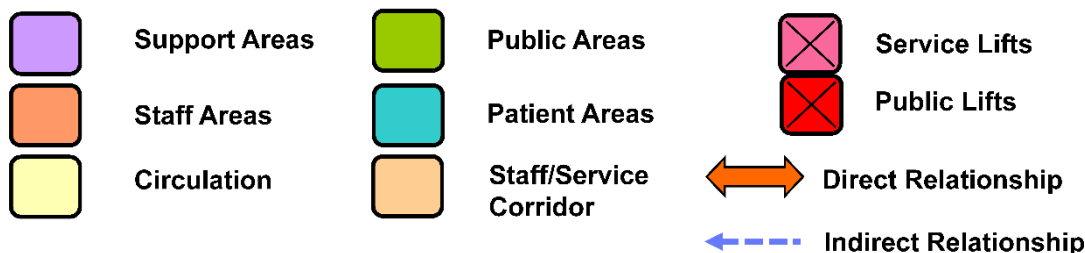
Functional Relationship Diagram

These relationships between the various components within the Long-term Care Unit are best described by the Functional Relationships Diagram below.

Long Term Care Unit



LEGEND



3 Design Considerations

The design philosophy of the Long-term Care Unit should convey a friendly and inviting environment and should encourage community members to utilise the available facilities for rehabilitation purposes. A non-institutional, safe and supportive environment needs to be promoted. Building design must be flexible and adaptable to enable the Unit to cater for varying client and service needs.

The design of the LTCU will also be based heavily on the Scope of Services and Operational Policy of the Facility, considering the levels and types of care to be provided.

The design of the Unit and external spaces should be domestic in nature rather than formal or clinical. The LTCU will need to provide a sufficient amount of space for recreation and treatment of patients. The design should:

- Create a therapeutic environment for patients which provide privacy, opportunities for recreation and self-expression.
- Provide for patient activities both indoors and outdoors.
- Provide staff with opportunities to discreetly monitor and observe patients.
- Provide a safe and secure environment for patients and staff including minimum number of entry points and non-intrusive safety provisions.
- Provide clear directional signage around the facility both internally and externally.

Environmental Considerations

Acoustics

The LTCU should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms.

Acoustic treatment will be required to the following:

- Patient Bedrooms,
- Interview and Meeting rooms
- Lounge/ Dining and Activities rooms
- Therapy and treatment rooms
- Staff rooms
- Toilets and showers

Natural Light / Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. A window in patient rooms is required. Natural light must be available in all bedrooms and is desirable in other patient areas such as Lounge/ Activity rooms. An open and pleasant outlook, preferably to a landscaped area is highly desirable.

Rooms may be organised to face internal courtyards (open to the sky). However, care should be taken to prevent privacy issues (also see below).

Privacy

The design of the Long-term Care Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy and will be dependent on the patient acuity.

Each bed shall be provided with bed screens to ensure privacy of patients undergoing treatment in both private and shared inpatient rooms. Refer to the Standard Components for examples.

Other factors for consideration include:

- Use of windows in internal walls and/or doors, provision of privacy blinds.
- Location of sanitary facilities to provide privacy for patients while not preventing observation by staff.
- Location of external courtyards or atriums facing bedroom windows to prevent others from looking into the bedrooms.
- The location of doors to avoid patient exposure in Consult Rooms.
- Discreet discussion spaces and non-public access to medical records.

Space Standards and Components

In new facilities, maximum room capacity shall be two patients per room.

Bed Spacing / Clearances

The room sizes specified in these Guidelines are minimums and do not exclude the usage of larger rooms when necessary.

Standard components for fittings, furniture, mechanical and electrical services, and nurse call systems, as well as the clearances that they imply, must be met by all patient beds.

In single bed rooms there shall be a clearance of 1200 mm available at one side and the foot of each bed and a minimum of 900mm clear on one side to allow for easy movement of equipment and beds. In multiple-bed rooms such as 2 bedded rooms, the minimum distance between beds shall be 2900 mm between centrelines of beds and 1200 mm at the foot of each bed.

Accessibility

All Waiting Areas, Meeting Rooms, Consult/ Examination and patient areas shall accommodate patients and visitors in a wheelchair.

The provision of at least one fully accessible Patient Bedroom with Ensuite in the general unit should be considered. Accessible bedrooms and Ensuites should enable normal activity for wheelchair dependant patients, as opposed to patients who are in a wheelchair because of their hospitalisation.

Doors

Door openings to inpatient bedrooms shall have a minimum of 1350mm clear opening (1400mm recommended) to allow for easy movement of beds and equipment.

Ergonomics / OH&S

To ensure effective operation of the LTCU and the health and safety of the staff, patients, and visitors, ergonomics and Occupational Safety and Health (OSH) criteria must be considered during the design process and the selection of fittings and equipment in the Facility. The unit's patients are likely to require supported care, putting a strain on staff and mobility equipment.

Infection Control

Hand Basins

Handwashing facilities shall be provided in Therapy areas, Gymnasiums, Consult/Examination Rooms and located conveniently inside the patient Bed Rooms. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room, as specified by the Standard Components. Where a handbasin is provided, there shall also be antiseptic liquid soap, disposable paper towels and waste bins provided.

Handwashing facilities shall not impact on minimum clear corridor widths.

At least one Handwashing Bay is to be conveniently accessible to the Staff Station.

Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Control in these Guidelines.

Hand Basins in patient bedrooms are provided for the exclusive use by staff for infection control considerations. Hand basins are available in the ensuites for patients and their visitors which shall not be used by Staff.

Antiseptic Hand Sanitisers

Antiseptic Hand Sanitisers should be located so they are readily available for use at points of care, at the end of patient examination couches and in high traffic areas. The placement of antiseptic hand sanitisers should be consistent and reliable throughout facilities.

Antiseptic Hand Sanitisers are always welcome and useful, but they shall be provided in addition to Hand Wash Bays and not as a substitute.

Antiseptic Hand Sanitisers are to comply with Part D - Infection Control, in these Guidelines.

Safety and Security

The LTCU must provide a safe and secure environment for patients, employees, and visitors while being non-threatening and supportive. Long-term patients may require secure storage for personal belongings as well as a secure chamber for property.

The facility, furniture, fixtures, and equipment must all be planned and built in such a way that all users are not exposed to unnecessary hazards of injury.

Due to the rising occurrence of violence and theft in health care facilities, security issues are important.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications.

The perimeter of the Unit should be secured, and consideration given to electronic access. Zones within the Unit may need to be lockable when not in use. After-hours access control requires consideration if areas are used by the public for classes, e.g. Gyms. Internally within the Unit all offices require lockable doors and all Store Rooms for files, records and equipment should be lockable.

Drug Storage

Drugs prescribed at the hospital must not be stored in the patient bedrooms. Each Inpatient Accommodation Unit shall have a dedicated lockable storage room with restricted staff access. This room could either be a Clean Utility room incorporating medication storage or in a stand-alone Medication Room.

In both scenarios, the room must contain:

- Benches and shelving
- Lockable cupboards for the manual storage of restricted substances or provision of an automated Medication Management Systems
- A lockable steel cabinet for the storage of drugs of addiction
- A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area
- Controlled access by staff only with CCTV surveillance camera/s
- Space for a medication trolley.

Note: Storage for dangerous and controlled drugs must be in accordance with the relevant legislation and not stored in a patient bedroom.

Finishes

Finishes including fabrics, floors, walls and ceilings should be non-institutional as far as possible and promote a relaxing atmosphere. Surface finishes should be impact resistant and easily cleaned. It is essential that floor finishes are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

The following factors should be considered when selecting finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control

Long Term Care Unit (LTCU)

- fire safety
- movement of equipment.

In areas where clinical observation is critical such as bedrooms and treatment areas, lighting and colour selected must not impede the accurate assessment of skin tones.

Walls to be painted with lead free paint and wall protection shall be provided where bed and trolley movement occurs such as corridors, patients' bedrooms, equipment and linen storage, and treatment areas.

Refer also to Part C of these Guidelines.

Fittings, Fixtures & Equipment

The height of light switches should comply with accessibility codes. Handrails on both sides of corridors are recommended.

Refer also to Part C of these Guidelines.

Curtain / Blinds

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime. Similar to bedscreens, window curtains shall be fireproof, waterproof and be cleaned often.

Compliance with the relevant local Authority for the required level of fire resistance should be ensured.

If blinds are preferred over curtains, the following applies:

- Vertical or roller blinds are better alternatives than horizontal blinds as horizontal blinds have more surfaces for collecting dust.
- Horizontal blinds can be fitted within a double-glazed window assembly with a knob control on the one side (commonly the bedroom side) or with a dual control (both sides) depending on the location of the window. This option is preferable in rooms used for isolation.

Building Services Requirements

This section only identifies unit specific services briefing requirements and must be read in conjunction with Part E - Engineering Services for a complete list of applicable parameters and standards.

Information and Communication Technology (ICT)

Unit design should address the following Information Technology/ Communications issues:

- Health Information System (HIS)
- Electronic Health Records (HER) which may form part of the HIS
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies, and X-rays / Records if physical copies are still being used
- Data and communication outlets, servers and communication room requirements
- Wi-Fi availability for staff, patients and/or visitors.

Nurse Call System

Hospitals must provide an electronic call system that allows patients and staff to alert nurses and other health care staff in a discreet manner at all times. Patient calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and

Dirty Utilities. If calls are not answered the call system should escalate the call priority. The Nurse Call system may also use mobile paging systems or SMS to notify staff of a call.

Patient Entertainment Systems

Patients may be provided with entertainment/ communications systems according to the Operational Policy of the facility including television, bedside telephone, radio and internet (Wi-Fi) access. A single patient handset may combine the entertainment system, nurse call system and lighting control all in one.

Pneumatic Tube Systems

The Inpatient Unit may include a pneumatic tube station, as determined by the facility's operational policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision. When required, a second PTS station may be provided within the medication storage area.

Public Health

Warm water and cold water supply to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Temperature of warm water should be maintained at 38 °C and not exceeding 43 °C.

Sinks in Staff Areas may be provided with hot and cold water services.

Refer to Part E – Engineering Services in these Guidelines.

Heating Ventilation and Air-conditioning (HVAC)

The air temperature in inpatient areas should be capable of being maintained along with relative humidity. A local thermostat in the patient room should be provided from which room temperature can be adjusted by the occupant.

All HVAC units and systems are to comply with services identified in Standard Components and Part E – Engineering Services in these Guidelines.

Medical Gases

Medical gas is used for administration to a patient in anaesthesia, therapy, diagnosis or resuscitation.

Medical gases shall be installed, readily available and dedicate for each patient and they must not be shared between two patients even in a shared inpatient room.

Oxygen, medical air and suction must be provided to all inpatient beds. For patients requiring high dependency care, medical gases provision should be in accordance with the Standard Component for High Dependency Room/ Bay in these Guidelines.

Medical gases will be provided for each bed according to the quantities noted in the Standard Components - Room Data Sheets.

4 Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements).
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines.
- Minimum floor areas as shown in the schedule of accommodation.
- Clearances and accessibility around various objects shown or implied.
- Inclusion of all mandatory items identified in the RDS.

The Long-term Care Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

Non-Standard Components

Non-standard rooms are rooms are those which have not yet been standardised within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Bay - Pneumatic Tube

The Bay - Pneumatic Tube should be located at the Staff Station/s under the direct supervision of staff for urgent arrivals. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters
- Wall protection should be installed to prevent wall damage from canisters

Occupational Therapy Room/s

The Occupational Therapy Rooms are large rooms or workshops for a range of activities including table based, arts, crafts and woodworking. The Occupational Therapy rooms may be located adjacent to rehabilitation therapy areas, with ready access to waiting and amenities areas.

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height
- Hand-washing basin with liquid soap and paper towel fittings
- Pin board and whiteboard for displays
- Sufficient power outlets for equipment or tools to be used in activity areas

Sitting Alcove

The sitting alcove is a small recess along the corridor for the patient to rest quietly and for staff to conduct informal discussions. The Sitting Alcove should consider and include the following:

- Seating suitable with bariatric capacity
- Readily accessible Nurse Call system
- Suitably reinforced heavy-duty grab rail

Appropriate depth to ensure Sitting Alcove does not encroach on corridor space

5 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design. Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities such as the total number of beds and Treatment areas. Therefore, the SOA provided represents a limited sample based on an assumed unit size. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The table below demonstrates the SOA for a 30 bed Long-term Care Unit for role delineations (RDL) 3 to 6 including typical rehabilitation and communal living areas.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

Long Term Care Unit with 30 Beds

In the sample SOA below, provision of Long Term Care (LTC) beds to Long Term Care, Ventilated (LTV), beds is based on a 50/50 split with a minimum of 20% single bed rooms. Qty and mix of LTC and LTV beds, single and double occupancy are subject to the Service Plan of the facility.

ROOM/ SPACE	Standard Component Room Codes								RDLs 3 - 6 Qty x m ²	Remarks
Unit Size									30 Beds	
Entrance/ Reception										
Entry Lobby/Airlock	airle-10-i								1 x 10	Required for a stand-alone Unit
Reception/ Clerical	recl-10-i								1 x 10	
Waiting	wait-10-i								2 x 10	Qty and size depends on design and service plan
Meeting Room - Small	meet-12-i								1 x 12	Interviews with family
Toilet - Public	wcpu-3-i								2 x 3	Separate Male and Female
Toilet - Accessible	wcac-i								1 x 6	
Consult/ Exam Room	cons-i								1 x 14	Required for a stand-alone Unit
Patient/ Activities/ Therapy Areas										
1 Bed Room - Standard	1br-st-18-i								1 x 18	Mix and Qty depend on service plan. Minimum 20% of beds in single rooms.
1 Bed Room - Large	1br-lg-28-i								1 x 28	May be used for special needs patients

ROOM/ SPACE	Standard Component Room Codes							RDLs 3 - 6 Qty x m ²	Remarks
Unit Size								30 Beds	
2 Bed Room - Standard	2br-st-28-i							6 x 28	Mix and Qty depend on service plan. Minimum 20% of beds in single rooms.
1 Bed Room - HDU	1br-hdu-20-i							3 x 20	Mix and Qty depend on service plan. Minimum 20% of beds in single rooms.
2 Bed Room - HDU	1br-hdu-20-i similar							6 x 30	Mix and Qty depend on service plan. Minimum 20% of beds in single rooms.
Ensuite - Standard	ens-st-i or ens-st-c-i							8 x 5	
1 Bed Room - Isolation - Negative Pressure	1br-isn-18-i							1 x 18	Class N rooms are mandatory according to the ratios nominated in this FPU. Minimum size is 18m ² . Any isolation room may be combined with the mandatory Bariatric room to form and Isolation Bariatric room at 28m ² (1br-isn-28-i).
Anteroom	anrm-i							1 x 6	
Ensuite - Super	ens-sp-i							1 x 6	For 1 Bed Room - Large. Special fittings required for bariatrics
Write-up Station	off-wi-3-l similar							5 x 2	Provide write-up stations at a ratio of 1 per 2 HDU rooms.
ADL Kitchen	adlk-enc-i							1 x 12	Optional
ADL Bathroom	adlb-i							1 x 12	Optional
Dining / Activities Room	dinr-i similar							1 x 50	Based on 2m ² per patient
Pantry/ Servery	ptry-i similar							1 x 15	With serving counter
Gymnasium/ Multi-purpose Room	gyah-45-i							1 x 45	Optional, Size to suit service
Laundry - Patient	laun-pt-i							1 x 6	Depending on Service Plan and Patient types. Not required for HDU level patients
Lounge - Activities	lnac-30-i similar							1 x 50	Depending on Service Plan and Patient types. Not required for HDU level patients
Multi-function Activities Room	mac-20-i							1 x 20	Quiet activities
Occupational Therapy Room	NS							1 x 20	Optional
Sitting Alcove	NS							3 x 2	Optional, locate along Corridors
Toilet - Patient	wcpt-i							1 x 4	Optional; locate adjacent to communal areas
Bathroom - Assisted	bath-i							1 x 16	
Treatment Room	trmt-14-i							1 x 14	Optional, Provide according to service demand
Support Areas									
Bay - Beverage, Enclosed	bbev-enc-i							1 x 5	
Bay - Handwashing, Type B	bhws-b-i							4 x 1	1 at entry, 1 near staff station; Refer to Part D

ROOM/ SPACE	Standard Component Room Codes								RDLs 3 - 6 Qty x m ²	Remarks
Unit Size									30 Beds	
Bay - PPE	bppe-i								1 x 1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Control. Can be collocated with HWB.
Bay - Linen	blin-i								2 x 2	Quantity and location to suit each facility
Bay - Meal Trolley	bmeq-4-i								1 x 4	Optional; depends on catering/ operational policies
Bay - Mobile Equipment	bmeq-4-i or bmeqe-4-i								1 x 4	Quantity, size dependent on equipment to be stored; opened or enclosed bay
Bay - Resuscitation Trolley	bres-i								2 x 1.5	Near staff stations
Bay - Pneumatic Tube	bpts-i								1 x 1	Optional, Locate at Staff Station or under staff supervision
Clean Utility	clur-10-i similar								1 x 12	May be Interconnected with Medication Room
Medication Room	medr-10-i								1 x 10	May be Interconnected with Clean Utility
Clean Utility / Medication	clum-14-i								1 x *	*Optional, if preference is to combine Clean Utility and Medication Room into a single Room, Minimum 14 m ² .
Dirty Utility	dtur-14-i								1 x 14	2 may be required to minimise travel distances
Disposal Room	disp-8-i								1 x 8	
Store - Equipment	steq-20-i								1 x 20	Size dependent on equipment to be stored
Store - General	stgn-10-i								1 x 10	Size as per service demand and operational policies
Store – Patient Property	stpp-i								1 x 8	
Cleaner's Room	clrm-6-i								1 x 6	Includes storage for dry goods
Staff Areas										
Staff Station	sstn-14-i								2 x 14	Qty to be determined by design. May include ward clerk; size dependant on qty of staff.
Office - Clinical / Handover	off-cln-i								1 x 15	May be collocated with Staff Station
Office - Single Person	off-s9-i								2 x 9	Unit Manager and clinical personnel as needed
Office – 2 Person, Shared	off-2p-i								2 x 12	Medical, Nursing, Allied Health, as needed
Store – Photocopy/Stationery	stps-8-i								1 x 8	
Store – Files	stfs-10-i								1 x 10	May be combined with Photocopy/ stationery
Meeting Room - Medium / Large	meet-l-20-i								1 x 20	Meetings, Tutorials; shared between 2 units
Staff Room	srm-25-i								1 x 25	Includes food preparation area
Property Bay - Staff	prop-2-i								2 x 2	Separated for male and female. Number of lockers depends on staff complement per shift
Toilet - Staff	wcst-i								2 x 3	Separate Male and Female

ROOM/ SPACE	Standard Component Room Codes				RDLs 3 - 6 Qty x m ²	Remarks
Unit Size					30 Beds	
Sub Total					1148.5	
Circulation %					35	
Total Areas					1550.5	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.
- Class N Isolation rooms are subject to Clinical Services Plan or demand and it is recommended one Class N Isolation room is provided per every 30 (±2) beds.

6 References and Further Reading

In addition to Sections referenced in this FPU, i.e., Part C- Access, Mobility, OH&S, Part D - Infection Control, and Part E - Engineering Services, readers may find the following helpful:

- The Remedial model of care for older people: <http://www.nursingtimes.net/a-new-model-of-care-for-the-older-person/5042747.article> 2014
- Guidelines for Design and Construction of Residential Health, Care and Support Facilities; The Facility Guidelines Institute, 2018 Edition; refer to website: www.fgiguide.org