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INTRODUCTION

Preamble

502761 140 .1.00 The Australasian Faculty of Rehabilitation Medicine defines Rehabilitation Medicine as "... that part of the science of medicine involved with the prevention and reduction of functional loss, activity limitation and participation restriction arising from impairments; and the management of that disability in physical, psychosocial and vocational dimensions" (Draft Standard 2005).

Before commencing planning, it is critical that the following is clarified:

- Whether the unit is to be built as a dedicated treatment unit in support of a formal Rehabilitation Medicine service/programme or a Pathway Home programme – with or without additional therapy facilities for acute hospital services
- Whether it will be a hospital-based unit or cluster of units of individual therapy services predominantly supporting the acute medical and surgical services, or
- Whether the Unit will fulfil both functions.

This differentiation is important as facilities and equipment will / may differ and there may be considerable impact on the location of the unit/s.

It is recommended that the design and location of a Rehabilitation Inpatient Unit - if provided - be considered at the same time as the Rehabilitation Allied Health Unit as these units, although separate for the purpose of these Guidelines will share operational policies, staffing philosophies and facilities

If the services provided are predominantly acute hospital oriented, facilities will be better located near those units that generate the most attendances e.g. Orthopaedics, Neurosciences, and Vascular Surgery etc. This may also avoid any consideration of satellite therapy facilities.

The extent of general outpatient services also needs to be quantified and whether or not the Hospital has an Operational Policy in this regard. Referrals may be from GPs and other community-based health professionals - particularly if private practice is unavailable or unaffordable. (Back pain, sports injuries etc.)

Most units will be involved with student training and the spatial impact of this must be taken into consideration with regard to lockers and write-up areas.

Introduction

502762 140 .2.00 This Health Planning Unit (HPU) is a resource to assist project teams with the planning, design and construction of a Rehabilitation Allied Health Unit. It should be read in conjunction with generic requirements in Parts A, C and D and Standard Components (Room Descriptions, Room Data & Room Layout Sheets (RDS/RLS) in Part B of these Guidelines.

This Guideline primarily addresses the disciplines of:

- Physiotherapy – including Hydrotherapy
- Occupational Therapy and
- Speech Pathology.

Units will/may also incorporate facilities for other Allied Health professionals such as Social Work, Clinical Psychology, Neuropsychology, Podiatry, Audiology and Nutrition and Dietetics.

Policy Statement

- 502763 140 .3.00 NSW Health Department. NSW Policy Standards for Cardiac Rehabilitation. NSW Health Department 1997.
- PD2005_339. Manual – “Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities”.
- PD2005_576: Office Accommodation Policy – Public Health Organisations and Ambulance Service.
- Project staff are also referred to the following document:
Standards for Rehabilitation Medicine Services for Public and Private Hospitals, Australasian Faculty of Rehabilitation Medicine, 1995 (in revision 2005).

503370 140 .3.05 PATHWAYS HOME PROGRAM

The Pathways Home Program is a program funded by the Australian Government [Department of Health and Ageing] under the 2003-08 Australian Health Care Agreements. Over five years, the Australian Government will provide funding to the states and territories to increase the rehabilitation and stepdown / transition services provided to patients following an acute hospital admission - particularly those patients who are older or who have some form of mental disability, as a means of expediting their return to optimal functionality as soon as possible.

Description of the Unit

502764 140 .4.00 DEFINITION OF HPU

The Rehabilitation Allied Health Unit is a discrete unit of a hospital providing rehabilitation services to inpatients and outpatients.

Facilities for Physiotherapy and Occupational Therapy will vary greatly, ranging from large, purpose-designed, central facilities for inpatients and/or outpatients, to basic on-ward or bedside services. Extent, design and location of facilities will be affected by presence or otherwise of the following services (not inclusive):

- Rehabilitation Medicine
- Aged Care
- Spinal Cord Injury Service
- Orthopaedic Services
- Neurosciences – General (strokes, MS etc)
- Neurosciences – Traumatic Brain Injuries
- Amputees
- Hand Surgery / Plastic Services.

Speech Pathology plays a major role in Neonatal, Paediatric, ENT / Maxillofacial and neurological services; in the absence of these, Speech Pathology may be provided on a part-time basis.

Children's Hospitals or major Paediatric Services generate their own specific spatial needs.

At Levels 5 and 6 it is possible that each discipline may have its own discrete department but every attempt should be made to co-locate the therapy units to maximise the potential for sharing and to facilitate multidisciplinary care.

The rehabilitation services will be supported by full time Social Work services. At Level 4, Dietetics and Podiatry are generally provided as part time services and can be incorporated into the Unit. At Levels 5 & 6 they will have their own discrete Units and are excluded from the Schedule of Accommodation at those levels. Clinical Psychology and Neuropsychology also play an important role in

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some aspects of service provision and will need their own or access to office/treatment areas.

502765 140 .5.00 PATIENT CHARACTERISTICS

All ages from children to the frail aged. Almost all patients attending for physiotherapy are physically incapacitated to some extent many of whom use wheelchairs or walking aids and - increasingly - motorised chairs that have implications for parking and recharging. Many patients may be disfigured (burns, throat surgery etc) and require a non-threatening, private environment.

Many patients will require access to Interpreter Services.

PLANNING

Operational Models

502766 140 .6.00 HOURS OF OPERATION

The Unit will generally operate during business hours Monday to Friday with after-hours on-call physiotherapy services available for wards as required. Some departments may provide a limited service at evenings and week-ends.

If used for health education classes (e.g. antenatal classes), after-hours access will be required.

If a hydrotherapy pool is part of the facility, this too may be made available to the community after hours and at week-ends and therefore careful consideration will need to be given to location, controlled access and security.

502767 140 .6.05 FLEXIBILITY

The facilities of the Unit will be utilised by inpatients and outpatients. It is expected that the majority of inpatients accommodated in the Rehabilitation Inpatient Unit will attend the Unit on a daily basis. The function of these two units is inter-related and the design of the Rehabilitation Unit could provide areas common to both units.

As with other areas of health care, rehabilitation services are constantly evolving. This is manifest in terms of:

- clinical development - many more categories of patient are able to be rehabilitated than was previously considered feasible
- organisational development - the interrelationship of the various medical, nursing and allied health services that participate in the rehabilitation process is of paramount importance
- technological development - advances in technology have developed techniques which will ultimately become routine aspects of rehabilitation. Such developments include kinematic analysis, electromyography and ergometry.

502768 140 .6.10 MODELS OF CARE

Traditionally the model of care has been one-to-one, therapist to patient.

Increasingly an educative model is being used that assumes a staff to patient ratio of 1:4 or more and incorporates:

- group sessions for peer support

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- group exercise classes
- involvement of carers so that they can learn how much activity the patients can safely tolerate at home and how best to support them
- education programmes.

There may need to be separate areas for Respiratory and Cardiac Rehabilitation and general rehabilitation as the patients have differing needs and sometimes equipment. However this will depend on the number of sessions and every opportunity should be made to share areas between programmes.

502769 140 .6.15 SATELLITE UNITS

One of the problems of providing therapy services for inpatients within the Unit itself is transport to and from wards, particularly, for example, neuroscience patients whose attention span may be limited and who need a quiet environment. It also requires either a portering service or use of valuable therapist time in transport functions. If distance from wards to the Therapy Units is considerable and throughput can justify, provision of a small satellite unit may be considered – mainly for physiotherapy – near the wards most affected, usually Neuroscience & Orthopaedics. Or alternatively, a small therapy / multipurpose room in a ward may serve such a purpose. However, satellite units should probably be avoided wherever possible.

502770 140 .6.20 HYDROTHERAPY

Whilst there are differing opinions as to the therapeutic benefits of hydrotherapy, a designated Rehabilitation service will probably require access to a hydrotherapy pool. However, in other circumstances, the need for a pool should be carefully considered as the cost per unit of treatment is high and conditions for which hydrotherapy is the only appropriate treatment are limited. In many projects provision of a pool will be a matter for a separate business

Hydrotherapy pools should only be provided where patient numbers can justify and where the pool is required for a minimum of four hours each days, five days a week. Utilisation of the pool may be extended by making the pool available to groups within the community for their use at times when it is not required for specific therapeutic purposes.

Alternatively, use of a pool already established in the community may be used.

502832 140 .6.21 GAIT ANALYSIS LABORATORY

Quantitative gait analysis is useful in objective assessment and documentation of walking ability as well as identifying the underlying causes of walking abnormalities in patients with cerebral palsy, stroke, head injury and other neuromuscular problems. The results of gait analysis have been shown to be useful in determining the best course of treatment in these patients.

However, full scale, often research laboratories are extremely costly, few and far between and outside the scope of this Guideline. However, equipment for gait analysis on a smaller scale may be incorporated into a gymnasium and is addressed in a future section.

502771 140 .6.25 OUTDOOR GAIT AREA

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Essential to provide mobility training on a range of uneven surfaces necessary for community integration.

503371 140 .6.30 DIVERSIONAL THERAPY

Rehabilitation Units may wish to provide diversional therapy services by a qualified diversional therapist.

“Diversional therapy practitioners work with people to provide, facilitate and coordinate leisure and recreational activities. These activities are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical well-being of individuals who experience barriers to participation in leisure and recreational pursuits affecting their quality of life.”

Source: The Diversional Therapy Association of NSW web site.
www.diversionaltherapy.com.au

Service provision will require office space for the therapist, storage space and space for group activities. This latter may also serve as a dining / refreshment area for day patients.

Operational Policies

502772 140 .7.00 GENERAL

Depending upon the needs of the individual hospital, it may be decided that the Rehabilitation Allied Health Unit will provide the location for the hospital's Acute Therapy Services. If such a Policy is adopted it may be necessary to upgrade the accommodation to provide:

- additional therapy spaces for general acute inpatient and outpatient therapy
- additional group office space for physiotherapists to write up notes
- additional staff amenities.

The Guideline defines functional spaces as discrete areas for defined activities. The Operational Policy of a facility may compel the design team to view the various functions and activities within the Unit from the framework of a team philosophy. Accordingly, patient flow would determine the definition of spaces rather than individual allied health discipline.

A list of general operational policies to be developed – e.g. linen handling, waste management - can be found in Section B of the Guidelines and should be developed as early as possible in the planning process.

503372 140 .7.02 OUTPATIENTS VERSUS DAY PATIENTS

The original “Day Hospital” concept often accommodated patients for respite care; in modern units patients are admitted for treatment, not respite.

Patients attending for a single treatment by a single therapist are classified as outpatients. Patients attending for a series of treatments by different therapists will be admitted as day patients where stay is in excess of 4 hours. This latter category will need an area for rest and refreshment between treatments. A Diversional Therapy Room may be appropriately used for this purpose.

It is important to note the difference between day admissions for treatment and respite care as the latter is Commonwealth funded.

502773 140 .7.05 MANAGEMENT OF RESPIRATORY PATIENTS

Some patients with respiratory conditions will require access to a dedicated room for privacy and for infection control reasons. To minimise cross-infection risks, appointments should ideally be scheduled for the end of the day. Individual units will need to determine whether there is a need to provide negative pressure ventilation.

There will need to be access to oxygen for patients who may be on continuous oxygen therapy via wall-mounted gases or portable cylinders on carriers close to the equipment being used. Care needs to be taken to ensure that oxygen tubing does not trail across the floor and create an occupational health and safety hazard.

502774 140 .7.10 MEDICAL RECORDS & X-RAYS

Assuming a hard copy system, it is usual for non-inpatient records to be kept in the Unit for the duration of treatment.

When records become electronic, there will be direct data entry and design should indicate likely locations for computers and allow for appropriate power and cabling.

Assuming a digital PACS system, X-ray films available on screen so viewing monitors will be needed. If still hard copy, x-ray viewing boxes will be required and films requested from the Medical Imaging Unit.

503373 140 .7.11 PATIENT LIFTING / TRANSFERS

Ceiling hoist system for transfers from wheelchair to plinth, or mobile lifters. If the latter, a bay or bays will be required with power for recharging, either part of or outside the Gymnasium; but if inside the additional space must be added to the overall gymnasium size.

503374 140 .7.12 RECHARGING OF ELECTRICAL WHEELCHAIRS

Inpatients normally using electric wheelchairs or motorised chairs may need somewhere to park and recharge their equipment whilst in hospital.

Facilities to recharge patients' electric wheelchairs and motorised chairs overnight. In rehabilitation units with a lot of wheelchair-dependent patients it is a logistic problem at night finding sufficient power points to plug in batteries. Ideally there should be a large space with docking stations so the rechargers and power extension cords are not spread out across the gymnasium each night, only to be collected up the next morning

502775 140 .7.15 SPECIFIC NEEDS IN INPATIENT UNITS

To avoid unnecessary transport to and from the main unit, space and facilities for ward-based therapy could be considered. Include but not confined to:

- 10m corridor length for walking tests
- Storage for equipment & mobility aids
- Ward-based treatment space larger than the area around a patient's bed
- Access to stairs for practising crutches
- Access to write-up area and storage of resource material.

Facilities will be addressed in detail in the Guideline for the Rehabilitation

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Inpatient Unit.

502776 140 .7.20 STAFFING

The staffing operational policy assumptions made in this guideline are:

- Office space will be provided where required for clerical and allied health staff including workstations in open treatment areas for immediate documentation.
- "hot" desks will be available for students and visiting staff
- Staff wearing uniforms will arrive at the Unit in uniform however shower / change facilities will be required for comfort reasons as much of the work is labour-intensive.

The number of staff will depend on the needs of the individual hospital / service. Planners are referred to the Australasian Faculty of Rehabilitation Medicine Standards (Draft 2005) that provides staff to patient ratios for every 10 inpatients and outpatients. Staff mix may include – either permanently or when required by referral:

- Director of Rehabilitation Medicine and/or the head of each therapy discipline
- Medical staff
- Nursing staff
- Physiotherapists
- Occupational therapists
- Social workers
- Speech pathologist
- Neuropsychologist (where brain impairment is an issue)
- Clinical psychologist (for treatment of complex behavioural disturbances)
- Prosthetists / Orthotists
- Aides
- Podiatrist
- Sport & Recreational Officers
- Dietitians
- Diversional Therapist
- Vocational Trainers
- Case Co-Ordinators
- Rehabilitation Engineers
- Clerical staff
- Housekeeper and cleaning staff
- Artisan and transport staff.
- Students of various disciplines

503375 140 .7.21 TEACHING

Most units will be involved with undergraduate and / or postgraduate training. Attendance will be variable. Students will need write-up space near the area of activity and numbers will need to be ascertained. Facilities will include a workstation for the supervisor and student lockers.

502777 140 .7.25 EMERGENCY EQUIPMENT

- Oxygen (wall panels or cylinders) for oxygen-dependent patients
- Cardiac monitor for cardiac patients
- Resuscitation trolley/s
- Medical gas service panels in selected locations for emergency use.

Planning Models

502778 140 .8.00 LOCATION

A Rehabilitation Unit should be in a ground floor location for ease of access by disabled patients, especially outpatients, and also have access to an external area for retraining purposes. The unit should be located immediately adjacent to the Rehabilitation Inpatient Unit.

This location is less critical for acute units if separate from the Rehabilitation Allied Health Unit. A ground floor access is desirable for access by outpatients but may create problems with regard to inpatient access.

Functional Relationships

502779 140 .9.00 The most critical relationship in circumstances where Rehabilitation Medicine is an established service is with its own Inpatient Unit/s.

However, consideration must also be given to necessary relationships with those wards most utilising therapy services in terms of the logistics of patient travel and transport. In some instances there may need to be duplication of facilities.

The Unit should have ready access to allied health units such as speech pathology, social work and the like where those units are not represented or located within the Unit itself.

Ready access to Orthopaedic Clinics by Physiotherapy.

Functional Areas

502780 140 .10.00 FUNCTIONAL ZONES

The Unit will / may comprise the following zones:

- Entry / Reception / Waiting
- Therapy Areas for Physiotherapy and Occupational Therapy with or without Speech Pathology and Podiatry
- Psychosocial Therapy Areas – Social workers, psychologists, Speech Pathologists, Diversional Therapist
- Assessment / Consulting Areas for primary services
- Patient Areas – Resource Room/Library, Dining, Hairdressing
- Shared non-clinical Support Areas – Stores, Loan Equipment, Utilities, Linen, Disposal
- Staff Offices and Amenities.

Additional / optional facilities may include:

- Hydrotherapy Pool
- Gait Analysis Laboratory
- Orthotics / Prosthetics.

502781 140 .10.05 ENTRY / RECEPTION / WAITING

Waiting will generally be for outpatients and supporters; inpatients will mostly be taken directly to the treatment areas. Numbers will need to be ascertained based on appointment systems.

Child play area may need to be considered for paediatric patients and siblings, oversighted by Reception.

Chairs should have arm support, be comfortable and resistant to damage and there should be space for a number of wheelchairs and patients with walking aids.

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Doors should be automatic opening.

Patients and supporters will need access to one disabled toilet as a minimum, a cold water fountain / dispenser and possibly a public phone.

Depending on the size of individual sub-units (Physiotherapy, Occupational Therapy, Speech Pathology, Social Work etc), one Reception will ideally serve the whole department.

502782 140 .10.10 ASSESSMENT / CONSULTING AREAS

A room or rooms will be available for initial assessment, consultations, interviews. May be shared between therapy disciplines. If rehabilitation clinics are conducted in the Unit, there must be sufficient rooms to accommodate throughput and rooms with dual access from corridor and also opening onto the gymnasium may facilitate gait analysis etc.

The zone may include office / consulting rooms for Social Workers, Clinical Psychologists, Dieticians etc (full time staff)

502783 140 .10.15 OCCUPATIONAL THERAPY

The following specific facilities will be required:

- Therapy rooms – for individuals and groups for static & dynamic activities
- Facilities for Activities of Daily Living (ADL)
- Storage for equipment and materials
- Loan Equipment Store if provided.

Depending on the service profile, additional areas may include:

- Facilities for splint making & hand therapy
- Dedicated paediatric treatment room
- Space for fitting and manufacture of pressure garments
- Heavy duty workshop
- Computer and vocational retraining
- Wheelchair storage & modification
- Garden therapy area.

It must be noted that a considerable amount of Occupational Therapy assessment of inpatients such as toileting and showering may be conducted at ward level if facilities are available and appropriate

502784 140 .10.20 ADL (ACTIVITIES OF DAILY LIVING) FACILITIES

Depending upon the specific Operational Policies of the Unit, these spaces will be fitted out in such a way as to demonstrate to patients the options available to them to modify their home environment to suit their particular disabilities. For example, different bench heights and leg space under benching to allow for wheelchair access. (Note that not all patients are in wheelchairs but may be ambulatory). Specially adapted equipment may also be demonstrated by occupational therapists. Functions and activities will include education and assessment.

Facilities may comprise:

- Domestic bathroom
- Toilet / shower cubicle
- Kitchen
- Lounge Room
- Bedroom (May or may not be combined with the Lounge Room)

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- Domestic Laundry.

502785 140 .10.25 DAY ROOM / DIVERSIONAL THERAPY

Day patients and families / supporters will need access to a Day Room for meals and refreshments. Operational policies will determine whether this area can / will also be used by inpatients attending the Unit or whether inpatients will return to their wards.

In between meals, this room may also be used by patients and carers during periods between treatments, for education sessions and other patient activities including diversional therapy.

If located adjacent to the open Occupational Therapy Area and sharing an operable wall, it will enable the creation of a larger space when required. Such a room is not required in a hospital acute unit.

502786 140 .10.30 PHYSIOTHERAPY – ACTIVITIES

Individual activities may include

- "... exercise programmes on mats or raised mats
- ... exercises on plinths using slings & springs attached to mesh
- pulley work
- gait training on bars, frame, crutches or stick
- tilt table work
- balance re-education
- climbing steps / stairs
- electrotherapy
- games."

Treatments may include:

- Wax treatment
- Hand therapy
- Plastering & splinting – limbs and body casts.

There are categories of patients that benefit from group / class work including:.

- Stroke and other neurologically impaired patients
- Spinal cord injured patients
- Amputees and orthopaedic patients
- Cardiac and pulmonary rehabilitation
- Rheumatology or back exercises.

Open spaces may also effectively be used for health education programmes, e.g. diabetic, cardiac or asthma patients.

(Source: Physiotherapy Department Design Guide 1981):

502787 140 .10.35 PHYSIOTHERAPY – FACILITIES

The following facilities will be required:

- Individual treatment areas – curtained bays and some enclosed rooms for patient privacy
- respiratory treatment room – well-ventilated. Medical gases. ?? Negative pressure
- open exercise area/s with equipment appropriate to the level and range of intended services (acute treatment & remedial)
- storage for equipment and supplies
- facilities for splint making / hand therapy (may be shared with Occupational

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Therapy)

- access to appropriate outdoor therapy areas.

Optional areas may include:

- PUVA treatment (unless in a Dermatology Unit)
- Hydrotherapy – if provided – will be managed by the Physiotherapy service and will require patient showering, toilet and change facilities with secure storage for clothing and valuables
- Consult / Exam Rooms opening onto a Gymnasium to enable appropriate mobility assessment during the course of a clinic.

Part of Physiotherapy services will be ward-based especially in critical care units.

502788 140 .10.40 GYMNASIUMS

There are two basic types of gymnasiums:

- Exercise Gym for group strength and fitness training with the major equipment (noisy); sprung floor, high ceiling. Used for acute rehabilitation, cardiac rehab etc. May also be used for recreational activities such as ball games.
- Open Gym for 1:1 skill training with plinths, stairs, parallel bars etc. Used for slow stream rehabilitation and for inpatients who may require a greater degree of privacy. May need lifting equipment and/or hoists. Will need access to oxygen and suction. Sufficient wall space capable of supporting the attachment of heavy equipment such as pulleys and wall bars. Will include curtain treatment bays – often with double plinths and wall and ceiling mesh screens for attaching accessories.

Ideally the rooms should have a northern aspect to assist in temperature control and one of the rooms should have direct access to an outdoor exercise area if provided.

All equipment must be wheelchair accessible.

Consider an overhead track system that runs the length of the gymnasium to enable patients to walk in a harness system without fear of falling (requires a reinforced ceiling)

502789 140 .10.45 WORKROOM

“Wet” area used for manufacture of limb supports, body casts and splints using a variety of materials and for preparing ice packs, heat packs and wax baths.

Will need plaster traps to sinks.

502790 140 .10.50 SPEECH PATHOLOGY

Speech Pathology utilizes acoustically-treated combined office / consulting / treatment rooms for treatment of adults and children with a range of speech and swallowing disorders.

May also require access to space on a Neonatal Unit for management of feeding problems, cleft palates etc. where the babies cannot be removed from the Unit and access to an acoustically- treated room in wards allows for ward-based treatment.

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Functional Areas

502791 140 .10.55 PODIATRY

Unless a full-time position (which is rare), the room should be able to be used for other purposes when not occupied by the Podiatrist providing equipment can be secured – either in the room or elsewhere. Consideration will need to be given to sterilization of podiatry instruments.

502792 140 .10.60 SHARED AREAS

- Dirty Utility
- Linen
- Resuscitation trolley
- General stores

502793 140 .10.65 STAFF OFFICES & AMENITIES

Offices and workstations will depend on Staff Establishment and will be allocated in accordance with NSW Health Policy Directive PD2005-576 – Office Accommodation Policy – Public Health Organisations and Ambulance Service.

Staff rostered to ward work will need access to workstations in the main unit; these should be allocated on the basis of approximately two thirds of FTE staff.

There will need to be work areas within the gymnasiums and in the open plan treatment cubicle area for write-up / access to computers.

502794 140 .10.70 HYDROTHERAPY

AS 3979-1993 (Under revision DR 05261) Hydrotherapy Pools sets out requirements and recommendations for the design, construction and operation of pools for use in the treatment of conditions requiring hydrotherapy. Does not apply to pools with a water capacity of 7500 L or less, nor to small tanks of the type which may incorporate fixed or rotating water jets.

Some specific design requirements for patient and staff safety include:

- Adequate change facilities for patients and staff including disabled access showers and toilets. And open shower on the pool concourse
- Adequate emergency call points including ceiling-suspended call points for therapists in the water.
- Recovery area comprising resuscitation trolley and bed or plinth should a patient collapse in the pool.

502795 140 .10.75 GAIT / MOTION ANALYSIS

A gait analysis laboratory is outside the scope of this guideline. However facilities for gait analysis comprising a force plate, computer equipment and camera may be incorporated into a Gymnasium. It is preferable that the computer equipment and camera are locked away when not in use.

There must be sufficient space lengthways (minimum 5m) and widthways (full arm span) to film the sagittal and coronal views of a walking patient and access to a treadmill.

Will be used by medical clinicians, Physiotherapists, Podiatrists and Orthotists in

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support of various medical / surgical clinical services, particularly neurosciences and Orthopaedics.

502796 140 .10.80 ORTHOTIC / PROSTHETIC SERVICES

An Orthotics Unit provides a comprehensive range of custom made and ready to fit orthoses for patients either as an outpatient service or an inpatient service. This includes the following functions:

- in/outpatient assessment
- prescription advice
- orthotic treatment
- treatment planning and review
- measurement, casting, design manufacture, fitting and adjustment of
- orthoses.

Orthotists attend Outpatient Clinics, team meetings, ward rounds and other activities to enhance patient care. The Orthotics Unit will also provide in-service training and lectures to other health care personnel and raise awareness of orthotics in the local community.

It is frequently collocated with other Therapy Units particularly Physiotherapy with which it has very close synergies but is outside the scope of this Guideline.

DESIGN

Access

502797 140 .11.00 EXTERNAL

If at ground floor unit with its own entry, an undercover set-down bay should be provided at the entrance to the Unit for those outpatients who arrive by bus or car and for return of loan equipment with disabled parking.

Access to:

- Medical Imaging
- Pharmacy
- Ophthalmology
- Audiology.

502798 140 .11.05 INTERNAL

The Unit should be accessible from the inside hospital's main entrance.

Wheelchair access is required to all patient-accessed areas of the Unit.

Access for large items of equipment.

Car Parking Requirements

502799 140 .12.00 Drop-off and disabled parking.

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

Disaster Planning

502800 140 .13.00 Refer to Part B Clause 80 and Part C of these Guidelines for further information.

Infection Control

502801 140 .14.00 Staff hand-washing facilities must be provided close to each therapy treatment space and in all Speech Pathology Treatment Rooms.

Consideration will need to be given to means of sterilizing podiatry instruments.

Consideration also to be given to storing and cleaning of returned loan equipment prior to returning to the Loan Store.

Refer to Part D of these Guidelines for further information.

Environmental Considerations

502802 140 .15.00 ACOUSTICS

The majority of the therapy areas of the Unit are open space. Further, the activities undertaken therein require hard, impervious flooring (timber or sheet vinyl) and generate noise.

Other areas within the Unit require acoustic privacy in order to be effective or prevent embarrassment such as Respiratory Treatment Rooms and rooms used for women's health disorders.

Account should be taken of the potential sources of noise within as well as from outside the Unit.

Solutions to the various acoustic characteristics and requirements include:

- use of curtains and other soft fabrics
- use of solid core doors
- co-locate potentially noisy areas
- strategic positioning of storage areas to create a sound buffer

Carpet in patient areas is not recommended.

Speech Pathology rooms have specific requirements in order to operate effectively.

502803 140 .15.05 LIGHTING

Natural lighting is essential in large treatment areas such as gymnasiums and in Staff Rooms.

Consideration should be given to lighting levels for patients who are visually impaired.

502804 140 .15.10 CLIMATE CONTROL

Good temperature control and ventilation in treatment areas as work can be arduous for both patients and staff.

It is important to remember that certain patients such as those with spinal cord injuries are unable to regulate their body temperature. It is therefore imperative that the gymnasium is air-conditioned.

Regardless of orientation, there must be means of sun control.

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Environmental Considerations

502805 140 . 15.15 INTERIOR DESIGN

The rehabilitation process is often a long one with patients commencing attendance at the Unit as inpatients and continuing as outpatients. C Consequently, the Unit should seek to provide a welcoming and supportive environment as it is essential that patients feel positive about returning to the Unit on a regular basis

Space Standards and Components

502806 140 . 16.00 ERGONOMICS

Refer Part C of these Guidelines for information.

502807 140 . 16.05 HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

502808 140 . 16.10 ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

502809 140 . 16.15 DOORS, WINDOWS AND CORRIDORS

Patient-accessed doors should be automatic and sized for wheelchairs.

Refer Part C of these Guidelines for information.

Safety and Security

502810 140 . 17.00 SAFETY

The patient population of this unit in particular requires special consideration in terms of safety as they will be at once disabled or incapacitated and yet are being encouraged to be mobile and self-sufficient.

“Unless otherwise approved, a Rehabilitation Unit shall provide rails and hand holds in all corridors, ramps, stairs, bathrooms and toilets to ensure safe movement of disabled people.” Source - Standards for Rehabilitation Medicine Services in Public and Private Hospitals, 1995 in revision

Every aspect of unit design with regard to finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff.

Sanitary facilities are where most accidents or mishaps occur, to both patients and staff. In particular, consider:

- slippery or wet floors
- protrusions or sharp edges
- stability and height of equipment or fittings
- choice of floor covering

Handrails and wheelchair access are mandatory.

502811 140 . 17.05 SECURITY

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502811 140 .17.05

After hours access control if used by the general public for classes, hydrotherapy.

Finishes

502812 140 .18.00 WALL PROTECTION

Refer to Part C of these Guidelines

502813 140 .18.05 FLOOR FINISHES

Essential that they are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

Also refer to Part C of these Guidelines

502814 140 .18.10 CEILING FINISHES

Gymnasium ceiling heights minimum of 3.3m.

Refer to Part C of these Guidelines

Fixtures & Fittings

502815 140 .19.00 Height of light switches

Handrails on both sides of corridors

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

Building Service Requirements

502816 140 .20.00 INFORMATION TECHNOLOGY AND MANAGEMENT

IT infrastructure must be compatible with overall hospital systems. There must be sufficient data points and power for computers and student laptops for direct entry of electronic records in the future and for viewing of digital images. (PACS).

502817 140 .20.05 DURESS ALARM SYSTEM

Locate at Reception and in Treatment Areas.

502818 140 .20.10 NURSE & EMERGENCY CALL SYSTEMS

Nurse call systems in all individual rooms and cubicles including those in Gymnasiums.

Staff Assist and Emergency Call at regular intervals.

Annunciators (non-scrolling) located in Reception, corridors, treatment areas and Staff Room.

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COMPONENTS OF THE UNIT

General

- 502819 140 .21.00 Allied Health Units will consist of a combination of Standard Components and Non-Standard Components. Standard Components must comply with details in Standard Components described in these guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 502820 140 .22.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of accommodation for Allied Health will be dependant on the Operational Policy and service demand.

Non-Standard Components

- 502821 140 .23.00 Provide the Non-Standard Components as described in this section, according to Operational Policy and service demand.

- 502822 140 .23.05 ADL LOUNGE

DESCRIPTION AND FUNCTION

The ADL Lounge is a domestic style lounge for patient assessment and training purposes. It may effectively be combined with the ADL Bedroom.

LOCATION AND RELATIONSHIPS

The ADL Lounge may be located with other ADL facilities, in the Occupational Therapy patient treatment zone, with ready access to waiting and amenities areas.

CONSIDERATIONS

The ADL Lounge will require the following fittings and furniture

- seating of varying heights and types
- access for wheelchairs and other mobility aids.

The area may be carpeted – wholly or in part.

- 502823 140 .23.10 AUDIOLOGY ROOM

DESCRIPTION AND FUNCTION

The Audiology Room is an acoustically isolated room containing an audiology booth and workstation area to undertake audiology testing and assessment.

LOCATION AND RELATIONSHIPS

The Audiology Room should be located in a quiet zone within the Allied Health patient consult and treatment areas. It should have ready access to waiting and amenities areas.

CONSIDERATIONS

The following fittings and equipment will be required:

- Soundproof booth
- Desk and chairs

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- Microphone

502824 140 .23.15 OCCUPATIONAL THERAPY AREA

DESCRIPTION AND FUNCTION

The Occupational Therapy area is a large open space to enable a range of static and dynamic activities to take place. The area may include space for table based activities, such as upper limb activities or functional mobility activities such as woodwork or splinting activities.

The area will be sized according to the number of patients to be accommodated and will be dependant on Operational Policy and service demand.

LOCATION AND RELATIONSHIPS

The Occupational Therapy area may be located adjacent to other therapy areas, with ready access to waiting and amenities areas.

If a Day Room is provided, collocation with this room and an operable wall will allow the increased flexibility of space.

CONSIDERATIONS

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
- Pinboard and whiteboard for displays
- Sufficient GPOs for equipment or tools to be used in activity areas

502825 140 .23.20 PODIATRY TREATMENT

DESCRIPTION AND FUNCTION

A Treatment Room with a podiatry chair for a Podiatrist to undertake assessment and treatment of the feet.

LOCATION AND RELATIONSHIPS

The Podiatry Treatment Room should be located within the patient treatment zone, with ready access to waiting and amenities areas.

CONSIDERATIONS

The following fittings and services will be required:

- Bench with sink, cupboards and drawers for preparation, storage and cleaning
- Podiatry chair (may be electric and adjustable)
- X-ray viewing boxes (optional)
- Examination light to chair area
- Staff handbasin with liquid soap and paper towel fittings
- Workstation for writing-up with clerical chair
- GPOs for treatment and workstation areas
- Telephone and computer outlets

Note that electronic worktables are available to which are attached the various electrical instruments used in the course of treatment.

502826 140 .23.25 STORE - LOAN EQUIPMENT

DESCRIPTION AND FUNCTION

A secure room for the storage of equipment and aids for loan to patients of the Unit in their homes.

Depending upon the Operational Policies of the Unit, the administrative control of the loan equipment may be performed in the store.

Functions and activities in the Loan Store may include:

- storage of items of equipment and aids
- distribution of equipment and aids
- receipt of equipment and aids returned to the Unit
- cleaning of returned items.

Detailed consideration should be given to storage capacity that will depend upon many factors including the size of the catchment area and the relationship which exists between the Unit and other facilities in respect of loan equipment.

The Store may be either be divided into "clean" and "dirty" zones or preferably a discrete holding area provided for returned items that will need cleaning associated with a Clean-Up Area. This may be a partitioned section of the main Store but it may be necessary to provide a hose.

LOCATION AND RELATIONSHIPS

Access to a loading dock is highly desirable car parking for collection and return of loan items to avoid double handling. If this cannot be achieved within the main Unit, consideration should be given to an alternate location that fulfils these criteria.

If within the Unit, direct access is required to the Unit Corridor.

Ready access to a cleaning area is required for cleaning equipment.

CONSIDERATIONS

Fittings and services shall include:

- Shelving, heavy duty
- Hooks, for hanging equipment such as walking frames

502827 140 .23.30 STORE - OCCUPATIONAL THERAPY

DESCRIPTION AND FUNCTION

Secured room for storage of splinting equipment, mobility aids, adaptive equipment, demonstration equipment and appliances.

The room will be sized according to the amount of equipment and consumables to be accommodated.

LOCATION AND RELATIONSHIPS

The Store should be located adjacent to the Occupation Therapy Room.

CONSIDERATIONS

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Fittings and services shall include:

- Shelving, heavy duty
- Hooks, for hanging equipment such as walking frames
- GPOs for recharging of equipment.

502828 140 .23.35 STORE – PHYSIOTHERAPY

DESCRIPTION AND FUNCTION

There are two types of storage required:

1. A secured room for storage of general equipment and mobility aids including crutches, and consumables used for physiotherapy treatment. The room will be sized according to the amount of equipment to be accommodated.
2. Electromedical equipment ideally needs to be in a bay adjacent to the outpatient cubicles so as to be readily accessible. Project staff should ascertain the type, quantity and dimension of the machines in order to ensure parking is adequate.

LOCATION AND RELATIONSHIPS

The Physiotherapy Store will be located with close access to the Gymnasium and other Physiotherapy treatment areas. The electromedical equipment should be immediately accessible from the outpatient cubicles.

CONSIDERATIONS

Fittings and services will include:

- Shelving, heavy duty
- Hooks, for hanging of equipment such as walking frames
- GPOs for recharging of equipment.

502829 140 .23.40 PHYSIOTHERAPY TREATMENT CUBICLES

DESCRIPTION AND FUNCTION

Individual treatment cubicles are required that provide visual privacy for the patient. If student training is undertaken a number of larger cubicles may be required and cubicles accommodating traction plinths will/may need additional length depending on the configuration of the cubicles.

There must be adequate space between plinths to enable patients to “park” their wheelchairs whilst practising transferring between wheelchair and plinth and sufficient personal screening around each plinth to ensure patient privacy if they are incontinent.

LOCATION AND RELATIONSHIPS

Treatment Cubicles may be located in close proximity to the Gymnasium and other patient treatment areas. Close access to patient amenities, handbasins and regularly used electrotherapy equipment is required

A small staff Workbase should be provided for access to computers for patient records and x-ray films (if PACS).

CONSIDERATIONS

Fittings and equipment include:

- Plinth - may be electric and/or adjustable height

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- Patient chair
- Hooks for patient clothing
- Cubicle screen track and curtains
- Patient/nurse call point and access to an emergency call point
- Body protected power outlets.

Optional:

- Storage for pillows, linen
- Write-up bench
- Access to handbasins.

502830 140 .23.45 VIEWING / OBSERVATION ROOM

DESCRIPTION AND FUNCTION

A discrete room with one-way glass for unobserved viewing of patients undergoing therapy in an adjoining room.

LOCATION AND RELATIONSHIPS

The Viewing Room may be located adjacent to Speech Pathology Consult/Treatment Rooms, Group Rooms as required.

CONSIDERATIONS

The efficiency of one-way glass is compromised if the viewing side is illuminated. Accordingly, the viewing side should:

- be separately light controlled
- have a light proof curtain around the doorway to allow entry/exit without filling the room with borrowed light
- have a light proof curtain which can be drawn over the viewing window if required
- be sound-proof so as to allow talk among the viewers without intruding into the viewed activity

The viewed room should contain a curtain which can be drawn over the viewing window when privacy is required.

An electronic sound system is required to transmit sound into the Viewing Room from the room being viewed. The microphone(s) should be removable when not in use so as to ensure peace of mind to other users of the room.

502831 140 .23.50 OT WORKSHOP

DESCRIPTION AND FUNCTION

The Workshop is an artisan/industrial area with defined areas of function and activities that may include:

- manufacture and repair of independent living aids;
- occupational therapy and retraining in physical skills for patients, e.g. - woodwork, metal work, plastic moulding
- materials and equipment storage

The area requirements of this space will depend upon its particular function and range of activities.

LOCATION AND FUNCTIONAL RELATIONSHIPS

Being an industrial type environment, this area may:

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- generate excessive noise
- require extreme ventilation provisions
- require direct delivery of materials

In order to allow for these characteristics it may be necessary for the location of the Workshop (including support areas) to be either a perimeter location or constructed separately from the main Unit.

CONSIDERATIONS

Special exhaust or dust extraction may be required.
Acoustic treatment may be required to reduce excessive noise transmission from the area.

An adequate level of general lighting including natural lighting is required.

Storage is required for:

- tools & equipment accessories
- materials in use
- safety goggles and other clothing
- timber and metal
- screws, bolts and other fasteners
- glue
- spare parts
- loose/mobile artisan equipment
- items in production

Major equipment requiring servicing will depend upon the activities planned and may include:

- pedestal drilling machinery
- woodworking lathe
- grinder
- band saw or drop saw.

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APPENDICES

Schedule of Accommodation

502833 140 .24.00 A Generic Schedule of Accommodation for a Rehabilitation / Allied Health Unit at Level 4, 5, and 6 follows.

The following Schedule of Accommodation is based on the premise that at Levels 5 and 6, Social Work, Clinical Psychology and Dietetics will be discreet departments in their own right, and that Audiology will also be a discreet unit or form part of an ENT Department/Clinic.

Services at Level 3 may be modified from Level 4 (Refer Role Delineation)

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

ENTRY/RECEPTION

ROOM/SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ENTRY/RECEPTION							
RECEPTION	yes			1 x 10	1 x 12	1 x 12	2 staff
STORE - PHOTOCOPY/STATIONERY	yes			1 x 8	1 x 8	1 x 8	
STORE - FILES	yes			1 x 4	1 x 6	1 x 6	
WAITING	yes			1 x 12	1 x 21	1 x 32	Based on 1.2m2 per person, 1.5m2 for wheelchairs. Modify to circumstances
BAY - PATIENT HOLDING				0	1 x 4	1 x 4	Part of Waiting space
BAY - DRINKING FOUNTAIN	yes			1 x 1	1 x 1	1 x 1	
BAY - PUBLIC PHONE				Share	1 x 2	1 x 2	
BAY - STROLLER / WHEELCHAIR PARK	yes			1 x 4	1 x 4	1 x 4	
TOILET - PATIENT/PUBLIC	yes			0	1 x 4	1 x 4	Or access to same
TOILET - DISABLED	yes			1 x 5	2 x 5	2 x 5	

502834 140 .25.00 Allied Health

ALLIED HEALTH							
AUDIOLOGY BOOTH	yes			1 x 10	0	0	2.7 x 3.4 Refer Notes below
AUDIOLOGY OBSERVATION				1 x 9	0	0	Separate Unit
OFFICE/TREATMENT - SPEECH PATHOLOGY	yes			1 x 15	15	15	No depends on service level
OBSERVATION ROOM - SPEECH PATOLOGY				1 x 5 (o)	5	5	
STORE - SPEECH PATHOLOGY	yes			1 x 4 (o)	1 x 4	1 x 4	

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OFFICE/CONSULT - CLINICAL PSYCHOLOGY	yes			1 x 12 (o)	12	12	No depends on service level. 16m2 Neuropsychology
OFFICE - DIETETICS	yes			1 x 9	0	0	No depends on service level. Unit Manager = 12m2 in large Department
STORE - DIETETICS	yes			1 x 4 (o)	0	0	
OFFICE - S/WORKER	yes			1 x 9	9	9	No depends on service level. Assumes access to Interview & Group Rooms. Unit Manager =
PODIATRY TREATMENT				1 x 14	1 x 14	1 x 14	May be multipurpose. If podiatry only, 10m2. At Level 5/6 may be located elsewhere.
GROUP ROOM				0	1 x 16	1 x 16	
OBSERVATION ROOM				0	1 x 8	1 x 8	Optional

502835 140 .26.00 Occupational Therapy

OCCUPATIONAL THERAPY							
ADL BATHROOM	yes			1 x 12	1 x 12	1 x 12	Optional
ADL LOUNGE					1 x 12	1 x 12	Optional
ADL BEDROOM	yes				1 x 13	1 x 13	Optional
ADL BEDROOM / LIVING				1 x 18	0	0	
ADL COMPUTER ROOM				1 x 10 (o)	1 x 10	1 x 10	2 patients. Optional
ADL KITCHEN	yes			1 x 12	1 x 22	1 x 22	Size allows for a number of patients
ADL LAUNDRY	yes			1 x 8	1 x 11	1 x 11	Optional
LOAN POOL EQUIPMENT				1 x 14	1 x 20	1 x 20	Size will depend on extent of service
CLEAN-UP ROOM					1 x 6	1 x 6	For returned loan equipment
SPLINT ROOM					1 x 16 (o)	1 x 16 (o)	Specifically hand splinting. 2-3 patients plus wet prep area
OCCUPATIONAL THERAPY ROOM - LIGHT - ADULT				1 x 28	1 x 42	1 x 70	Approx 7m2 per patient
OCCUPATIONAL THERAPY ROOM - LIGHT - PAED.					1 x 40 (o)	1 x 40 (o)	10m2 per patient
OCCUPATIONAL THERAPY ROOM - WORKSHOP				0	1 x 50 (o)	1 x 50 (o)	5 patients. Optional
STORE - ONGOING WORK				1 x 4	1 x 7	1 x 7	
STORE - MATERIALS & EQUIPMENT				1 x 12	1 x 14	1 x 20	
STORE - TIMBER & METAL				0	1 x 20	1 x 20	If workshop provided
STORE - ASSESSMENT WHEELCHAIRS				1 x 10 (o)	1 x 15	1 x 15	

502836 140 .27.00 Physiotherapy

PHYSIOTHERAPY							
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GYMNASIUM - INDIVIDUAL TREATMENT			1 x 80	1 x 100	1 x 120	Approx 6m2 per patient. May need 2 gyms to separate ortho/vascular patients from neuro
GYMNASIUM - GROUP CLASSES			0	1 x 50	1 x 80	Treadmills, Bikes etc
STORE - GYM EQUIPMENT			1 x 8	1 x 10	1 x 12	
BAY - WATER FOUNTAIN			1 x 1	1 x 1	1 x 1	Disabled access. In / near gymnasium
OFFICE - WRITE-UP BAY	yes		1 x 6	1 x 9	1 x 12	Part of Gymnasium
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	Access from Gymnasium
PATIENT BAY - TREATMENT - SINGLE			7.5	7.5	7.5	Outpatient Area; single plinths. No. will depend on utilisation and throughput. 2.7 x 2.7
PATIENT BAY - TREATMENT - SINGLE			10	10	10	Extra length for traction plinths. 2.7 x 3.6. Minimum of 1.8m aisles between facing cubicles
TREATMENT ROOM	yes		1 x 12	12	12	Respiratory & other conditions requiring privacy. No. will depend on service profile
BAY - MOBILE EQUIPMENT	yes		1 x 4	1 x 10	1 x 10	Parking for various items of electrotherapy equipment near Outpatient Area
BAY - HANDWASH - TYPE B	yes		2 x 1	4 x 1	4 x 1	
PLASTER / SPLINT ROOM	yes		0	1 x 16	1 x 16	2 & 3 patients
WORKROOM			0	1 x 14	1 x 14	"Wet" area for manufacturing splints, ice machine, hydrocollator etc
OFFICE - WORKSTATION			1 x 4.4	4.4	4.4	Near treatment bays/rooms. Collocate with handbasins
STORE - EXERCISE EQUIPMENT	yes		1 x 14	1 x 20	1 x 20	
OUTDOOR GAIT ASSESSMENT						Optional
DISCOUNTED CIRCULATION %			30%	32%	32%	

502837 140 .28.00 Shared Clinical Support Areas

SHARED CLINICAL SUPPORT AREAS						
ASSESSMENT / INTERVIEW ROOM			1 x 10	10	10	No. will depend on operational policy re clinics
CONSULTING/EXAMINATION ROOM	yes		1 x 12	12	12	No. will depend on operational policy re clinics
SPLINT ROOM			1 x 14			Shared Physio / OT at Levels below Level 5
BAY - LINEN	yes		1 x 2	2 x 2	2 x 2	
BAY - RESUSCITATION TROLLEY	yes		Shared	1 x 2	1 x 2	
CLEAN UTILITY (NO DRUGS)			0	1 x 9	1 x 9	
DIRTY UTILITY - SUB	yes(draft)		1 x 8	1 x 8	1 x 8	
DISPOSAL ROOM	yes		Shared	1 x 8	1 x 8	

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CLEANER'S ROOM	yes			1 x 5	1 x 5	1 x 5	
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502838 140 .29.00 Staff Areas

STAFF AREAS							
OFFICE - DIRECTOR	yes			1 x 9	1 x 12	1 x 12	
OFFICE - CHIEF OT	yes			0	1 x 12	1 x 12	
OFFICE - WORKSTATIONS - OTS	yes			0	4.4	4.4	No. will depend on staff establishment
OFFICE - CHIEF PHYSIO	yes			1 x 9	1 x 12	1 x 12	
OFFICE - PHYSIO 2 PERSONS - SHARED	yes			1 x 12	0	0	
OFFICE - WORKSTATIONS - PHYSIOS	yes			0	4.4	4.4	No. will depend on staff establishment
STUDENT ROOM				1 x 9	1 x 14	1 x 14	
MEETING ROOM	yes			1 x 15	1 x 20	1 x 20	
PROPERTY BAY - STAFF	yes			1 x 3	2 x 6	2 x 6	Male & female
STAFF ROOM	yes				1 x 25	1 x 25	
SHOWER - STAFF	yes			1 x 2	2 x 2	2 x 2	Male & female
TOILET - STAFF	yes			1 x 3	2 x 3	2 x 3	Male & female
DISCOUNTED CIRCULATION %				25%	30%	30%	

502839 140 .30.00 Hydrotherapy (Optional) Note : Inclusion will depend on policy/service

HYDROTHERAPY (OPTIONAL)							
OFFICE - SINGLE PERSON - 9M2	yes			0	1 x 9	1 x 9	May double as a rest room
OFFICE - WORKSTATION	yes			1 x 4.4	0	0	
OPEN SHOWER AREA				1 x 3	1 x 6	1 x 6	
POOL & SURROUNDS				1 x 90	1 x 240	1 x 240	
STORE - GENERAL	yes			1 x 9	1 x 16	1 x 16	Hydrotherapy aids & equipment (that may be wet or damp).
SHOWER - DISABLED				1 x 5	1 x 5	1 x 5	
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	

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TOILET/SHOWER/CHANGE - PATIENT				2 x 8	2 x 24	2 x 24	
TOILET/SHOWER/CHANGE - STAFF				1 x 3	1 x 6	1 x 6	
PLANT ROOM				1 x 10	1 x 20	1 x 20	
DISCOUNTED CIRCULATION %				20%	20%	20%	

- 502840 140 .31.00 Notes:
 Audiology: Major audiology services will need to be separately briefed and may have a number of rooms performing different functions
 Occupational Therapy Treatment: Depending on service profile, may need separate paediatric treatment area

Functional Relationships

- 502841 140 .32.00 A diagram of key functional relationships is attached.

Checklists

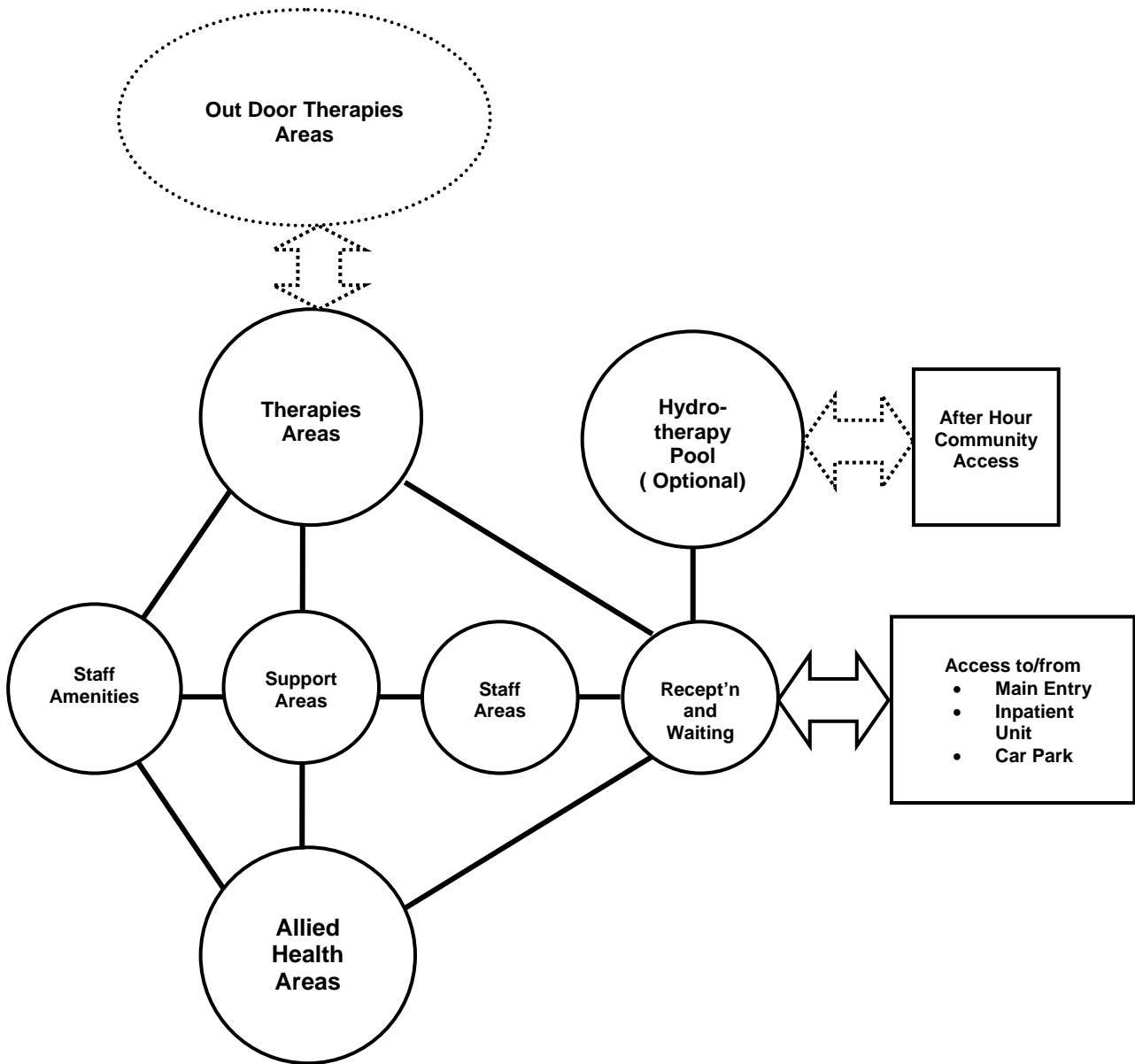
- 502842 140 .33.00 A Security Checklist is appended to this document. Refer also to Part C of these Guidelines for general requirements.

References and Further Reading

- 502843 140 .34.00 DS-27 – HBG – Rehabilitation / Day Hospital Unit, NSW Department of Health, Capital Works Branch, October 1992.
- Physiotherapy Department Design Guide, Australian Physiotherapy Association, Sydney, 1981.
- Standards for Rehabilitation Medicine Service in Public and Private Hospitals 1995 (Under review 2005), Australasian Faculty of Rehabilitation Medicine, Royal Australian College of Physicians.

FUNCTIONAL RELATIONSHIP DIAGRAM –REHABILITATION/ ALLIED HEALTH UNIT

The following diagram sets out the relationships between zones in a Rehabilitation/ Allied Health Unit:



SECURITY ISSUES TO BE CONSIDERED IN REHABILITATION /ALLIED HEALTH UNIT

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Area to treat inpatient and outpatient	1. Control access.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Patient files	<ol style="list-style-type: none"> Personnel working on these files must return to secure area after use or return to Medical Records Department. If any electronic files are produced, locate in restricted area of hard drive.
2. Furniture Fitting and Equipment including Computers, Office and Medical Equipment	<ol style="list-style-type: none"> Non-removable 'Asset No.' on all equipment above a predetermined value. Keep equipment in lockable area.
3. Staff personal effects	<ol style="list-style-type: none"> Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.
4. Hospital Personnel Safety	<ol style="list-style-type: none"> Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. Locked doors between patient and work areas.
5. Patient "wandering"	<ol style="list-style-type: none"> Appropriate alarm system on doors and/or personal locator system.
6. Hydrotherapy Pools	<ol style="list-style-type: none"> More then one staff member to be always present to provide assistance. Strategic location of fixed duress buttons to summon assistance. Alternate means of egress.

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SECURITY CHECKLIST –REHABILITATION/ ALLIED HEALTH UNIT

FACILITY:	DEPARTMENT: Rehabilitation/ Allied Health Unit	
RISK ISSUE	DESIGN RESPONSE	
1. Do staff have access to both fixed and mobile duress systems?		
2. Is access to patient records restricted to staff entitled to that access?		
3. Is a system implemented to prevent theft of equipment, files, personal possessions, etc?		
4. How is this area secured during and after hours?		
5. Are there lockable storage areas available for specialised equipment?		
6. Is lockable furniture provided for storage of staff personal effects?		
7. How are the offices secured during and after hours?		
8. Has a system been included to address 'patient wandering'?		
DESIGN COMMENTARY /NOTES	DESIGN SIGN-OFF	
	Name:	
	Position:	
	Signature:	
	Date:	
	Name:	
	Position:	
	Signature:	
	Date:	
	Name:	
	Position:	
	Signature:	
	Date:	

SPACE REQUIREMENTS FOR GYM EQUIPMENT IN REHABILITATION / ALLIED HEALTH UNIT

Item	Dimensions metres	in	Total m2	Circulation Around m2	Total m2
Bike: Upright	1 x 1.5		1.5	2.0	3.5
Bike: Reclining	1 x 2		2.0	2.0	4.0
Steps with rail	1.5 x 1.5		2.25	1.0	3.25
Step	0.5 x 1		0.5	1.0	1.5
Treadmill	2.5 x 1.5		3.75	2.0	5.74
Rower	1 x 2.5		2.5	2.0	4.5
Table with armgrinders	1.5 x 0.7		1.05	1.0	2.05
Weight racks: wall space	1 x .02		0.02	1.0	1.02
Parallel Bars	0.85 x 5.0		4.25	0.9 at each side of rails for therapist = 2.65 wide; additional 1.5 at each end for access = 8m L	21.2

Note that circulation can be used more than once.