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INTRODUCTION

Preamble

The establishment of Psychiatric Emergency Care Centres (PECCs) in Emergency Departments is a NSW Health initiative to improve the health system’s responsiveness to persons with mental health illness/disorders requiring acute intervention, by aligning acute mental health services with emergency services.

Emergency Departments have not previously been comprehensively designed to serve the mental health patient group particularly those with acute mental health illness / disorder, and behavioural risk (eg, aggression, self harm). There is therefore an urgent need to develop clinical models of service delivery and facilities that can provide more effective, efficient and safe care to this population.

The clinical needs of the patients include:
- appropriate screening for serious medical or surgical co-morbidity
- timely access to mental health assessment
- safe and effective management of mental health emergencies
- safe and effective management of their presenting symptoms, disorder, and any behavioural risk

Design needs to be flexible to meet local needs or in response to operating units over time.

Introduction

This Health Planning Unit has been developed as a resource to assist project teams in the planning, design and construction of a Psychiatric Emergency Care Centre (PECC). It should be read in conjunction with generic planning requirements and Standard Components described in Parts A, B, C & D of these Guidelines, the Preferred Operational Model of Care and the Health Facility Guideline for Acute Adult Mental Health Units. The latter provides some of the more detailed information on design.

This PECC model is intended for hospitals with:
- Level 4 to 6 Emergency Departments
- gazetted Mental Health Inpatient Units
- acute assessment and treatment capacity by the Mental Health service within the Emergency Department

Policy Statement

Psychiatric Emergency Care Centres are part of a broader statewide mental health emergency care (MHEC) program that aims to provide, for people presenting to the hospital Emergency Department (ED) with acute mental health illness or disorder and behavioural risk, and/or substance abuse co-morbidity:
(i) timely access to specialised mental health care
(ii) safety for consumers, service providers, and the public
(iii) appropriate roles for the service providers (including Police and Ambulance).

PECCs are a response to the overall NSW priority policy issue of improved access to mental health care.

PECC units are a new service model developed in response to changes in the service delivery environment of recent years, including:
(i) a policy context featuring the continuing move to mainstreaming, whereby mental health consumers have service entry and delivery at sites in common with other health consumers
(ii) the demand features of the increasing population burden of mental disorder, and the increasing acuity and co-morbidity of presentations to hospital.
PECC units operate in the hospital ED as an extension to the mental health triage and assessment service offered by the existing Consultation Liaison psychiatry services and mental health CNC ED services. They extend service by offering: (i) permanent presence in the ED (ii) full clinical assessment at the point of intake, and active discharge planning from the outset (iii) increased capacity to manage mental health-related behavioural risk in the ED (iv) bed capacity for overnight and short stays.

The NSW Centre for Mental Health has detailed the operational policies in its document "The Preferred Operational Model of Care".

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


**Description of the Unit**

**DEFINITION OF HOSPITAL PLANNING UNIT (HPU)**

The Psychiatric Emergency Care Centre will be a discreet Unit collocated with an Emergency Department with appropriate space, staffing and security for management of patients presenting with an underlying mental health illness or disorders and behavioural risk. It will not however have its own discreet police/ambulance entry but will share these facilities with ED.

Mental Health patients with non-acute co-morbidities (eg diabetes) can be managed in the PECC.

However, mental health patients with emergency or life-threatening medical conditions, (including acute severe intoxication, delirium and head injury), will be treated in the main Emergency Department until their condition has stabilised and is deemed capable of being safely managed in the PECC.

Services will include assessment, crisis stabilisation, up to 48 hours extended observation and care and discharge planning, (including social welfare arrangements), and disposal.

The PECC will be a gazetted facility under the Mental Health Act, giving it capacity to manage involuntary patients.

The PECC must be designed and resourced to manage patients whose condition/behaviour creates risk of harm to themselves or others.

**PLANNING**

**Operational Models**

**HOURS OF OPERATION**

The PECC will operate 24 hours/ day, 7 days / week.
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Operational Models

The patient demographic such as cultural expectations, male to female ratios, age etc needs to be defined in order to create the most appropriate environment with particular reference to single bedrooms versus multi-bed bays.

The operational model will be based on an agreed clinical governance structure between the Emergency Department and the Area Mental Health Service.

Operational Policies

LENGTH OF STAY

48 hours maximum before either admission, discharge or transfer to community mental health services.

EMERGENCY SEDATION AND MEDICATION

Emergency sedation may be handled within the Unit but protocols will include consideration of the circumstances in which it may be preferable that sedation occur in the Emergency Department resuscitation room.

Clinical monitoring, when indicated, will be via portable monitors.

SECLUSION AND RESTRAINT

No seclusion room will be provided in the PECC.

The PECC will be fitted with a personal duress alarm system consistent with the guidelines in the Protecting People and Property Manual. The facility must also have an organised duress response to deal with any emergencies.

Project staff should refer to NSW Health policies regarding the management of violence and aggression and use of restraint whether physical, mechanical, seclusion or sedation.

MEDICATIONS

As the range of pharmaceuticals required is quite specific and may be required at short notice, the PECC will have its own supply rather than sharing with ED. Quantity cannot justify a separate room, so secure storage cupboards in the Staff Station are recommended.

MANAGEMENT OF Agression AND AGITATION

Emergency sedation will be available in the PECC and there needs to be a Hospital Policy whereby help can be summoned when necessary via duress alarms or similar.

PECC staffing profile may include trained Health Security Assistants to assist with de-escalation and management of behavioural disturbance. Therefore policies applying to their function needs to be incorporated in any general hospital security policy.
PATIENT VALUABLES

Valuables will be handled according to existing Emergency Department protocols in accordance with Hospital Policy.

MEDICAL RECORDS

Records will be retrieved/generated in accordance with ED systems and patients will be tracked via the Emergency Department Information System (EDIS).

SMOKING

Smoking may be permitted in the secure courtyard only if the Hospital Policy permits.

SUPPORT PERSONS / VISITORS

The presence of a support person and/or visitors should be encouraged but numbers will be restricted according to safety and space availability as necessary.

STAFFING

Adequate staffing levels and skill mix are required to ensure immediate verbal intervention and other de-escalation techniques applied when a patient shows signs of agitation, with sufficient staff to handle an emergency particularly at night. The establishment will include medical, nursing and social work staff.

Planning Models

LOCATION

Location may depend on whether an entirely new facility or an addition to an existing Emergency Department but ground floor access is essential.

Functional Areas

FUNCTIONAL COMPONENTS

The following form the main functional components of the PECC:
- inpatient beds (4 – 6) –open bays or in combination with a minority of single rooms
- patient amenities
- small patient/visitor lounge
- access to a secure courtyard
- Interview / Consult / Exam Room/s
- Clinical Support Areas (Staff Station with double egress etc)
- Office space

The following will/may be shared with the Emergency Department depending on accessibility:
- Dirty Utility (only if readily accessible)
- Disposal Room
- Cleaner’s Room
- Staff Amenities. (May be necessary/appropriate to locate a Staff Toilet inside
Part B - Health Facility Briefing and Planning

Functional Relationships

**EXTERNAL**

502539 133 .20.00
Ready access to a Mental Health Inpatient Unit/s.
Close proximity to hospital security service desirable
Access to the Magistrate’s Room in the Mental Health Inpatient Unit/s, to attend Magistrate’s Hearings.
Capacity for official visitor to conduct interviews and review legal documentation.

**INTERNAL**

502540 133 .21.00
Collocated with ED with direct internal access to/from Triage and Resuscitation Bays.
Close proximity to Ambulance / Police vehicle bays
Staff will need access to amenities etc.
Capacity to accommodate a Health Security Assistant / security staff presence in the PECC.

**DESIGN**

Functional Relationships

502541 133 .22.00
No direct external access required if all patients are triaged in ED but consideration must be means of transfer to a Mental Health Inpatient Unit without re-accessing the ED.

502542 133 .23.00
Direct from ED Triage
Direct to secure outdoor area
Direct from ED Reception into Unit for support persons without having to travel through the ED.

Car Parking Requirements

502543 133 .24.00
Required for police vehicles as generally provided for the Emergency Department.

Disaster Planning

502544 133 .25.00
Refer to Part C of these Guidelines. Planning for the PECC should be incorporated into the Disaster Plan for the Emergency Department.
Infection Control

Refer to Part D of these Guidelines.

Environmental Considerations

GENERAL

Pleasant, safe and secure environment.

Colour may be used to differentiate different “zones” of the Unit.

ACOUSTICS

Sound attenuation required in:
- Single bedrooms, if provided
- Interview / Consult Rooms
- Small lounge
- Showers & toilets and
- Staff Offices

NATURAL LIGHT

Essential in bedrooms / bed bays and waiting areas.

Space Standards and Components

ERGONOMICS

Refer Part C of these Guidelines for information.

HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

DOORS, WINDOWS AND CORRIDORS

Refer Part C of these Guidelines for information.

Safety and Security

SAFETY

Design and management must ensure there are no dangerous materials accessible to patients including medications, sharp objects, weapons, material / fittings that may be used for self-harm or harm to another person.

SECURITY
Both fixed and personal duress alarms systems should be installed.

High visibility security presence as part of routine coverage of the ED.

Consult / exam / interview rooms must have a second point of egress.

Bedroom doors must have a viewing panel to allow for patient observation particularly when asleep. The shape of the room and the location of the door/viewing panel should allow the head of the sleeping patient to be visible from the door.

Video intercom at Unit entries and proximity access cards.

**LAYOUT**

Layout should, wherever possible, avoid corners or bends in patient areas that restrict patient observation. Where this cannot be achieved, security cameras will need to be installed.

**Finishes**

All finishes durable and easily cleaned.

**WALL PROTECTION**

Refer to Part C of these Guidelines and also to the HFG – Adult Acute Mental Health Units

**FLOOR FINISHES**

Refer to Part C of these Guidelines

**CEILING FINISHES**

Refer to Part C of these Guidelines

**Fixtures & Fittings**

Refer to part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information

**BEDSIDE SERVICES**

Medical service panels must be recessed, concealed and secured so as to prevent patient access and potential for self harm.

Services will comprise:
- Nurse call
- Staff assist & emergency call
- GPOs x 4
- Examination, reading and night lighting switches
- Voice/data outlet
Curtains on flush to ceiling, non-weight bearing tracks to ensure privacy / dignity for patients during examination

Oxygen and suction if needed will be provided via portable units (also refer 133.44.00 following).

### Building Service Requirements

**502561 133.42.00 INFORMATION TECHNOLOGY / COMMUNICATIONS**

Compatible with Hospital systems.

**503269 133.43.05 MEDICAL GASES**

For future flexibility of use, consideration may be given to reticulation of oxygen and suction to the beds. However, even if the outlets are sealed and concealed, they will still need to be purged when put into commission at some future date and the disruption this may cause to any / all connected services (in adjoining Emergency Department rooms for example) must be taken into account.

### COMPONENTS OF THE UNIT

#### Standard Components

**502563 133.44.00**

Standard Components must comply with details in Standard Component Descriptions in these Guidelines. Refer also to Room Data Sheets and Room Layout Sheets.

#### Non-Standard Components

**502564 133.45.00**

There are no Non-Standard Components in this Guideline.
### Schedule of Accommodation

A Generic Schedule of Accommodation for a Psychiatric Emergency Centre with 4 Beds or 6 Beds follows.

Note: (o) in Qty x m² column = Optional.

Note 1: Beverage Bay
May be incorporated into Lounge depending on meal / refreshment needs for patients if length of stay extended up to 48 hours.

<table>
<thead>
<tr>
<th>ROOM/SPACE</th>
<th>Standard Component</th>
<th>4 Beds Qty x m²</th>
<th>6 Beds Qty x m²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WAITING AREA</strong></td>
<td>yes</td>
<td>1 x 8</td>
<td>1 x 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 &amp; 8 seats respectively. Family, police etc</td>
</tr>
<tr>
<td><strong>TOILET - PUBLIC</strong></td>
<td>yes</td>
<td>1 x 3</td>
<td>1 x 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Optional depending on access to ED public amenities</td>
</tr>
<tr>
<td><strong>CONSULT / INTERVIEW ROOM</strong></td>
<td>yes</td>
<td>1 x 14</td>
<td>1 x 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dual access for staff safety</td>
</tr>
<tr>
<td><strong>CONSULT / EXAMINATION ROOM</strong></td>
<td></td>
<td>1 x 14</td>
<td>1 x 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dual access for staff safety</td>
</tr>
<tr>
<td><strong>STAFF STATION / MEDICATIONS</strong></td>
<td>yes</td>
<td>1 x 14</td>
<td>1 x 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secured</td>
</tr>
<tr>
<td><strong>OFFICE - NUM</strong></td>
<td>yes</td>
<td>1 x 9</td>
<td>1 x 9</td>
</tr>
<tr>
<td><strong>OFFICE - WORKSTATION</strong></td>
<td>yes</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Workroom for medical &amp; nursing staff. Size will depend on Staff Establishment</td>
</tr>
<tr>
<td><strong>DIRTY UTILITY - SUB</strong></td>
<td>yes</td>
<td>1 x 8</td>
<td>1 x 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unless ready access to ED</td>
</tr>
<tr>
<td><strong>BAY - LINEN TROLLEY</strong></td>
<td>yes</td>
<td>1 x 2</td>
<td>1 x 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With lockable doors</td>
</tr>
<tr>
<td><strong>1 BED ROOM - MENTAL HEALTH</strong></td>
<td></td>
<td>1 x 12</td>
<td>2 x 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduced from 15 sqm. (*Updated 03/07/06)</td>
</tr>
<tr>
<td><strong>EN SUITE SHOWER / TOILET</strong></td>
<td>yes</td>
<td>1 x 5</td>
<td>2 x 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(*Updated 03/07/06)</td>
</tr>
<tr>
<td><strong>BED BAY - CURTAINED</strong></td>
<td>yes</td>
<td>3 x 10</td>
<td>4 x 10</td>
</tr>
<tr>
<td><strong>PATIENT SHOWER</strong></td>
<td>yes</td>
<td>1 x 4</td>
<td>1 x 4</td>
</tr>
<tr>
<td><strong>PATIENT TOILET</strong></td>
<td></td>
<td>1 x 3</td>
<td>2 x 3</td>
</tr>
<tr>
<td><strong>LOUNGE - PATIENT / VISITOR</strong></td>
<td></td>
<td>1 x 15</td>
<td>1 x 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Access to Courtyard</td>
</tr>
<tr>
<td><strong>BEVERAGE BAY</strong></td>
<td>yes</td>
<td>1 x 4</td>
<td>1 x 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>See note 1.</td>
</tr>
<tr>
<td><strong>MEETING ROOM</strong></td>
<td>yes</td>
<td>1 x 12</td>
<td>1 x 14</td>
</tr>
<tr>
<td><strong>PROPERTY BAY - STAFF</strong></td>
<td>yes</td>
<td>1 x 2</td>
<td>1 x 2</td>
</tr>
<tr>
<td><strong>TOILET - STAFF</strong></td>
<td>yes</td>
<td>1 x 3</td>
<td>1 x 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May be shared with ED.</td>
</tr>
<tr>
<td><strong>COURTYARD - SECURE</strong></td>
<td></td>
<td>1 x 20</td>
<td>1 x 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Based on 5m² per person</td>
</tr>
<tr>
<td><strong>DISCOUNTED CIRCULATION</strong></td>
<td></td>
<td>32%</td>
<td>32%</td>
</tr>
</tbody>
</table>
Part B - Health Facility Briefing and Planning

- Disposal Room
- Cleaner's Room
- Staff Lounge & Amenities

Functional Relationships

A diagram of key functional relationships is attached.

Checklists

For planning checklists refer to Part A,B,C & D of these Guidelines.

References and Further Reading

The following documents were used in the development of this Health Facility Guideline:


Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbances, Version 10, Centre for Mental Health, NSW Health.

HPU 134 – Acute Adult Mental Health Unit (Based on DS-26)

Psychiatric Emergency Centre, Model of Care, Service Delivery Design Brief & Operational Policies, Northern Sydney Health - Hornsby & Ku-ring-gai Redevelopment Project, November 2004

Wyong Hospital Redevelopment Proposal for Psychiatric Emergency Centre (Draft), Central Coast Health, Version 9, 5th May 2005.

Liverpool Hospital Design Brief & Floor Plan - 2005

Royal Brisbane Hospital Psychiatric Emergency Centre - Scheme Design 1:100 Floor Plan (1996)
The following diagram sets out the relationships between zones in a Psychiatric Emergency Care Centre (PECC) Unit: