Part B – Health Facility Briefing & Design
275 Sub-acute Aged Care Unit

iHFG

International Health Facility Guidelines

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275 Sub-acute Aged Care Unit

1 Introduction

Residential Aged Care Facilities (RACFs), sometimes known as 'Sub-acute Aged Care Units, provide accommodation and support for seniors who are unable to live independently. Many variables influence how persons are classified as ‘elderly’, including local and organisational definitions, as well as societal and cultural judgments. The term 'elderly' is generally understood to apply to those in their senior years, who may experience a general deterioration in function throughout time.

The care provided by the facility is generally categorised into low-care or high-care, descriptive of their needs for services and resources within the facility. Services can be further specialised for dementia or behavioural related disorders.

Low-level care provides a supported environment for residents with services including:

- Accommodation-related services
- Personal care services such as daily living activities, support in rehabilitation if needed and access to health and therapy services as required

High-level care involves support with most daily activities, 24-hour nursing staff, and other medical professionals on call. Services provided include:

- Personal care in daily living
- Allied health services
- Accommodation
- Furnishings and bedding
- Cleaning services and laundry
- Meals and refreshments

Care can also be provided for respite, which is temporary or casual residential care to support older people and their carers for short periods of time, for example when close family members or carers are on holidays and cannot attend to the elderly at home. Alternatively the service can be provided more permanently, when an older person can no longer manage to live at home.

Services provided are not limited to nursing care. Residents receive personal care suitable to their requirements, meals, cleaning services, furniture, and equipment.

Sub-acute Agreed Care Units (or RACFs) are normally located as a freestanding facility within a community, though they might be associated with rehabilitation or community hospitals in the larger health system. The size, design, functional requirements, and ties with hospitals will be determined by its catchment population and scope of services.

Facilities and equipment will be as needed to provide the scope of services and operational policy requirements.

2 Functional and Planning Considerations

Operational Models

The Unit will operate on a 24-hour basis. The delivery of clinical 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.

The use of Sub-acute Aged Care Unit as opposed to Long Term Care (LTC) or Hospital-based Acute Inpatient Unit should be appreciated and assessed by the clinicians in conjunction with the patient/resident family members. The following guide can be used:

- Long Term Care (especially Long-Term Care Ventilated “LTV”) is more suited to patients who are unable to socialise with others or lead a relatively normal and active life. LTV also better suits the “end of life” condition.

- Hospital-based Acute Inpatient Unit is more suited to patients who suffer from a disease or recovering from major surgery. The intention is to allow the patients to recover as soon as possible to be discharged to lead a normal life.
- Sub-acute Aged Care (low care) is more suited to old residents who may be suffering from a range of manageable chronic diseases but otherwise can lead an independent life, require stimulation and socialising.
- Sub-acute Aged Care (high care) is more suitable to old residents who are extremely frail or suffer from age related mental health issues such as dementia and delirium.
- Sub-acute Aged Care is not intended or designed as an Acute Inpatient Unit as it is not always connected to a hospital. If the condition of the resident demands it, they will be transferred to a hospital based Acute Inpatient Unit. If the resident is unable to breathe independently, unable to communicate or is semi-conscious, transfer to a Long Term Ventilated facility is preferred.

Residential Aged Care residents may require access to doctors including GP's and Specialists. Two options are common and can be implemented:

- Visiting Doctor Model – The facility will call the doctors for a house call. Medications can be provided by a local pharmacy and stored in the Clean Utility drug storage cupboard of separate medication room. Nurses within the Sub-acute Aged Care facility will assist with the storage and management of the drugs.
- Visit a Polyclinic, Medical Centre or Hospital-The facility will organised transport for the resident to visit the medical facility as required. Nurses within the Sub-acute Aged Care facility will assist with the storage and management of the drugs, especially in the High Care facility.

Models of Care

The Model of Care will represent the number of total beds, the ratio for high-care and low-care and any spaces dedicated to dementia, delirium, and other behavioural disorders. Multiple models of care may be used as required in a Sub-acute Aged Care Unit.

Non-Institutional Model

Small houses or units are home to a small number of residents (usually 6–12) for the provision of care and treatment. Residents have private rooms and bathrooms that open into a central living and meals area. The family-type setting promotes improved quality of life and greater staff, family and resident satisfaction compared to institutional models.

Strong links to community support agencies and regular social activities involving family will improve socialization; promote living skills and general wellbeing.

Remedial Model

The focus of care provided in this model is on maintaining the resident's autonomy within their recognised abilities and function. Self-care and management are promoted, with care and assistance only provided where there is a distinct need for assistance. Multi-Disciplinary assessment and establishment of goals with low-intensity therapy, and assistance with activities of daily living, aim to maximise a resident's independence and function.

Secure Care Model

The focus of care provided in this model is on ensuring residents safety while providing a calm and stable environment, limited amount of change and overstimulation. Regular observation and security of residents with dementia and behavioural issues is crucial. Residents with dementia or other psychogeriatric issues should be regularly assessed and have treatment optimised to reduce hospitalisations and improve the quality of life. Open and tranquil spaces should be available with security features to enforce limited access in and out of these designated areas.

3 Unit Planning Models

Location

Ideally the Unit may be a single-story facility on the ground floor for ease of transit between spaces, especially because inhabitants are expected to have more mobility concerns. Residents should have access to outdoor therapeutic and recreational spaces at the facility, with adequate safety measures in place.

If the land is restricted, then the Unit may be designed on multiple levels with access to large, landscaped and safe terraces.

External Planning

The Sub-acute Aged Care Unit should be integrated into its environment. Planning of external spaces must consider the requirement for the provision of secure gardens and other recreational areas with weather protection.

A space within the garden may be designed to allow greater security measures which can be enforced during phases of acute distress or delirium experienced by residents. Fencing should be as unobtrusive as possible and can be made more discrete with practical landscaping and gardening options.

For ground level courtyards, the area should be allocated at 10m² per resident but no less than 40m² in total. For upper level terraces the area should be allocated at 5m2 per resident but no less than 20m² per floor.

Low maintenance and resilient surfaces which complement the natural environment should be used to achieve a balanced environment, whilst enabling residents with limited mobility to enjoy the surroundings.

Other arrangements should be made to allow patients to participate in daily activities wherever possible. Bedrooms and living rooms should have a 'regular', familiar domestic feel.

Internal Planning

Bed spaces that allow for personal and treatment needs to be attended to are required. Single or double occupancy bedrooms should be gender divided. Clusters of spaces should be defined for the amount of care required by residents. Each cluster of bedrooms should include a recreational and lounge space for therapy and activities. From the lounge area, access to external spaces should be provided with sufficient weather protection.

Dining and lounge areas should be communal and a central space for congregation and socialising.

Additional considerations include:

- Clearly defined residential areas readily identifiable by patients who may be disorientated or confused.
- An effective balance between opportunities for resident privacy and the need for staff to monitor them.
- Provision of flexible-use spaces that will accommodate a variety of activities.
- Inclusion of amenities to support families, carers and official visitors.

Size of the Unit

The size of the Sub-acute Aged Care Unit will be determined by the approved Service Plan and Operational Policy taking into consideration the needs of the facility and other external facilities. The maximum Unit size should be 30 beds (± 2). Ideally this number should be broken down into smaller sub units as described above.

The Schedule of Accommodation has been developed for a 32-bed Unit with capabilities to provide low- and high-level care and secure for residents with dementia or delirium.

Communal areas, should be provided in proportion to the number of residents they are serving according to the following guide:

- Lounge/ Dining/ Activity Areas – 7. 5m² per resident

Functional Areas

Services provided within the RACF may include Occupational Therapy, Physiotherapy, Psychology, Speech Pathology, Social Work in conjunction with general medical treatment, depending on the Service Plan.

The Sub-acute Aged Care Unit will consist of a number of functional areas:

- Entry/ Reception with:
  - Waiting, Separate Male/ Female
  - Office for administrative staff
  - Consult Interview room/s
  - Public amenities
  - Stores for photocopier, stationery and files
- Residential Bed Areas with:
  - Bedrooms, Low care (percentage as required by the operational policy)
  - Bedrooms, High care (percentage as requird by the operational policy)
  - Ensuites for each bedroom, including larger Ensuites for staff assistance
  - Lounge /Dining Activities for high secure care areas
- Resident Activities Areas including:
  - Dining Area with collocated Servery/ Kitchen
  - Lounge/ Activity Areas
  - Multi-function Activity room
  - Occupational Therapy Room (optional)
  - Gymnasium (optional)
  - Laundry – Resident
  - Courtyards and gardens
- Clinical Support Areas including:

  - Bay for resuscitation trolley
  - Cleaners Room
  - Clean and Dirty Utilities
  - Disposal room
  - Staff Station and hand-over room
  - Stores for patient property, equipment and general supplies
- Staff Areas consisting of:
  - Offices for administration, management and clinical staff
  - 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 easily enabled access and transfer from a private or patient transport vehicle with weather protection sufficient to provide shelter for a minibus.

An entry capable of accepting an ambulance trolley and support staff with ease is necessary for residents requiring emergency medical attention. There should be provision for an intercom and CCTV that is viewable between the Entrance, Emergency Entrance (if this is separate to the main entrance) and the Reception and Staff Station.

Coded-entry security facilities should be installed separating Entrance and Reception Areas from the main Facility. This will prevent easy entry and exit from the Unit by residents requiring high-level care or careful supervision due to falls risks or particular psychological states.

Consult/ Interview Room

Consult/ Interview Rooms will be available for nursing, allied health, medical, and support workers to interview and assess patients, family, or carers, as well as examine patients as needed. For the safety of consulting staff and patients, duress/ emergency alarms should be installed in these rooms.

Existing residents should be able to reach the Consult/ Interview Rooms from both the entrance and the remainder of the facility for consultation and therapy.

Residential Bed Areas

Residential Bed Areas may include either Low-care or High-care room types or a mix of the two. The space, fit out, and equipment requirements will be better determined by the bed types.

Patient Bedrooms (Low Level Care)

Bedrooms should be single or double occupancy; the ratio of these types will vary depending on the Scope of Services and Operational Policy. Single bedrooms promote privacy, but double bedrooms can better utilise staff resources and provide companionship to residents. Dual occupancy bedrooms must allow for gender separation. In certain facilities it may be possible to accommodate married couples in the same multi-bedded room.

Bedrooms should be equipped and fitted out to enable functionality of an ‘at home’ space, including opportunities for residents to personalise aspects such as a pin-up board and display shelves. An external outlook is necessary from each room.

While domestic-style beds are favoured for ambiance, low-height bed attendants should be aware of work safety and health concerns.

Patient Bedrooms (High Level / Secure Care)

Depending on the Scope of Services, a High/ Secure Care Area will accommodate frail residents with diminished ability for self-care requiring frequent staff assistance. Alternatively High Level/ Secure Care will suit residents in an acutely distressed mental state, suffering delirium or dementia patients prone to wandering.

This area will require personnel supervision and strong visibility. Its placement and design should allow for quick staff reaction in the event of a patient emergency and avoid residents passing

through other open areas. This room should enable secure separation from the rest of the Facility when needed.

Bedrooms, ensuites, toilets, dining spaces, lounge and activity areas, and outdoor areas may be of a lesser size than the rest of the facility, but sufficient to create a comfortable environment for residents, depending on the number of patients the area is to accommodate.

Ensuites/ Toilets

Each Bedroom is to have access to an Ensuite. Ensuites shall provide sufficient space for the manoeuvring of a wheelchair and various types of walkers. Considerations must be made to enable assistance aids to be fitted permanently or according to resident needs including transfer benches, commodes, grab rails and shower stools.

High-level care ensuites may need to be accessible from the corridor in case of emergencies or assistance. Staff should be able to open the ensuite door through privacy locks if necessary. Residents should be able to contact for help or in case of an emergency by placing nurse call buttons at least two locations within the Ensuite, one of which is accessible from the toilet.

Accessible toilets must also be located throughout the Facility near communal areas and close to outdoor spaces. The same considerations must be given to nurse call in case of emergencies or when staff assistance required.

General toilets should ideally have surface sliding doors for ease of use by residents and prevention of obstruction in either direction, in or out of the toilet.

Dining Area and Servery/ Kitchen

Meals will usually be served in a shared Dining Area. The space should be large enough to accommodate all residents and caregivers. Tables should be mobile and height adjustable to accommodate persons who use wheelchairs or other mobility aids.

A secure Servery/ Kitchen should be located adjacent from the meal serving area and Dining Area and be accessible only by staff. A beverage bay accessible to residents and monitored and restocked by staff should be collocated to the meal service area. Hand washing and toilet facilities can 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.

Low-level care facilities or parts of the facility may have kitchen and meal preparation areas accessible by residents. 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:

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

Gymnasium

The Gymnasium is an optional space for patients to undertake indoor exercise activities under staff supervision. The room may include a range of exercise equipment, suitable for adults. The room should be located in the activities area of the Unit with ready access to patient areas and under direct visibility of staff. Equipment in the room should be securely fixed to walls or floor. Allied Health Professionals may also use the Gymnasium for patients undergoing rehabilitation following hospital discharge.

Courtyard/ Garden Areas

For both mental and physical wellness, elderly residents require external courtyard and garden areas or large terraces. Seats and tables on benches should be made of strong surface materials and secured to the ground. In inclement weather, covered space for shade and patient use should be provided. Access to restroom facilities near the Courtyard/ Garden Areas and secure storage for activities equipment should be considered.

Residents may spend a number of the latter years of their life in the Facility. Therefore a family-home type setting is the most ideal. This may incorporate areas of the outdoor space to be allocated specifically to the care and maintenance of residents themselves. Garden beds may be elevated to a suitable height and be surrounded by comfortable and adequate seating to enable close enjoyment and increase functionality.

Clinical Support Areas

Support Areas include:

- Cleaner's Room
- Dirty Utilities
- Clean Utilities/ Medication Room
- Disposal 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

Administration and Office Areas should be secure allowing staff only access to prevent unauthorised entry and access to resident information and other secure documents. The Facility Manager's Office should be located within, or directly adjacent to resident areas and the Staff Station. Access to workstations for support staff, visiting medical and allied health staff should be considered in an area discreet from the Staff Station.

4 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 Sub-acute Aged Care Unit may be located in a community setting with close links to other health facilities such as Hospitals. The facility will require strong functional links to supply services including medications, food, linen, general consumable supplies and waste handling for deliveries and collections.

Internal Relationships

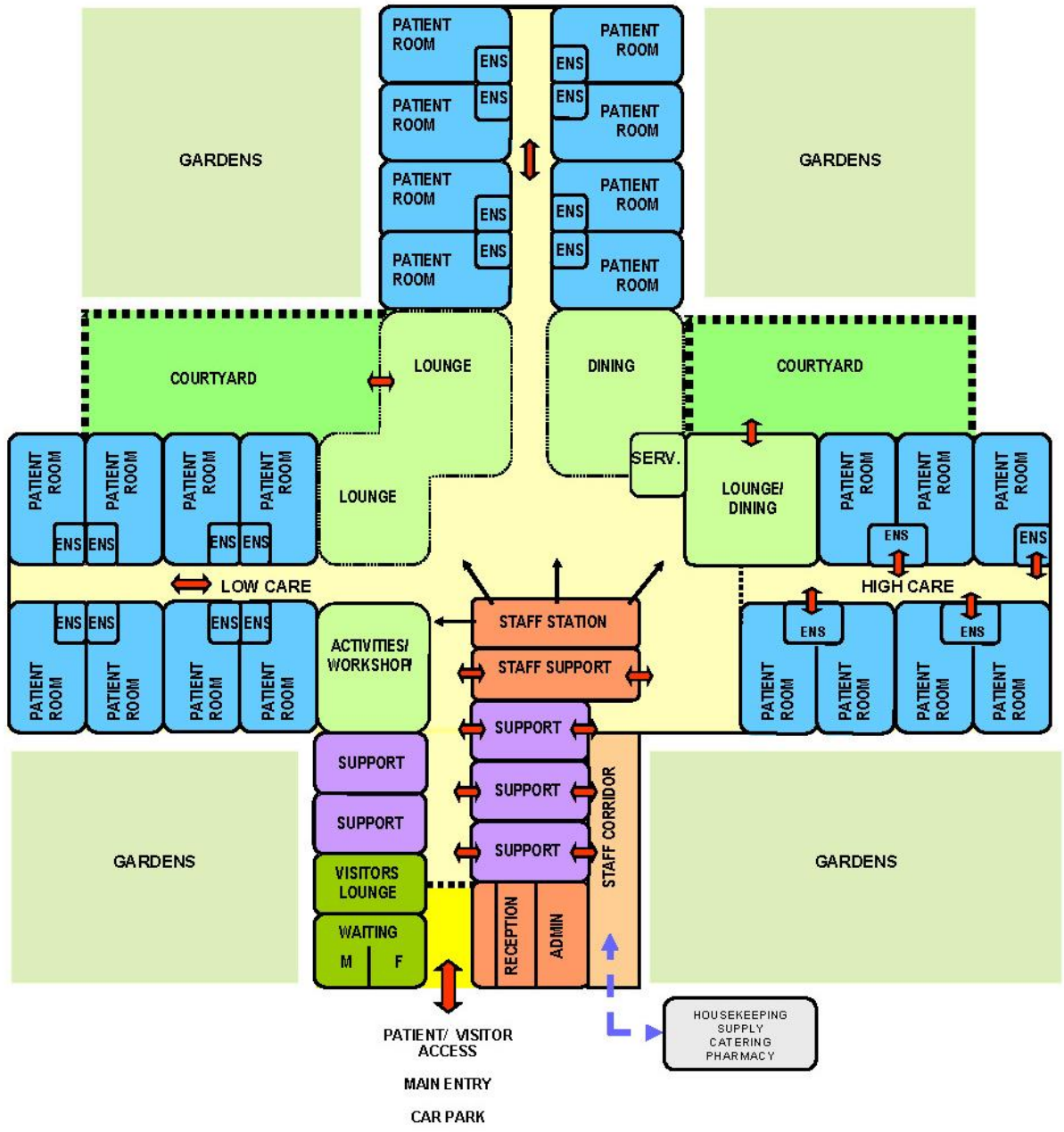
Optimum internal relationships include:

- 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 Sub-Acute Aged Care Unit are best described by the Functional Relationships Diagram below.

Sub-acute Aged Care Unit



LEGEND

Patient Areas
Support Areas
Staff Areas
Activities Areas
Circulation
Staff/Service Corridor
Courtyards
Public Areas
Public Corridors
Line of Sight
Direct Relationship
Indirect Relationship
Path of Travel
Controlled Access

5 Design Considerations

The design philosophy of the Sub-acute Aged 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 will be highly influenced by the Facility's Scope of Services and Operational Policy, which will take into account the levels and types of care to be delivered. The degrees and types of care to be offered, the ratio of resident care levels to one another, and the provision of secure care facilities for dementia and mentally troubled residents must all be considered in the Scope of Services and Operational Policy.

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

- Create a therapeutic environment for patients which provide privacy, opportunities for recreation and self-expression
- Keep entry points to a minimum, with additional secure care areas if necessary
- Provide for resident locomotion both indoors and outdoors with unobtrusive environmental boundaries
- Provide staff with opportunities to discreetly monitor and observe residents
- Incorporate appropriately minimally intrusive safety provisions for residents and staff
- Provide clear directional signage around the facility both internally and externally

Environmental Considerations

Acoustics

Resident communal spaces will require acoustic treatment to maintain noise control. Acoustic treatment should be applied in the Lounge, Dining and Activities Areas, Bedrooms and Assessment Areas.

Natural Light/ Lighting

Natural light is highly desirable within the facility, as well as windows permitting outside views to create a natural ambience in the area. Wherever possible, the use of natural light is to be maximised.

As a minimum all resident bedrooms and all lounge/ dining rooms will require external windows.

Toughened laminated glass should be used on all windows in social areas. Because of the possibility of surface scratches, polycarbonate is not advised. Internal windows in resident-accessible spaces should be double-glazed, with flush-facing windows and frames.

For glazing in secure care areas, graduate the impact resistance of the glass from toughest at a lower level to weakest at a high level. Specifically, toughened laminated glass with a minimum nominal thickness of more than 10mm, or equivalent is recommended for low level glazing in patient areas. Avoid larger pane sizes in areas where damage to glass may be expected. Smaller panes are inherently stronger for a given thickness than larger panes.

Privacy

The design of the Unit needs to consider patient privacy and confidentiality incorporating the following:

- Discreet discussion spaces and non-public access to medical records
- An adequate number of rooms for discreet discussions and treatments to occur whenever required
- Privacy screening to all Physiotherapy plinths, Examination Bays and Patient Bed Bays with sufficient space to permit curtains to be easily drawn whenever required

- The location of doors to avoid patient exposure in Consult Rooms
- Location of doors and windows to ensure resident's privacy and promote staff security
- Window treatment to provide resident privacy from external and internal viewing

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

Ensure all resident accessible areas will accommodate residents and visitors in a wheelchair.

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

Ergonomics and Occupational Safety and Health (OSH) requirements must be considered in the design process and the selection of fittings and equipment in the Facility to ensure optimal operation of the facility and the health and safety of the staff, residents and visitors. Patients of the Unit/ facility are likely to have full care requirements and place high physical demands on staff and carers.

Particular attention should be given to placement of equipment, heights and dimensions of counters and work areas must ensure privacy and security for residents, visitors and staff.

Safety and Security

The RACF must be secured to prevent unauthorised access through doors, windows, wall and ceilings. A security intrusion detector alarm should be fitted to monitor the Facility 24-hours a day.

The patient population of this Unit requires special consideration in terms of safety as they may be disabled or incapacitated while being encouraged to be mobile and self-sufficient. Design and selection of finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff. Consider:

- Slippery or wet floors
- Protrusions or sharp edges
- Stability and height of equipment or fittings
- Handrails and wheelchair access are mandatory

By combining related functions, controlling entry and egress from the Unit, and providing optimal surveillance for personnel, the layout of areas and zones will provide a high level of security. The Unit's perimeter should be guarded, and electronic access should be considered. Access to Public Areas must be carefully arranged to ensure that the safety and security of the Unit's staff areas are not jeopardized. When the Unit is not in use, zones may need to be locked. If areas are used by the public for classes, such as gyms, after-hours access management is required. Internally, all offices should have lockable doors, as should all storage rooms for files, data, and equipment.

Security measures for consideration may include:

- Electronic door controls and alarms to perimeter doors

- Coded-access entry
- Movement sensors
- Duress alarms at Entrance/Reception and in Assessment Areas
- Solid ceilings to prevent access

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 Ministry of Health requirements.

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
- Fire safety
- Movement of equipment

Refer also to Part C – Access, Mobility and OH&S of these Guidelines.

Fittings, Fixtures & Equipment

Equipment, furniture and fittings should be selected and installed to be safe, robust and suitable for heavy usage.

Mirrors should have safety glass or other appropriate impact resistant and shatterproof construction and must not distort the reflected image. Mirrors should be fully fixed to a backing to prevent freeing of loose fragments of broken glass.

Height of light switches need to comply with accessibility codes. Handrails on both sides of corridors are recommended.

Refer also to Part C – Access, Mobility and OH&S 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 bed screens, 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 preferrable 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 (EHR)
- 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

Staff Call

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.

Duress Call

The provision of both fixed and individual mobile duress equipment with location finders should be considered and planned for early in the project.

Patient Entertainment Systems

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

Hydraulics

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 ^{o}C and not exceeding 43 ^{o}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

The minimum provision of Medical Gases in the Unit will be as follows:

- For patients requiring low-level care – no requirement

  For patients requiring high-level of care – Oxygen, Suction and Air

Hand Basins

Handwashing facilities shall be provided in Dining, Activities, Lounges and 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.

6 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/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
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 Sub-acute Aged 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

7 Schedule of Equipment & Furniture

The Schedule of Equipment and Furniture below lists the major equipment required for the key rooms in this FPU.

Room/ Space	Standard Room Code	Item Description	Qty	Remarks
1 Bed Room – Low Care	1br-st-18-i	Air flowmeter	1	
		Bed: inpatient, electric	1	with mattress
		Locker: bedside	1	
		Oxygen flowmeter	1	
		Suction adapter	1	with bracket & suction bottle
		Table: overbed	1	
1 Bed Room – High Care	1br-st-18-i	Air flowmeter	1	
		Bed: inpatient, electric	1	with mattress
		Locker: bedside	1	
		Monitor: cardiac	1	vital signs monitor
		Oxygen flowmeter	1	
		Suction adapter	1	with bracket & suction bottle
		Table: overbed	1	

8 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 32 bed Sub-acute Aged Care Unit for role delineations (RDL) 4 to 6 including typical patient rooms 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.

Sub-acute Aged Care Unit with 32 Beds

In the sample SOA below, provision of Sub-acute Aged Care beds is divided into Low-level Care and High-level Care with a 50/50 split and a recommended 80% of single bed rooms. Quantity and mix of low care vs high care, single vs double occupancy is subject to the Service Plan of the facility.

ROOM/ SPACE	Standard Component Room Codes	RDL 3 - 6 Qty x m^2			Remarks
Size		**32 Beds**			
Entry/ Reception					
Airlock - Entry	airle-10-i	1	x	10	
Reception	recl-15-i	1	x	15	
Store – Photocopy/Stationery	stps-8-i	1	x	8	
Store – Files	stfs-10-i	1	x	10	May be collocated with Photocopy/ Stationery
Waiting (Male/ Female)	wait-10-i	2	x	10	
Toilet – Public	wcpu-3-i	2	x	3	
Toilet – Accessible	wcac-i	1	x	6	

Consult/ Interview Room	cons-i	2	x	14	
Resident Bed Areas – Low Care 16 Beds					
1 Bed Room – Low Care	1br-st-18-i similar	6	x	18	Including provisions for personal possessions
2 Bed Room – Low Care	2br-st-28-i similar	5	x	28	Including provisions for personal possessions
Ensuite – Standard	ens-st-i	11	x	5	
Bay – Handwashing	bhws-b-i	5	x	1	Located in corridors. One to Unit Entry, one near Staff Station, One per four beds in total. Refer to Part D
Bay – Linen	blin-i	1	x	2	
Resident Bed Areas – High Care 16 Beds					
1 Bed Room – High Care	1br-st-18-i similar	6	x	18	Including provisions for personal possessions
2 Bed Room – High Care	2br-st-28-i similar	5	x	28	Including provisions for personal possessions
Lounge/ Dining/ Activity	lda-mh-20-i similar	1	x	30	Only for High Care residents suffering from mental health issues such as dementia and delirium
Ensuite – Standard	ens-st-i or ens-st-c-i	11	x	5	
Bay – Handwashing	bhws-b-i	5	x	1	Located in corridors. One to Unit Entry, one near Staff Station, One per four beds in total. Refer to Part D
Bay – Linen	blin-i	1	x	2	
Courtyards/ Garden	ns	1	x	*	*External Areas; based on 10m² per person but no less than 40m² total.
Resident Activity Areas					
Dining Room	dinr-i similar	1	x	80	Based on 7.5m² per person in total for dining/ activities. For all residents other than those mentioned under High Care above.

Pantry/ Servery	ptry-i similar	1	x	15	With servery counter
Lounge/ Activity Areas	lnac-30-i similar	1	x	80	Based on 7.5m² per person in total for dining/ activities For all residents other than those mentioned under High Care above.
Multi- function Activity Room	mac-20-i	1	x	20	Based on 7.5m² per person in total for dining/ activities
Occupational Therapy Room	ns	1	x	20	Optional
Courtyards/ Garden	ns	1	x	*	*External Areas; based on 10m² per person but no less than 40m² total.
Gymnasium	gyah-45-i	1	x	45	
Laundry- Patient	laun-pt-i	1	x	6	
Toilet – Accessible	wcac-i	2	x	6	Locate near Dining/ Activities areas
Clinical Support Areas					
Bathroom	bath-i	1	x	16	Optional
Bay - Resuscitation Trolley	bres-i	1	x	1.5	Location in Staff Station
Cleaners Room	clrm-6-i	1	x	6	
Clean Utility	clur-12-i	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	14	Optional if Clean Utility and Medication Room provided.
Dirty Utility	dtur-12-i	2	x	12	One per 8 beds of Low care area
Disposal Room	disp-8-i	1	x	8	
Staff Station	sstn-20-i	1	x	20	To oversee activity areas
Office - Clinical/ Handover	off-cln-i	1	x	15	Locate near Staff Station
Store- Patient Property	stpp-i	1	x	8	
Store - Equipment	steq-14-i similar	1	x	16	
Store - General	stgn-8-i	1	x	8	

Treatment Room	trmt-14-i	1	x	14	Optional
Staff Areas					
Meeting Room, Medium/ Large	meet-l-30-i	1	x	30	Also used for Group/Family Therapy
Office - Single Person	off-s9-i	1	x	9	
Office - 2 Person Shared	off-2p-i	2	x	12	Medical, Nursing, Allied Health
Staff Lounge	srm-15-i	2	x	15	Separate Male/ Female
Property Bay - Staff	prop-3-i	2	x	3	Separate Male/ Female
Toilet - Staff	wcst-i	2	x	3	Separate Male/ Female
Sub Total		**1244.5**			
Circulation %		**35**			
Area Total		**1680**			

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.

9 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:

- International Health Facility Guideline (iHFG) www.healthdesign.com.au/ihfg
- 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.fgiguidelines.org