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INTRODUCTION

Preamble

502421 132 .2.00 Child and Adolescent Mental Health (Inpatient Care) is a Core Integrated Community and Hospital Service in the NSW Guide to the Role Delineation of Health Services (Third Edition 2003). It defines 6 levels of service from 1 to 6. Levels 1 to 4 do not have dedicated beds but may access paediatric beds and/or a modified suite of beds within an adult mental health unit. This Guideline only addresses dedicated Child and Adolescent services at Levels 5/6 that have designated gazetted beds and provide a regional / supra-regional service.

It is essential to be aware of the impact on the Unit itself and associated facilities in other units of:

- Operational Policies
- Models of Care including provision or otherwise of an associated Day Hospital
- Family needs and
- Extent of Community-Based Services.

In addition, facility design, must, where appropriate, meet all necessary criteria to reach accreditation standards with regard to design and equipment.

Introduction

502422 132 .3.00 This Health Planning Unit is a resource to assist in the planning, design and construction of a Child and Adolescent Mental Health Unit that may or may not incorporate a Day Hospital. It should be read in conjunction with generic planning requirements and Standard Components described in Parts A, B, C and D of these Guidelines.

The original Health Building Guideline, DS-26 only addresses an Adolescent Inpatient Unit. This Guideline has been expanded to also address the needs of children and a Day Hospital.

Policy Statement

502423 132 .4.00 Mental Health Services in NSW are underpinned by the NSW Mental Health Act 1990 and the National Mental Health Strategy. The National Mental Health Strategy ... "provides a framework for national reform from an institutionally based mental health system to one that is consumer focused with an emphasis on supporting the individual in their community. The Strategy was reaffirmed in 1998 with the Second National Mental Health Plan and again in 2003 with the endorsement by all health ministers of the National Mental Health Plan 2003-2008.
Charter for Mental Health Care in NSW

NSW Health Frontline Procedures for the Protection of Children and Young People, NSW Health December 2000.

Policy Directive PD2005-037, Child & Adolescent Mental Health Policy, NSW Health, 25 Jan 2005.

Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbance – Version 10, NSW Health

Policy Directive PD2005_339, Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities, NSW Health January 2005.

Policy Directive PD2005_576: Office Accommodation Policy – Public Health Organisations and Ambulance Service, NSW Health April 2005.

Description of the Unit

502 132 .5.00 DEFINITION OF HEALTH PLANNING UNIT (HPU)

The Child and Adolescent Mental Health Inpatient Unit describes facilities for the admission, assessment and treatment of children and young people up to 18 years where community approaches have proven (or are likely to prove) inadequate.

The unit will provide consultation, assessment, acute care management, discharge planning and evaluation of outcomes.

The design, layout and functionality of the Unit should meet their social, emotional and intellectual developmental needs.

The Unit should enable active family involvement in daily care, treatment and program activities but under current policy, child and family are no longer admitted as a unit although provision will be made for a parent to stay overnight on an as needs basis.

502425 132 .6.00 PATIENT CHARACTERISTICS

Patients will have a broad range of mental health problems and disorders and challenging behaviours that must be managed safely and effectively.

The unit may admit and treat patients who have:

- A risk of self injury, self-neglect or injury to others
- A severe affective disorder
- Psychosis including early onset schizophrenia
- Pervasive developmental disorders
- Eating disorders
- Severe anxiety disorders
- Obsessive compulsive disorder
- Tourette's syndrome
- Co-morbid drug and alcohol problems
- Severe family relationship difficulties.

503355 132 .6.05 PATIENT NEEDS

- Access to quiet areas at all times
- Adequate outdoor areas for physical activity as a release mechanism for agitation
- Bedrooms and activities areas that are home-like and allow for expression of ideas
- Ability to feel "safe" when other patients are "out of control"
- Access to staff that is free and open
- Access to phones
- Access to counsellor for family/relatives when necessary.
- Access to a designated smoking areas

- Space - It is important to recognise that children – despite their small size - and young people usually need more space than adults and this is reflected in the activity areas in the schedule of accommodation.

503356 132 .6.10 OPTIMUM UNIT SIZE

The number of beds will depend on the Service Plan. However, it has been suggested that between 8 and 12 beds is the optimum size to gain the benefits of economies of scale in staffing costs and enable rapid management of psychiatric emergencies. For the purposes of this Guideline, 12 beds have been assumed in

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order to create a logical list of rooms/spaces. This number and bed mix will need to be amended on a project-by-project basis.

503357 132 .6.15 BED CONFIGURATION & UNIT LAYOUT

The design of the inpatient areas must facilitate safety and security for both patients and staff and allow for changing levels of patient acuity and models of care, both in the short and long term.

Rooms may be grouped into clusters that can be defined for distinct patient groups.

Consideration must be given to safe and supervised access for housekeeping, catering and other staff who may feel uncomfortable in the mental health environment.

PLANNING

Operational Models

502426 132 .7.00 HOURS OF OPERATION

The Inpatient Unit will operate 24 hours a day, 7 days a week. A Day Service where established will generally operate during business hours Monday to Friday.

502427 132 .8.00 ORGANISATION OF SERVICES

Refer Policy Directive PD2005-037, Child & Adolescent Mental Health Policy, NSW Health, 25 Jan 2005 that addresses primary care programmes and secondary and tertiary referral services.

502428 132 .9.00 MODELS OF CARE

There are several models of care including:

- Children and adolescents together in a fully integrated unit only separated by programme / activities (There is evidence to suggest that older children look after the younger children in this environment. Refer Nexus Unit, John Hunter Hospital)
- Children and adolescents in the same unit but separate “zones” designed to cater for their differing needs
- Separate units for children and adolescents and
- Dedicated “voluntary” unit that can be secured if necessary as part of a paediatric precinct that allows children – when considered able - to participate in activities with other children – school, play therapy, etc.

In NSW it is no longer policy to admit the parent/s and child as a “child and family” unit although facilities must be available for a parent to stay and extremely aggressive teenagers may be better in an adult unit.

502429 132 .10.00 DAY HOSPITAL

The current model of care for Child & Adolescent services also provides for day units to be established to minimise the need for undesirable hospitalisation. If collocated with the inpatient unit, it should be able to accommodate all non-24 hour functions such as offices and allow shut-down after hours. If the Day Hospital is developed in advance of the Inpatient Unit, layout should allow for easy and functional “add-on”.

Operational Policies

502430 132 .11.00 GENERAL

The development of Operational Policies is crucial to defining how the unit will operate within the hospital and the Area's mental health service.

Project staff are referred to Part B Section 80 of these Guidelines for further information regarding general policies. Specific policies for Child and Adolescent Units may include:

- Admissions – voluntary and involuntary
- Use of seclusion and restraint
- Educational needs and play therapy
- Accommodation for families
- Access to bedrooms during the day.

503358 132 .11.05 USE OF BEDROOMS

Generally patients are not allowed access to their bedrooms except to sleep, for approved time out or when medicated or recovering from sedation or other treatment and therefore bedroom doors should be lockable and access controlled by staff.

502431 132 .12.00 USE OF SECLUSION AND RESTRAINT

Project staff are referred to the NSW Health report – Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbances.

503359 132 .12.05 MANAGEMENT OF BARIATRIC (SEVERELY OBESE) PATIENTS

Obesity in children and adolescents is becoming an increasing problem. It is important to ensure that at least one bedroom and en suite can accommodate a larger bed if necessary and easy use of lifting equipment. It may also be necessary to consider provision of a larger-than-usual examination couch in at least one Consult / Exam Room. (Also need to consider that the parent of a child may be very obese.

Refer to NSW Health Guideline - GL2005_070, September 2005: Guidelines for the Management of OHS Issues Associated with the Management of Bariatric (Severely Obese) Patients.

502432 132 .13.00 SMOKING POLICIES

Smoking is a very controversial issue and some units ban it completely and provide assistance via nicotine substitutes. However, assuming smoking is permitted (in outdoor areas only), consideration needs to be given to management of lighters and containers for disposal of cigarette butts. It is assumed that matches are not allowed.

Consideration should be given to installing low voltage car-type lighters, or the use of no-flame lighters that can be secured to a wall or mounted onto a post in the designated smoking area – and that also require low voltage power.

503360 132 .13.05 FOOD SERVICES

Consideration should be given to the means by which meals are served. If patients are able to self-serve and make their own toast, sandwiches etc rather than having plated meals, this can encourage independence and act as part of ADL therapy. If this option is selected, the unit Kitchen will need to be sized and equipped to accommodate this and should open out onto the Dining Area with capacity to be locked after hours (e.g. roller shutter). There should be supervised refreshment facilities available at all times for patients to make their own drinks.

502433 132 .14.00 STAFFING

Staffing levels and mix will vary depending on the size and configuration of the Unit, service profile and case mix, patient profile and staff availability. However, care must be taken to ensure that staffing levels are adequate to meet emergency needs – particularly at night.

Offices and workstations are listed in the Schedule of Accommodation but actual numbers will depend on the staff establishment. Project staff should refer to the NSW Health Policy Directive – PD2005_576: Office Accommodation Policy – Public Health Organisations and Ambulance Service. This policy directive is available on the NSW Health web site.

Planning Models

502434 132 .15.00 LOCATION

A ground floor location is preferred.

Option of locating beds adjacent to a Paediatric Ward to allow children to be involved in activities with other medical patients. (Refer Westmead model).

Functional Areas

502435 132 .16.00 FUNCTIONAL ZONES

Functional zones comprise:

- Main Entry / Reception / Consult / Interview
- Acute admissions area including including police entry, high dependency & seclusion
- Inpatient areas – bedrooms and activities
- Clinical support facilities
- Staff offices and amenities
- Day Unit

If the Day Hospital is (or is to be) collocated with the Inpatient Unit, most of the offices may be included in the former to allow for after-hours shut-down.

502436 132 .17.00 MAIN RECEPTION/ ENTRY AREA

Ideally there should be one main entrance to the two units and one main Reception with diversion to the Inpatient Unit or Day Hospital.

Each component should incorporate a greeting/ waiting area for family, friends and others which is separated from all other functional areas.

Design of the area should assist staff to prevent unauthorised entry to the unit

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and to provide a safe and therapeutic environment for children and adolescents and their family members.

502437 132 .18.00 INPATIENT UNIT – GENERAL

502438 132 .19.00 PATIENT BEDROOMS

Single bedrooms shall be provided one or more of which must be larger than normal to accommodate a bariatric patient or a family member

Bedroom doors must be able to be locked from the outside only. Vision panels where installed should be impact-resistant glass.

Design and décor must permit personalisation of the space. Required fittings and furniture include:

- Built-in wardrobe (no lock)
- Built-in desk
- Mirror
- Lightweight, flexible chairs
- Pinboard for photos and posters.

Whilst a domestic bed may be the ideal, consideration must be given to the OHS needs of staff who have to make the beds.

Fittings must not provide opportunities for self harm and must have a breaking strain of less than 15 kg. Blinds to external windows are to be within double glazing.

Services will include the following:

- Two power outlets - RCD protected
- Optional Internet outlet
- Staff alarm system.
- Low wattage night light switched from outside the room

Medical gases will not be provided.

502439 132 .20.00 PATIENT ENSUITES

An en suite shall be provided to each non-secure bedroom to comply with Standard Components En Suite - Mental Health.

The fittings must ensure there are no opportunities for self harm and are to have a breaking strain of less than 15 kg.

They must be lockable from the outside so that staff can deny access if necessary (patients with eating disorders who may use the en suite to either dispose of food or induce vomiting).

Doors must open outwards and if occupancy indicators are used, the doors must be able to be opened by staff in an emergency.

Consideration may be given as to whether shower tracks and curtains are necessary.

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Functional Areas

502440 132 .21.00 ACTIVITY & RECREATIONAL AREAS

There must be a range of activity and recreation areas including
Lounge / TV room
Computer room
Dining room
Quiet room
Education room

502441 132 .22.00 EXTERNAL RELAXATION/ ACTIVITIES AREAS

Courtyards or terraces for programmed activities, play or relaxation are an essential component of the unit and may be zoned for different activities – barbecue, games etc.

As much design effort and attention to detail should be given to these areas as to internal spaces. Landscaping is essential to promote a feeling of space and tranquillity, and there are many imaginative solutions to creating a very special area for clients and staff within the boundaries of a safe and secure environment. Landscape features and plantings must be set back from the perimeter wall to avoid foot hold points which may permit the wall to be scaled and design should avoid blind spots for good observation

In this guideline courtyards or terraces are treated as therapeutic areas and are included in the schedules of accommodation

Patient access to and from the unit should be able to be easily observed and monitored by staff and staff should be able to prevent or control access at night.

502460 132 .22.05 PERIMETER FENCING

Special attention needs to be given to ensuring that all outdoor areas are as secure and safe as indoor areas. Attention should be given to detailing roof overhangs, guttering and drain pipes which may provide a means of escape but fencing should not be so high as to create a prison-like environment or to increase the possibility of falling injuries should an attempt be made.

Recommended height is a matter for debate that has as yet to be determined and varies from 2.7 to 4m The client profile and topography of the area should be taken into account (e.g. patient acuity, voluntary versus involuntary patients, the physical capabilities of the young and fit, land sloping away etc.).

502442 132 .23.00 STORAGE

Storage will be required for occupational therapy equipment and a range of age-appropriate, therapy, sport and recreation equipment, either in each inpatient zone or in a central shared area. Each patient should have a lockable cupboard for personal items and school work outside of their bedrooms.

502443 132 .24.00 HIGH DEPENDANCY INPATIENT ZONE

The Unit will require a lockable high dependency unit consisting of single bedrooms, at least one seclusion room (operated in accordance with the NSW Mental Health Act 1990) and separate toilets and shower opening onto a locked lounge area which in turn has immediate access to an external secure courtyard separate to other external recreation areas. Entry to this area directly from outside the Unit will be required for police-assisted admissions or where a young person

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is highly disturbed and at immediate risk of harm to themselves or others.

502444 132 .25.00 QUIET/TIME OUT ROOM

The unit will require a room that can be used for quiet time/ time out for agitated and distressed children. The room should be located in an area that will minimise disruption to other unit activities.

The room will be very plain and simple with unbreakable fittings and should have ready access to a toilet and washing facilities close by that does not require traversing the unit.

502445 132 .26.00 FAMILY LOUNGE

A small dedicated lounge should be available to parents requiring some time out.

502446 132 .27.00 CLINICAL SUPPORT AREAS

Will include:

- Staff Station
- Medication / Treatment Room
- Linen Store
- Dirty Utility
- Storage for general ward equipment.

503361 132 .27.05 STAFF STATION

The ideal design will enable one staff station to monitor all areas and provide an escape route/safe haven for staff, but location and site footprint may not enable this. A decision to provide a separate staff station in the High Dependency Unit should only be reached after serious consideration of planning options. There are obvious issues of safety and operational efficiency that will be compromised by such a division.

502447 132 .28.00 MEDICATION / TREATMENT ROOM

A lockable room will be required for the storage of drugs and clinical supplies. If also used for dispensing medications then the door to the corridor needs to have a medication dispensing hatch. This will be the only location for the secure holding of scheduled drugs in the unit.

The room may also serve as a Treatment Room for neurological examinations, administration of injections, dressings and other minor procedures in which case an examination couch and examination light and a second exit door will be required and discreet access for patients from the secure section of the Unit needs to be provided.

If used for parking of a medication trolley, the trolley MUST be locked and out of reach of patients undergoing treatment. May also be used to park the resuscitation and ECG trolleys for the unit that must also be out of reach of patients but easily accessible to staff. If used for trolley parking, the room size will need to be increased accordingly.

503362 132 .28.05 MEETING / EDUCATION / MAGISTRATE'S ROOM:

This room may be used for group therapy sessions, staff meetings, patient education and in-service educational sessions for staff, family and other carers. It will also be used for sittings of the Sessional Magistrate. The exact use of such rooms will vary between units due to the different needs of patient groups and services provided. Their use should be determined early in the planning process to ensure adequate utilisation of space.

There will need to be a second egress door.

There needs to be discrete close access from the High Dependency Area for patient attendance at magisterial sessions.

503363 132 .28.06 ADMINISTRATION / STAFF OFFICES

Offices and workstations and staff amenities should be located away from inpatient areas with no patient access,

502448 132 .29.00 DAY HOSPITAL

Facilities will/may comprise:

- Shared Entry / Reception / Waiting Areas including Child Play and amenities
- Consulting Rooms
- Meeting rooms for individual, family and group therapy (with or without an adjoining observation room
- Staff offices and amenities

503364 132 .29.05 CONSULTATION ROOMS

The number of such rooms and their specific uses (i.e. inpatients only or inpatients and outpatients) will be determined by the services provided by the unit.

In the interests of staff safety and security, there must be sufficient rooms to prevent ad hoc use of offices or patient bedrooms for consultation purposes.

At times, six to seven people may be involved in the consultation process or the consultation may be limited to the patient and the health professional. All consultation rooms are to have two exit doors and duress alarms for safety. Refer Part C for further information.

Functional Relationships

502449 132 .30.00 The Child and Adolescent Acute Mental Health Unit has functional relationships with the following units, services and organizations:

- Emergency Unit
- Paediatric Services
- Child Protection Unit
- Departments of Education, Community Services, Juvenile Justice, Police and Ambulance
- Pathology Unit
- Allied Health Unit
- Early childhood services
- Child and family support services
- Other CAMHS community services including intensive outreach services and day programs
- Drug treatment services

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502450 132 .31.00 INTERNAL

Two separate inpatient zones with a central shared support zone. If collocated with an Adult Mental Health Unit, authorised internal access between the units may be considered.

DESIGN

General

502451 132 .33.00 GENERAL

The following design aspects are mandatory requirements:

- Bedrooms should provide a domestic environment with comfortable, robust furniture and furnishings
- All glazing must be safety glass
- Where collocated, the Child and Family and Adolescent Acute Mental Health Inpatient Units should allow full independent operation and separation while enabling common use of appropriate facilities
- Rooms and equipment need to meet the therapeutic and educational requirements of the patient group, with provisions for video conferencing in at least one large family Meeting Room and video taping in at least one Interview Room or wet and dry Therapy/ Play Room.

Access

502452 132 .34.00 EXTERNAL

Ready access from main hospital for food, linen, supplies etc.

502453 132 .35.00 INTERNAL

- Access to the Unit must not be through other units, also the unit must not form a thoroughfare to any other unit

From adjoining units

Car Parking Requirements

502454 132 .36.00 Short-term parking for police vehicles.

Visitor parking

For staff parking, refer to Part C, Clause 790 of these Guidelines for further information.

Disaster Planning

502455 132 .37.00 Refer to Part B Clause 80 and Part C of these Guidelines for further information.

Infection Control

502456 132 .38.00 The infectious status of patients admitted to the Unit may be unknown. All body

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fluids should be treated as potentially infectious and adequate precautions should be taken, particularly with small children.

Handbasins will be provided in clinical areas such as treatment rooms and consultation rooms. Patients will have access to handbasins in en suites and handbasins will be provided in recessed bays in the corridors for staff use.

Refer to Part D of these Guidelines for further information.

Environmental Considerations

502457 132 .39.00 ACOUSTICS

Adequate acoustic treatment is required to ensure that patient privacy is maintained and that disruptive incidents do not compromise the operations of the unit or distress other patients. Areas requiring special attention are noted in the relevant Standard Components.

In acoustically treated rooms, return air grilles should be acoustically treated to avoid transfer of conversations to adjacent areas. Door grilles to these areas should be avoided.

503365 132 .39.05 AMBIENCE

- "Therapeutic" environment
- Scale appropriate to the development and its relationship to its surrounding environs
- Normalisation of the environment in looks, operation and functional content whilst not compromising clinical practice or safety
- Ease of client way finding and "identifiability" of rooms/spaces and a sense of identity for each sub-unit
- Privacy – visual & gender
- Interior design: patients allowed their own means of expression in nominated areas – graffiti walls etc.
-

502458 132 .40.00 NATURAL LIGHT

Wherever possible, the use of natural light is to be maximised. Current investigations support the fact that increased exposure to natural light improves service outcomes and reduces the length of stay especially for persons with mental illness. However, it must be noted that too much sunlight can adversely affect patients with medication-related photosensitivity

502459 132 .41.00 OUTDOOR AREAS

Courtyards or terraces with outdoor views are an essential component of a mental health unit. As much design effort and attention to detail should be given to these areas as to internal spaces. Dispensation should be sought from the NSW Department of Health for courtyard and terrace spaces in which smoking will be permitted.

In this guideline courtyards or terraces are treated as therapeutic areas and are included in the schedules of accommodation

502461 132 .43.00 INTERIOR DESIGN /DÉCOR

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Decor is not just colour. It is furnishings, style, textures, ambience, perception and taste and can be very personal and subjective.

Decor can be used to prevent an institutional atmosphere. Cleaning, infection control, fire safety, patient care and the patient's perception of a professional, caring environment should always be considered when dealing with decor.

Interpretations and "research" on the use and value of colour in the clinical area differ; some issues are obvious, others less so and often not backed up by empirical evidence.

Consider the following:

- Some colours, particularly the bold primaries and green should be avoided as many people find them disturbing.
- Re-decoration is not a budgetary priority so care in selection of materials and colour is important.
- Extremes of colour should not be used.
- Colours and interior design should also be chosen to reflect the tastes and age of patients who will use the facility.

Space Standards and Components

502462 132 .44.00 ERGONOMICS

Refer Part C of these Guidelines for information.

502463 132 .45.00 HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

502464 132 .46.00 ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

502465 132 .47.00 DOORS AND CORRIDORS

Doors will need to be reinforced including fire exit doors.

Refer Part C of these Guidelines for information.

502466 132 .48.00 WINDOWS AND GLAZING

In areas where damage to glass may be anticipated, avoid larger pane sizes as smaller panes are inherently stronger for a given thickness than larger panes.

Impact-resistant Grade A safety glass to comply with AS/NZS 2208:1996 – Safety Glazing Materials in Buildings is the recommended choice.

Polycarbonate is not recommended as it suffers from surface scratching and deteriorates thus reducing vision.

Where windows are openable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the

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control of staff, shall be fitted.

Also refer to Part C of the Guidelines

Safety and Security

503366 132 .48.05 GENERAL

Safety and security involves people and policies as well as physical aspects but the latter must be built in as part of overall design and not superimposed on a completed building and a safety audit via a risk analysis of potential hazards should be undertaken during the design process.

The Unit must not only be safe, it must feel safe. Security may be physical or psychological and barriers may be real or symbolic, but all must be unobtrusive. Within this context, the least restrictive environment should be the goal.

The following aspects need to be considered:

- Safety of both patients and staff
- Patients' legal rights
- The status of the hospital or part thereof under the Mental Health
- Legislation in force at the time of development.

Project staff should refer to the NSW Health manual – Protecting People and Property, NSW Health Policy and Guidelines for Security Risk Management in Health Facilities.

502467 132 .49.00 PHYSICAL SECURITY ASPECTS

Include:

- Access control
- Containment (if and when necessary)
- Good sight lines and avoidance of isolated spaces for both patient and staff safety (e.g. no unsupervised blind corridors)
- Fittings that minimise the opportunity for patient self-harm or injury to staff.
- Smooth finishes and rounded edges
- Use of impact-resistant glass
- Arrangement and design of rooms and furniture that prevents barricading.

502468 132 .50.00 ACCESS CONTROL

Design should assist staff to carry out their duties safely and to supervise patients by allowing or restricting access to areas in a manner which is consistent with patients' needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

Security features are required at all entrances and exits. These may include electronic locking, intercoms, and video surveillance.

Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference in design between an open and a closed (locked) area should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.

All Meeting, Counselling, Group Therapy, Family Therapy and Review Board Meeting rooms require two means of egress and a duress alarm.

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Safety and Security

502469 132 .51.00 ACCESS TO OUTDOOR AREAS

The perimeter security of the outdoor area surrounding the building is important in reducing staff anxiety in relation to patients movement and safety

When the Child and Adolescent Unit is located within a multi-storey building, access to external spaces above ground level such as balconies or roof is to be prevented.

502470 132 .51.10 Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference in design between an open and a closed (locked) area should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.

502471 132 .52.00 A communication system which enables staff to signal for assistance from other staff should be included.

502472 132 .53.00 When the Child and Adolescent Unit is located within a multi-storey building, access to external spaces above ground level such as balconies or roof is to be prevented.

502473 132 .54.00 The perimeter security of the outdoor area surrounding the building is important in reducing staff anxiety in relation to patients movement and safety.

Finishes

502474 132 .55.00 WALL PROTECTION

Wall linings need to be robust and resistant to abuse and physical damage.

Also refer to Part C of these Guidelines

502475 132 .56.00 FLOOR FINISHES

Strong patterns on floors such as geometric designs which may disturb perception should be avoided.

Refer to Part C of these Guidelines

502476 132 .57.00 CEILING FINISHES

In patient areas, ceiling linings need to be solid sheet - not ceiling tiles. In patient areas in secure zones, seclusion rooms and HDU/, ceilings need to be resistant to breakout.

Refer to Part C of these Guidelines

Fixtures & Fittings

502477 132 .58.00 Also refer to part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

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- 502478 132 .59.00 Fixtures and fittings should be safe, durable, heavy duty, concealed and tamper-proof. They must be flush with the surfaces to which they are attached or designed in a way that prevents attachment of cords or belts.
- Fittings, including hooks, curtain tracks, pelmets, bathroom fittings, should be plastic where possible and have a breaking strain of not more than 15kgs. Use of horizontal rails in toilets and showers is to be avoided; use vertical rails with infill.
- 502479 132 .60.00 Exposed services, for example, sink wastes which may be easily damaged should be avoided.
- 502480 132 .61.00 Fittings, including hooks, curtain tracks, pelmets, bathroom fittings, should be plastic where possible and have a breaking strain of not more than 15kgs. Use of horizontal rails in toilets and showers is to be avoided; use vertical rails with infill.
- 502481 132 .62.00 Fittings should avoid the potential to be used either as a weapon or to inflict personal damage. Paintings, mirrors and signage should be rigidly fixed to walls with tamper-proof fixings.
- 502482 132 .63.00 Mirrors shall be of safety glass or other appropriate impact-resistant and shatterproof construction but free from distortion. They shall be fully glued to a backing to prevent availability of loose fragments of broken glass.
- 502483 132 .64.00 Holland blinds and curtains should be avoided in patient areas.
- 502484 132 .65.00 Light fittings, smoke and thermal detectors and air-conditioning vents to secure areas, particularly the Seclusion Rooms should be vandal-proof and incapable of supporting a patient's weight.

Building Service Requirements

502485 132 .66.00 VIDEO SECURITY

The use of video surveillance may be useful for monitoring areas such as stairways and blind spots. It is not an appropriate alternative to observation of patients by clinical staff and staffing levels should be sufficient to ensure such surveillance is not electronic required.

When considering the use of video security, the following factors should be considered:

- Area Health Service policies
- Relevant NSW Health policies
- The rights of patients to privacy balanced against the need to observe activities for safety and security reasons
- The ability of the staff establishment to manage the level of observation required without video security
- The maintenance costs involved
- The ability to negate the need for video security with improved functional design.

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Note that NSW Health has released an additional Chapter to the Manual – Protecting People and Property entitled “Workplace Camera Surveillance”.

502486 132 .67.00 VOICE AND DATA

Communication systems may provide for:

- Alarm systems where necessary (eg. dangerous drug cupboard opening).
- Telephone services for staff, patients and visitors. The extent of provision, location, type (i.e. fixed or portable) and charging will need to be addressed in the Operational Policies. A separate telephone nook within the unit for use by patients should be considered.
- Computer and internet access for patients and staff.

Provision must be made at the outset for cabling and power outlets for computers.

502487 132 .68.00 TELEPSYCHIATRY

At least one room should be cabled and equipped to enable teleconferencing and videoconferencing to be used for staff education, management and patient telepsychiatry services.

502488 132 .69.00 NURSE / EMERGENCY

A patient-to-nurse call system is not recommended but there will need to be a means of staff-to-staff contact in the event of a medical emergency.

502489 132 .70.00 DURESS ALARM SYSTEM

The optimum approach is a combination of personal alarms with location finders and some fixed alarms particularly in areas where staff work in a relatively fixed position such as Reception to ensure there is a back-up system if one system fails.

Refer to NSW Health Manual “Protecting People and Property”, Section 2 Chapters 9-14 and Chapter 29 – Duress Response Arrangements.

Refer to Part C of these Guidelines.

COMPONENTS OF THE UNIT

General

502490 132 .71.00 The Child and Adolescent Mental Health Unit will consist of a combination of Standard Components and Non-Standard Components.

This section must be read in conjunction with Part B Standard Components Room Data Sheets and Room Layout Sheets.

The following text describes only specific requirements not covered by these documents.

Standard Components

502491 132 .72.00 Provide the Standard Components as identified in the Schedule of

Accommodation.

Non-Standard Components

502492 132 .73.00 PLAY THERAPY ROOM (Child Unit Only)

DESCRIPTION AND FUNCTION

A Play Therapy Room may be provided for 'regressive' therapies such as artwork, doll play and clay modelling. The room shall be designed with the young child 10-12 years in mind.

LOCATION AND RELATIONSHIPS

The Play Therapy Room should be located within the patient treatment / therapy zone of the Unit.

CONSIDERATIONS

Fittings, fixtures and equipment will include:

- Bench, open under
- Storage cupboards for materials
- Whiteboard
- Chairs
- Handbasin with soap and paper towel fittings.

Finishes should be smooth and easily cleaned, flooring should be vinyl.

502493 132 .74.00 RECREATION / DAY AREA

DESCRIPTION AND FUNCTION

A Recreation / Day area shall be provided for a wide range of activities including watching TV, listening to music, computer and other activities.

LOCATION AND RELATIONSHIPS

The area requires ready access to the secured courtyard and must be overseen from the Staff Station

CONSIDERATIONS

Fittings and furniture should be suitable for children up to 10-12 years, for parents in residence in the Child and Family Unit and for teenagers and their visiting family members in the Adolescent Unit.

502494 132 .75.00 DINING ROOM / PANTRY

DESCRIPTION AND FUNCTION

An area for staff, older patients and family members of children to prepare meals and snacks.

LOCATION AND RELATIONSHIPS

Ready access is required between the Dining Room and Pantry but with the ability to secure the kitchen area if needed. Access and space will be required for food trolleys if a plated meal service is provided.

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CONSIDERATIONS

Fittings, fixtures and equipment will include:

- Dining tables and chairs
- Bench with sink, cupboards and drawers
- Dishwasher
- Microwave oven - secured
- Domestic refrigerator.

APPENDICES

Schedule of Accommodation

502495 132 .76.00 Schedules of Accommodation are provided for a Child and Adolescent Acute Mental Health for Levels 5/ 6.

Note: (o) in Qty/xm2 column = Optional

Entry / Reception / Interview

ROOM/SPACE	Standard Component					L 5/6 Qty x m2	Remarks
ENTRY / RECEPTION / INTERVIEW							
ENTRY LOBBY / AIRLOCK	yes					1 x 8	
WAITING						1 x 10	
CHILD PLAY						1 x 9	Optional
TOILET - DISABLED/BABY CHANGE	yes					1 x 5	
CONSULTATION ROOM						2 x 14	

502496 132 .77.00 Patient / Family Areas x 8 Beds

PATIENT / FAMILY AREAS						8 Beds	
1 BED ROOM - MENTAL HEALTH	yes					6 x 14	
ENSUITE - MENTAL HEALTH	yes					6 x 5	1 per bedroom
1 BEDROOM - SPECIAL	yes					2 x 18	For bariatric patients and/or a child and parent
EN SUITE - SPECIAL	yes					2 x 7	For designated bariatric room only
BATHROOM - DOMESTIC						1 x 10	Standard domestic bath (optional) and raised shower bath for small children
MEDICATION / TREATMENT ROOM						1 x 16	Includes spatial allowance for Resuscitation Trolley (1m2) & exam couch (3m2).
BAY - HANDWASHING	yes					2 x 1	1 per 4 beds
MULTIPURPOSE ROOM						1 x 20	Classroom, crafts, magistrate sessions. Include lockers for patients' personal items/schoolwork

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RECREATION / DAY AREA						1 x 42	Recreation/Dining Areas based on 7m2 per person x 6
PLAY THERAPY ROOM						1 x 12	
DINING ROOM						1 x 24	Assumes 8 patients plus 4 family members
PANTRY / KITCHEN						1 x 12	Collocated with Dining Room
QUIET / TIME OUT ROOM						1 x 9	
COMPUTER ROOM						1 x 12	
STORE - PATIENT PROPERTY	yes					1 x 6	
LAUNDRY - SELF-CARE	yes					1 x 6	Optional
GYMNASIUM						1 x 20	Optional
PARENT LOUNGE						1 x 12	
COURTYARD						1 x 40	Based on 5m2 per paerson

502497 132 .78.00 High Dependency Unit x 4 Beds

HIGH DEPENDENCY UNIT						4 Beds	
SECURE ENTRY / WAITING						1 x 8	
EXAM / ASSESSMENT						1 x 16	
STAFF BASE						1 x 6	Optional depending on planning layout
SECLUSION ROOM	yes					1 x 15	
1 BED ROOM - MENTAL HEALTH	yes					4 x 14	
PATIENT TOILET	yes					2 x 3	
PATIENT SHOWER	yes					1 x 3	
BAY - HANDWASH	yes					1 x 1	
LOUNGE/DINING/ACTIVITY						1 x 30	7.5m2 per person
COURTYARD						1 x 40	10m2 per patient

502498 132 .79.00 CLINICAL SUPPORT AREAS

CLINICAL SUPPORT AREAS							
BAY - LINEN	yes					1 x 2	Enclosed & lockable
DIRTY UTILITY	yes					1 x 10	

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STAFF STATION	yes					1 x 14	
OFFICE - CLINICAL / HANDOVER	yes					1 x 9	
STORE - EQUIPMENT	yes					1 x 14	
STORE - GENERAL	yes					1 x 9	
CLEANER'S ROOM	yes					1 x 5	Share with Day Unit
DISPOSAL ROOM	yes					1 x 8	Share with Day Unit
DISCOUNTED CIRCULATION &						32%	

502499 132 .80.00 OFFICES & STAFF AMENITIES

OFFICES & STAFF AMENITIES							May be located at the Inpatient Unit / Day Unit interface
OFFICE - CLINICAL DIRECTOR	yes					1 x 12	
OFFICE - PSYCHIATRIST	yes					1 x 9	
OFFICE - NURSE MANAGER	yes					1 x 12	
WORKSTATION - NURSING STAFF	yes					5.5	
WORKSTATION - ALLIED HEALTH	yes					5.5	
WORKSTATION - CLERICAL	yes					5.5	
WORKSTATION - VISITING PROFESSIONALS						4.4	
MEETING ROOM	yes					1 x 15	
STORE - PHOTOCOPY/STATIONERY	yes					1 x 8	
STAFF ROOM	yes					1 x 15	With Beverage Bay
STAFF PROPERTY BAY	yes					1 x 2	
SHOWER - STAFF	yes					1 x 2	
TOILET - STAFF	yes					2 x 3	

502500 132 .81.00 DAY UNIT

DAY UNIT							
RECEPTION / CLERICAL	yes					1 x 12	
STORE - PHOTOCOPY/STATIONERY	yes					1 x 8	
STORE - FILES	yes					1 x 8	

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WAITING	yes					1 x 12	
CHILD PLAY	YES					1 x 12	
TOILET / BABY CHANGE - DISABLED	yes					1 x 5	
TOILET - PUBLIC	yes					1 x 4	
CONSULT ROOM	yes					12	No. to be determined by utilisation
OBSERVATION ROOM						1 x 6	One-way observation window
STORE - GENERAL	yes					1 x 9	
DISCOUNTED CIRCULATION &						32%	

Functional Relationships

502502 132 .83.00 A diagram of key functional relationships is attached.

Checklists

502503 132 .84.00 A Security Checklist is appended to this document. For planning checklists refer to Part A,B,C&D of these Guidelines.

References and Further Reading

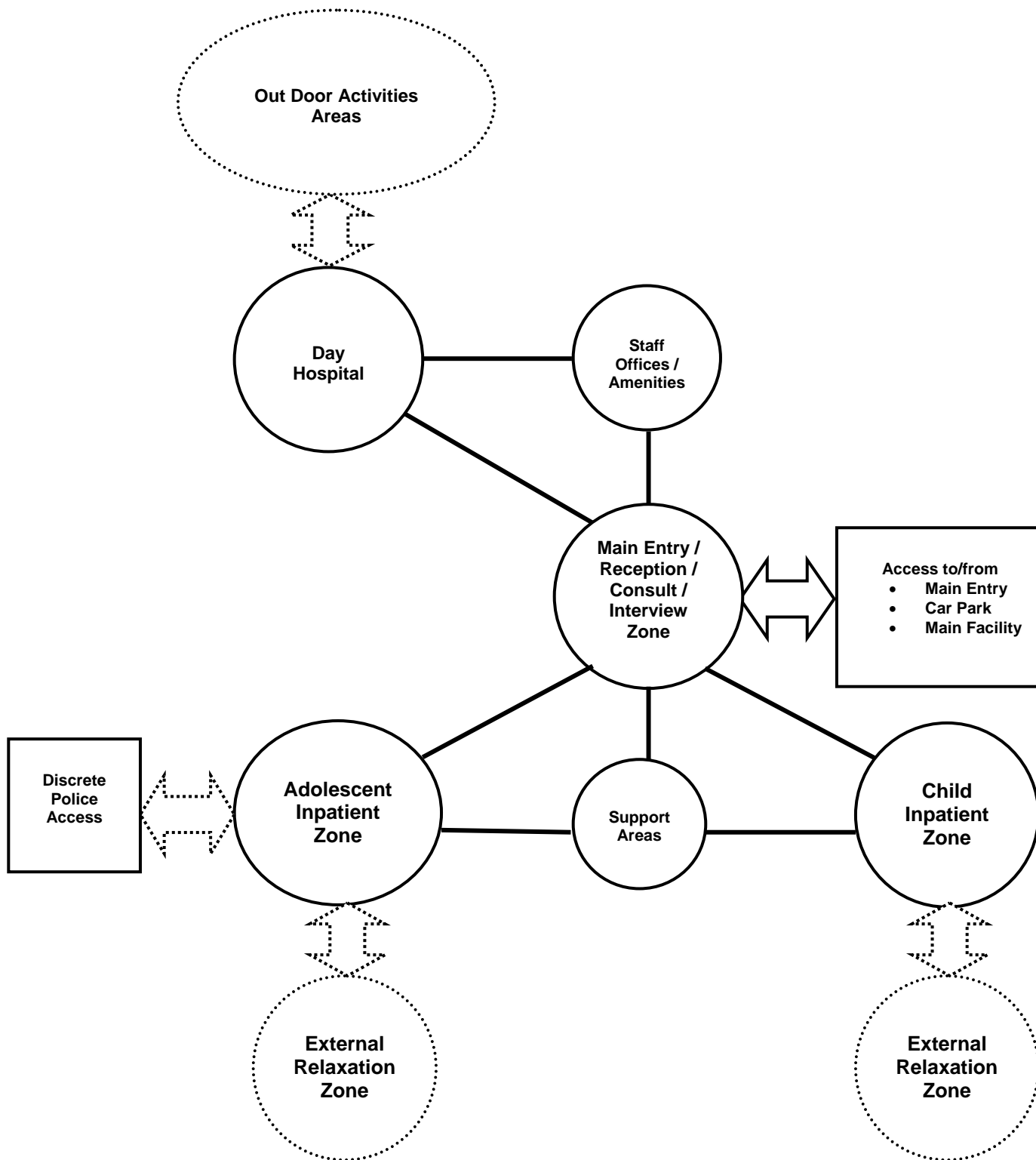
502504 132 .85.00 Design Series DS-26 – Mental Health Facility Planning Guideline, Volume 1, Adult and Adolescent Mental Health Acute Inpatient Units, NSW Health Department 2002.

Design Guidelines for Hospitals and Day Procedure Centres: HPU 132 – Adolescent / Child and Family Acute Mental Health Units, Department of Human Services, Victoria, November 2004.

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FUNCTIONAL RELATIONSHIP DIAGRAM –CHILD AND ADOLESCENT MENTAL HEALTH UNIT

The following diagram sets out the relationships between zones in a Child and Adolescent Mental Health Unit:



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SECURITY ISSUES TO BE CONSIDERED IN CHILD AND ADOLESCENT MENTAL HEALTH UNIT

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Entry by all relevant personnel visiting or working within the Hospital.	<ol style="list-style-type: none"> 1. CCTV monitoring of Ward entry and exit doorways. 2. After hour's remote switch and intercom on entry doors. 3. Use of reed switches on all external doors and swipe card entries.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Relatives / Visitors	<ol style="list-style-type: none"> 1. Good visibility from staff station to ward. 2. Manage relatives/visitors admittance in the area by restricting visiting hours and/or number of visitors.
2. Furniture fittings and equipment including Computers, Office and Medical Equipment	<ol style="list-style-type: none"> 1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
3. Hospital personnel safety	<ol style="list-style-type: none"> 1. Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. 2. Design shape of interview rooms and location of desks, etc, in such a way that minimises risk to health personnel. 3. Provide storage and store items not in constant use that could be used as weapons. (Operational Policy). 4. Minimise furniture that can be used as a weapon, ie, picked up and thrown.
4. Staff personal effects	<ol style="list-style-type: none"> 1. Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.
5. Drugs storage	<ol style="list-style-type: none"> 1. Drugs safe to be located in area that can be monitored by staff.

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SECURITY CHECKLIST –CHILD AND ADOLESCENT MENTAL HEALTH UNIT

FACILITY:	DEPARTMENT: Child and Adolescent Mental Health Unit	
RISK ISSUE	DESIGN RESPONSE	
1. How is 'after hours' access provided for patients and how is this access point monitored?		
2. Do staffs have access to both fixed and mobile duress systems?		
3. Is access to patient records restricted to staff entitled to that access?		
4. Is a system implemented to prevent theft of equipment, files, personal possessions, etc ?		
5. Are drug safes installed in accordance with current regulations?		
6. How is after hours access provided for staff?		
7. How are the offices secured during and after hours?		
8. Are there lockable storage areas available for specialised equipment?		
9. Is lockable furniture provided for storage of staff personal effects?		
10. What system has been implemented to prevent the illegal removal of children?		
11. Are interview rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.		
12. What surveillance/monitoring system will be implemented to monitor access to rooms/wards?		
DESIGN COMMENTARY /NOTES	DESIGN SIGN-OFF	
	Name:	
	Position:	
	Signature:	
	Date:	
	Name:	
	Position:	
	Signature:	
	Date:	
	Name:	
	Position:	
	Signature:	
	Date:	