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## INTRODUCTION

### Preamble

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- 134 .2.00 This Guideline reflects advances in the understanding of optimal environments for care, advances in assessment and treatment, and changing practices in the delivery of mental health services. Inpatient care may be required because the person is acutely ill, highly distressed and requiring further assessment and diagnosis or is not responsive to current treatments or to treatment in a community setting.

Some patients may be agitated, aggressive and potentially a risk to themselves or others, including staff. The Unit must therefore provide an environment where there is a high level of security and the capacity for observation and even temporary containment. However, this should be achieved with a therapeutic focus so that while necessary measures for safety and security are in place, they are non-intrusive and do not convey a custodial ambience.

Optimal physical environments are associated with shorter lengths of stay, lower levels of aggression and critical incidents, better client outcomes and better staff conditions and satisfaction. Recurrent costs will be substantially reduced and client services and outcomes improved in such settings.

### Introduction

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- 134 .3.00 The ultimate size and function of the unit will vary according to the role delineation of the service and the operational policies.

This document outlines the specific requirements for the planning of an Acute Adult Mental Health Unit and must be read in conjunction with generic requirements and Standard Components as described in Parts A, B, C and D of the Guidelines

It also addresses a Psychiatric Intensive Care Unit (PICU). This is tertiary level service that admits acutely unwell mental health patients requiring containment, security and intensive clinical management and observation. These patients are those that cannot be managed in the secure section of a general mental health unit. As a tertiary unit, it admits patients from across an Area Health Service, not just a local sector.

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

Child and Adolescent Units, Ambulatory Care Units and Psychiatric Emergency Care Centres (PECC) are covered in separate sections of these Guidelines.

- 134 .4.00 ELECTROCONVULSIVE THERAPY (ECT)

ECT should only be undertaken in a dedicated ECT Suite, Day Procedures Unit or Operating Unit. No facilities for ECT are provided in the Unit.

### Policy Statement

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- 134 .5.00 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".

Also refer: "Charter for Mental Health Care in NSW" and

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

PD2005\_339. Manual – "Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities".

### Description of the Unit

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#### 134 .6.00 DEFINITION OF HEALTH PLANNING UNIT (HPU)

The function of the Adult Acute Mental Health Unit is to provide – in a safe and therapeutic environment - appropriate facilities for the reception, assessment, admission, diagnosis and treatment of adult patients presenting with known or suspected psychiatric conditions and behavioural disorders. In a gazetted unit, patients may be admitted on a voluntary or involuntary basis. (Refer Mental Health Act 1990).

Depending on the Service Plan, it may also include a Psychiatric Intensive Care Unit (PICU).

The Unit must also provide facilities and amenities to meet the needs of families and staff.

#### 134 .7.00 OPTIMUM UNIT SIZE

The number of beds – with or without Psychiatric Intensive Care beds will depend on the Service Plan. However, it has been suggested that a complex comprising a PICU and acute ward should aim to have at least 6 staff on duty at any time including the night shift in order to facilitate rapid management of psychiatric emergencies and to gain the benefits of economies of scale in staffing costs.

In the interests of staff safety, a Psychiatric Intensive Care Unit (PICU) attached to an acute mental health unit needs to have at least 2 staff on duty at all times including night shift to gain economies of scale with regard to recurrent staffing costs.

Also refer to UK literature - Not Just Bricks & Mortar - that proposes 15 bed modules up to a maximum of 3 x 15 bed units. Based on need for up to 6 staff to deal with violent situations. Also suggests bed occupancy should not exceed 85% if a safe environment is to be maintained and pressure for premature discharge avoided.

#### 134 .8.00 PSYCHIATRIC INTENSIVE CARE UNIT (PICU)

Individual rooms/spaces are identical in most respects to the main unit. Refer Schedule of Accommodation.

Bed numbers will depend on the catchment served and will need to be agreed at an early planning stage.

It is envisaged that a single Reception will serve the entire unit.

It is also envisaged that PICU will share the Secure Entry with the Secure Zone of the main Unit.

All efforts should be made in planning to avoid duplication of shared support areas such as Staff Station, Utilities etc. However, sharing of services must not compromise the ability of staff to observe patients in PICU and must not compromise security and safety of staff and patients.

#### 134 .9.00 POPULATION PROFILE

Patients: Depending on the availability of age-specific facilities in the mental health network (child & adolescent and psychogeriatric units), age may range from 16 to 85 years particularly in rural and fringe metropolitan areas.

Staff include Medical, Nursing, Allied Health, Official Visitors, Legal and Mental Health Advocates.

Families / Carers

## PLANNING

### Description of the Unit

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#### 134 .7.05 BED CONFIGURATION & UNIT LAYOUT

The design of the inpatient areas must facilitate safety and security 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 such as male and female patients who may feel threatened if in close proximity to the opposite sex. Small groups of bed rooms with an adjacent recreational space will allow better management of changing patient needs and flexibility of use.

Dead-end corridors where patients may be unable to be seen must be avoided and consideration must be given to safe and supervised access for housekeeping, catering and other staff who may feel uncomfortable in the mental health environment.

### Operational Models

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#### 134 .10.00 HOURS OF OPERATION.

The Unit will operate 24 hours per day, 7 days per week.

#### 134 .11.00 FLEXIBILITY

Patterns of care frequently change, as do the needs of the populations served. Thus it is critical that physical environments are also flexible and can adapt over time in response to changes in practice and treatment. This flexibility should be provided in ways that will maintain a positive and therapeutic physical environment.

In many instances, facilities – particularly public areas, staff amenities and clinical support rooms may be shared between zones. However, each section of the Unit should have its own lounge/dining and activities area. It is neither safe nor practical to move patients between secure and open areas of the facility to access lounge, dining, interview, activities, treatment etc areas.

Encouraging part-time service providers to share common office and treatment spaces also increases utilisation and reduces operating costs.

#### 134 .11.05 BUILDING DESIGN

Health facility design involves compromise between the desire to provide the patients, visitors and staff with a safe, pleasant and comfortable environment and the ability to operate the unit efficiently. Health facility design embodies varying solutions to satisfy the most commonly accepted design requirements:

- Compliance with fire safety and building regulations
- Privacy
- Supervision
- Comfort
- Convenience
- Efficiency
- Adaptability
- Ease of access

Factors that can influence these requirements include:

- Surrounding environment
- Building footprint
- Security issues
- Sight lines
- Travel distances
- Occupational Health and Safety requirements for patients, staff and the public
- Noise control
- Infection control

### 134 .11.06 LAYOUT

Consideration should also be given to the following issues when planning the layout of a mental health unit:

- Prevalence of violence and theft
- Availability of qualified staff
- Need for space, light and a functional layout
- Changes in the composition of the patient population
- Rapid changes in technology
- Maximising efficiencies in recurrent/operating costs.

The final layout of a mental health unit will reflect the interplay between the following factors:

- The interplay between inpatient and ambulatory care services in the Area Health Service model of service delivery
- Special needs of potential patients
- The effect of mixing mental health and non-mental health clients

### Operational Policies

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#### 134 .12.00 GENERAL

Operational Policies have a major impact on the design and the capital and recurrent costs of health facilities. Policies will vary from Unit to Unit depending on a wide range of factors but the cost implications of proposed policies must be fully evaluated to ensure the most cost-effective and efficient design solutions are developed.

The development of Operational Policies is crucial to defining how the unit will operate within the hospital, the Area Health Service's mental health service as well as in relation to adjoining Area Health Services from which patients may be referred. Users must define their own policies - refer to Part B Section 80 of these Guidelines for further information.

#### 134 .13.00 USE OF SECLUSION AND RESTRAINT

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

#### 134 .14.00 SMOKING

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.

Patient and staff safety is of paramount importance but to provide a facility that prevents staff from being seen in a 'custodial' light may improve therapeutic relationships & patient independence. Consideration may 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.

#### 134 .15.00 PROVISION OF SINGLE GENDER AREAS

Provision of a female-only sitting room to give women a greater sense of security may need to be considered.

There should also be separate male and female toilets in each zone of the Unit.

#### 134 .16.00 FIREARM SECURITY

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When planning firearm security arrangements, refer to the operational policy for Admissions. If patients are admitted through the Emergency Department and Psychiatric Emergency Care Centre (PECC), police may not present to the Adult Acute Mental Health Unit and firearm security may not be required.

If however patients are admitted directly to the Adult Acute Mental Health Unit, police officers visiting the unit and/or accompanying a patient to the unit must disarm at the Entry.

A recessed bay in the Entry Lobby for the firearms safe may be considered to provide a protected disarm area.

It is important that contact be made in the first instance with the Duty Officer of the local police station to ascertain current requirements. Each station has a Weapons Officer who can provide advice in the design phase on access requirements and the type of firearm security cupboard, etc. that may be required by any police officers attending the mental health unit.

### 134 .17.00 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 - and there must always be at least 2 staff in a PICU.

Overall, the unit should have a total of at least 5-6 staff at any time to expedite management of emergencies. The size of the unit should reflect desirable minimum staffing levels – see clause 502586 Description of the Unit – Optimum Unit Size.

## Planning Models

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### 134 .18.00 CONFIGURATION

The Adult Acute Mental Health Unit may be developed as:

- a stand-alone unit or group of units as part of a Mental Health complex
- a dedicated Adult Acute Mental Health Unit within a general hospital
- a number of dedicated patient bedrooms as an annexe to an Acute Inpatient Unit.

### 134 .19.00 BUILDING DESIGN

Patients may at times exhibit disturbed or high risk behaviour. Appropriate planning and use of materials (for example impact-resistant glass, low maintenance/ resilient surface etc) can achieve an environment where all patients can co-exist with minimal disruption to each other. The building should be able to accommodate patients of all levels of disturbance without taking on custodial, prison-like characteristics. The building should consciously have a public face with service entry to back of house zone

The design of external spaces, as for the building, should be domestic in nature, rather than formal or monumental and should have the following features:

- It should provide opportunities for privacy, recreation and self expression
- It should provide opportunities for movement/ambulation both indoors and outdoors with unobtrusive environmental boundaries and with appropriate safety provisions.

## Functional Areas

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### 134 .20.00 GENERAL

Individual spaces combine to form functional zones or groups of spaces with a similar purpose.

The Adult Acute Mental Health Inpatient Unit will consist of a number of functional zones. Some of the rooms/spaces within those zones are Standard Components as

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defined in Section B of the Guidelines but are discussed here to highlight the special needs in a Mental Health Unit.

### 134 .21.00 MAIN ENTRY / RECEPTION / CLERICAL AREA

For reception of all persons entering the Unit with the exception of involuntary admissions who will access the unit via the Secure Entry.

A safe environment must be provided for staff in this workspace while providing a welcoming ambience for patients and others. Direct access for reception staff to a safe retreat in an adjacent secure area should be provided in the case of any threat to staff safety from persons arriving at the main entry and duress alarms – personal and/or fixed must be available.

A general admissions area for booked patients – as distinct from the Secure Unit - with its own direct access door in close proximity to the main public entry is now becoming common practice where patients can be received and processed in a more discrete environment.

Refer to Part C 5.90 for additional information.

### 134 .22.00 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 and whether or not there is an associated Ambulatory Care Mental Health 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. Assuming for inpatient use only, a minimum of one room for every 6 beds is suggested.

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.

### 134 .23.00 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 more than one staff station to enable coverage of all inpatient areas 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.

### 134 .24.00 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 and is shared between Observation (Secure) and General Inpatient Areas.

The room may also serve as a Treatment Room for 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.

### Functional Areas

#### 134 .25.00 STAFF OFFICES

These spaces have been zoned separately to allow offices to be in a location away from patient areas and that may be locked off 'after hours' and at weekends whilst still giving after-hours staff the necessary access to amenities, photocopier etc.

The practice of seeing patients in offices can seriously compromise staff security and safety. There should be no patient access to the area and sufficient Consultation Rooms must be provided to ensure that ad hoc consultations do not occur in offices.

The office for the NUM and registrars' workroom should be located close to the Staff Station so as to be readily available to offer support to and supervise staff and have ready access to clinical information.

The size of the unit and the staff establishment will determine the number of offices and workspaces. Refer to NSW Policy Directive PD2005\_576 – Office Accommodation Policy.

#### 134 .26.00 STAFF AMENITIES

Comprises Staff Room, Property Bay, Toilets and Shower.

The size of the unit and the number of staff employed will determine the number and configuration of spaces in this zone.

It should provide a quiet space for staff to withdraw from the patient environment. Access to a courtyard or external space is important for the well being of staff who work in demanding clinical environments.

Rooms will need to be accessible twenty-four hours per day, seven days a week and are for the use of all staff including clerical, cleaning and administrative staff.

#### 134 .29.00 MEETING / MAGISTRATE'S ROOM:

Used for group therapy sessions, staff meetings 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.

Mainly accessed by patients from general inpatient area for activities, and by staff, carers and possibly others from the Community. However, there needs to be discrete close access from the Observation (Secure) Zone for patient attendance at magisterial sessions.

#### 134 .30.00 For safety reasons two points of egress are essential.

A system of personal duress alarms with location finders should operate throughout the unit so that there may be limited need for fixed duress alarm points. Visiting officers and staff such as magistrates and VMOs should be provided with and trained in the use of personal duress alarms.

Furnishings such as tables and chairs should be appropriate for the various activities in the room but be heavy enough to eliminate their potential use as weapons. The design and/or set-up of tables for magistrate sessions should ensure that the distance between magistrate and patient does not allow the latter to reach across.

This room should be considered for video, telepsychiatry and teleconferencing facilities for consultations, education, and a possible future link to the Law Courts.

Refer to:

Memorandum of Understanding for the Conduct of Review Hearings Under the Mental Health Act by Magistrates of the NSW Local Court, December 1999



### Functional Areas

#### 134 .32.00 SINGLE BEDROOMS

Single rooms provide gender and age-separable accommodation, a haven for the patient and privacy for visitors; however use as a de facto consultation rooms should be discouraged / avoided on staff safety grounds.

It is recognised that patients with mental illnesses need increased personal and ambulatory space. An external outlook coupled with high ceilings adds to the perception of light and space and is a positive contribution to treatment. There should be no 'blind spots' in the rooms particularly any created by open doors and the rooms should be key-lockable from the outside.

Doors should be able to be opened from the corridor should a patient attempt to blockade him/herself in. This is of particular importance in the Observation (Secure) Inpatient and PICU bedrooms.

Viewing panels should be provided in bedroom doors in the Secure Unit and PICU but their installation in open unit bedrooms may be a decision made on a project-by-project basis. Their positioning should ensure that should the glass be broken or removed, a patient cannot put an arm through and operate the door lock.

Consider low wattage night light over the bed space for use by staff when carrying out night time observations of patients.

Measures should be taken with acoustics to minimise transference of noise between adjoining bedrooms.

Whilst domestic-style beds may be preferred for ambience, the needs of the staff who may still have to make beds must be considered.

#### 134 .33.00 TWO BED ROOMS

Two bed rooms may be included in the General Inpatient Zone providing an option for sharing, or the accommodation of a mother and child (although 15m<sup>2</sup> will comfortably accommodate a cot). They can however be restrictive, result in the disruptive movement of patients to other rooms in order to accommodate new admissions and are generally not recommended; and they are not suitable in the secure unit or PICU.

#### 134 .34.00 BEDROOM EN SUITE – OPEN UNIT

Each bedroom in the open unit is to have its own en suite. There are a number of configurations – inboard, outboard and between rooms. The latter option is preferred as it maximises bedroom use and patient observation. The inboard option provides privacy and dignity but care must be taken that a narrow passage is not created at the entrance to the bedroom that might minimise good observation through the vision panel in the door where provided, create blind spots inside the bedroom, facilitate barricading and that may compel staff to enter the room in single file.

Doors must be lockable but be able to be opened by staff in an emergency and also be lockable by staff to deny access to patients with eating disorders who may attempt to dispose of food or self-induce vomiting.

The door to en suites should open in a way that does not create a blind spot when open or – with inboard en suites - enable the en suite door and bedroom door to be tied together thus creating a barricade.

Consideration should be given to having separate toilets and showers in the Secure Unit and PICU with access able to be controlled by staff.

Some additional considerations for en suites, showers and toilets include:

- fixed toilet brush with container
- recessed area for garbage bins
- durable toilet roll holders
- ensuring the shower water drains away from the door even with heavy water pressure (consider flow restrictors).
- collapsible hooks for clothing and towels
- in-fill hand rails
- soap and shampoo dispensers
- solid surfaces to vanity benches that will resist water spray
- shower curtains (and tracks) may not be required rooms have good floor-to-fall drainage

### Functional Areas

#### 134 .35.00 SECLUSION ROOM

The usage of this space will vary from unit to unit. The room is usually occupied for short periods of time, either on an involuntary or voluntary basis. It must provide a safe and secure environment for the client, and must meet all OH&S Guidelines for staff safety.

Acoustic treatment is of the utmost importance for noise isolation. When used on a voluntary basis for "time out" it provides the 'quiet space' needed by the patient.

#### 134 .36.00 The following design features include edited extracts from "Restraint, Seclusion and Transport Guidelines for Patients with Behavioural Disturbances" – NSW Health 2005

- Seclusion rooms should be 15 sqm in size with a minimum ceiling height of 3.0m.
- Location of the room must provide for patient privacy from passing staff/patients/visitors
- Ideally an external window with impact-resistant glass with an external view and natural light should be provided
- The environment should ensure an agreeable impact on the patient's senses (décor, colour, sound, etc)
- Convenient access to toilet and shower facilities if the patient is in seclusion for extended periods
- Door with an observation panel wide enough to admit a very disturbed patient being escorted by a number of staff.
- Door locks must be strong, multipoint locking. Allow for rapid locking with minimal risk of finger or limb entrapment/injury
- A large clock outside the room visible to patients with time, day of week, month and year.

As a minimum, the room must have:

- good clinical lighting to carry out medical emergency procedures with dimmer switch to control lighting as required to reduce stimulus to the agitated sleep-deprived patient (switches outside)
- low voltage night light (switches outside) for observation
- comfortable temperature (thermostats outside)
- above standard ventilation (particularly if patient's hygiene is poor)
- no smoke detector.
- seamless, easily cleaned wall and floor surfaces

In addition there should/may be:

- Comfortable bed and bedding
- Intercom to Staff Station
- Music system (speakers)
- CCTV camera (optional) positioned so that the patient can be observed at all times – no blind spots.

#### 134 .37.00 DINING ROOM/KITCHEN

Provides a defined space for clients to eat at tables seating four and may be used for general activities outside of meal times.

There should be a direct access from the hospital corridor to the Kitchen/Servery (located in the General Zone) for delivery of food supplies and meals.

Depending on service arrangements, meals may be delivered 'plated' or served from the Unit Kitchen/Servery.

Self-serve beverage facilities including a refrigerator should be included in a large scale dining room – or in a centrally located 'domestic scale' kitchenette and may be used to promote activities of daily living (ADL). These beverage facilities should be accessible by patients 'after hours' and at weekends.

There should be external outlooks and access to outdoor space, which can be used in all weather. High ceilings and the use of skylights as well as windows can promote the perception of light and space. Décor should reflect a 'home like' environment.

### 134 .38.00 LOUNGE / ACTIVITY AREA

These areas may be used twenty four hours a day and cater for a variety of activities. They may form part of smaller group areas for relaxation or television viewing, or a large space used by all patients in the Zone. The space is sized in accordance with patient numbers and the projected service need.

The areas should overlook and open onto an outdoor area. They should be clearly observable from the Staff Station with transparency and the flow of passing staff aiding activity monitoring.

There should be careful selection of furniture and décor, comfortable but heavy lounges and the use of non-institutional colours to promote a welcoming and safe environment for companionship, the opportunity to be alone, or to be with visitors. The finishes and soft furnishings are to be washable and easily maintained or restored. Cupboards should be lockable and have adjustable shelving.

The space is sized in accordance with patient numbers and the projected service need.

### 134 .39.00 OUTDOOR AREAS (COURTYARD OR TERRACE)

Courtyards or terraces with outdoor views are an essential component of a mental health unit and as much design effort and attention to detail should be given to these areas as to internal spaces. In this guideline, they are treated as therapeutic areas and are included in the schedules of accommodation

There should be separate courtyards for the secure zone and PICU. Patients in the open unit need access to outside areas but they do not need to be secured.

These areas provide external space for patients and are essential to their well being. Nature and sky should be a priority without exposure to too much sunlight which adversely affects patients with medication-related photosensitivity. (Planners could consider wall-mounted sun screen dispensers). Shading and seating with protection from heat and brightness means that summer does not render courtyards useless, and in winter there is protection from winds and rain.

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.

Courtyards should be designed to reduce the patient's sense of being contained and provide some form of sensory stimulus. Suggestions include textured ground surfaces, resilient plants, shaded areas and attractive but sturdy seating.

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

Opening off the Lounge/Dining/Activity spaces, the courtyards should be clearly observable from the Staff Station.

### 134 .40.00 GROUP THERAPY

Space for group therapy shall be provided. This may be combined with the dining area described above, provided that an additional 0.7 m<sup>2</sup> per patient is added and a minimum room area of 21 m<sup>2</sup>, enclosed for privacy, is available for therapy activities

### 134 .41.00 BATHROOM

Inclusion of a Bathroom will depend on the patient population. It should comply with the needs of the disabled and provide a safe, secure environment for all clients and staff in accordance with OH&S Guidelines. The room must be lockable so that staff can control access and the design of the bath must be compatible with existing, or

proposed, lifting equipment.

### 134.42.00 OBSERVATION (SECURE) INPATIENT ZONE & PICU

These zones should be capable of secure separation from the remainder of the unit. There should be defined areas for male and female patients some of whom may feel threatened if in close proximity to the opposite sex.

Design should facilitate controlled movement of staff and patients between the Observation, PICU and General Inpatient zones so that all sections may use support facilities.

There should be the ability to increase, or decrease, the number of patient bed rooms between the zones depending on the acuity level of patients and the clinical needs of the unit.

Patients should be accommodated in an appropriate physical environment conducive to the treatment of mental illness. They should feel safe and have staff accessible. Equally, staff must be able to carry out their work in a safe and secure environment.

The components of these zones are – in most respects - identical to the General Unit except for size of patient support areas that will be compatible with patient numbers and provision of toilets and showers instead of en suites. (Refer Section 134.34.00.

### 134.43.00 EXAMINATION/ASSESSMENT ROOM

This room should be located adjacent to the Secure Entry and the Seclusion Room and should have two egress points and duress alarm point/s. (Personal alarm system is assumed – Refer Section 134.77.00)

Locked cupboards (keyed alike) are required for the storage of clinical equipment, dressings, syringes/needles and other possibly hazardous materials within this room. 'Sharps' containers need to be securely enclosed so the sharps can be easily disposed of and not used as weapons or for self-harm.

## Functional Relationships

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134.44.00 The following are probably the most critical relationships:

- Other Units that may form part of a Mental Health Precinct
- Emergency Department and Psychiatric Emergency Care Centre (PECC)
- Operating Suite or Day Procedure Unit (for ECT)
- Security Base

## DESIGN

### Access

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#### 134.45.00 EXTERNAL

The policy of mainstreaming Mental Health and associated facilities requires that the Mental Health Unit is perceived as an integral and equal part of the health precinct. Its location should afford easy access to the shared services and facilities that will/may be used by the patients and staff of the Mental Health Unit. These services include:

- Diagnostic Services
- Operating Suite or Day Procedure Unit for ECT
- Visitor amenities
- Staff and visitor parking
- Staff education facilities
- Deliveries for meals, laundry, medical records, stores and supplies and waste collection

### Car Parking Requirements

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- 134 .46.00 All-weather drop-off parking for patients □

Discreet ambulance access and parking at the Secure Entry.

Refer to Part C, Section 790 for further information.

### Disaster Planning

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- 134 .47.00 There must be careful evacuation plans in place in the event of a fire or other emergency to ensure the safety of staff and patients.

Refer to Part B Section 80 for further information.

### Infection Control

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- 134 .48.00 The infectious status of many patients admitted to the Unit may be unknown. All body fluids should be treated as potentially infectious and adequate precautions should be taken.

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

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- 134 .49.00 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 disturb other patients. Areas requiring special attention are noted in the relevant Room Data Sheets.

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.

- 134 .50.00 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 affects patients with medication-related photosensitivity

- 134 .51.00 PERIMETER FENCING

This only applies to the outdoor areas for the Secure Unit and PICU. There is no requirement to “secure” open areas for patients in the General Unit.

Where required, fence design must avoid foot hold points to avoid scaling the wall.

Attention should be given to detailing roof overhangs, guttering and drain pipes which may provide a means of escape but fencing design and height should not be such 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. young and fit, elderly, land sloping away etc.).

- 134 .52.00 INTERIOR DESIGN /DÉCOR

Decor is not just colour. It is furnishings, style, textures, ambience, perception and

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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.
- Extremes of colour and pattern such as geometric designs which may disturb perception should be avoided. However, strong colours on floors may assist in orienting patients to their bedroom cluster etc
- Colours and interior design should also be chosen to reflect the tastes and age of patients who will use the facility.
- Re-decoration is not a budgetary priority so care in selection of materials and colour is important in the first instance.
- Wall colour should be different to floor colour to define floor plane
- Consider use of colour and stepping of ceiling heights to provide node points along corridors and to define seating alcoves.

### Space Standards and Components

#### 134 .53.00 SIZE OF UNIT

The schedule of accommodation has been developed for a 20 and 30 Bed Adult Acute Mental Health Inpatient Unit.

If the proposed unit is to differ from this configuration the following methods should be used to allocate space for key areas:

#### 134 .54.00 Lounge/dining/activity areas – Secure Observation - 7.5m<sup>2</sup> per person

Lounge/dining/activity areas - General - 5.5m<sup>2</sup> per person

Outdoor areas (courtyards and terraces) – Secure - 10 m<sup>2</sup> per person

Outdoor areas (courtyards and terraces) – General - 5 m<sup>2</sup> per person

Courtyard and Terrace – minimum area - 20 m<sup>2</sup>

Consultation rooms - 1 per 5 beds

Examination/assessment rooms - 1-2 per unit

#### 134 .55.00 These spatial allocations are higher than those usually allocated for health capital projects. They have been estimated using benchmarks from past capital planning projects, current standards and guidelines and advice provided by the Centre for Mental Health regarding the special requirements of persons with a mental illness.

#### 134 .56.00 ERGONOMICS

Refer to Part C of these Guidelines for information.

#### 134 .57.00 HUMAN ENGINEERING

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Includes reference to access and mobility. Refer Part C of these Guidelines for information.

### 134 .58.00 DOORS

Secure Unit and PICU bedroom doors should have a viewing panel  
All bedroom, bathroom and toilet doors should be able to be opened outward in an emergency without the use of special tools  
The seclusion room needs to have at least one wide door that should open outwards.

Refer to Part C, of the Guidelines with specific reference to Secure Rooms (Clause 710).

### 134 .59.00 WINDOWS AND GLAZING

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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 control of staff, shall be fitted.

Also refer to Part C of the Guidelines

### Safety and Security

134 .60.00 Safety and security within the facility and the surrounding outdoor area as it relates to patient movements requires careful consideration from the start of the planning process. It should be an integral factor of the building and not an add-on at the end.

134 .61.00 The following additional aspects should be considered:

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

134 .62.00 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.

134 .63.00 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.

134 .64.00 A communication system which enables staff to signal for assistance from other staff will be required via personal and fixed duress alarms.

134 .65.00 The Adult Acute Mental Health Unit is best located at ground level but where this cannot be achieved, unauthorised access to external spaces such as balconies or roof is to be prevented. This does not however prevent provision of carefully designed external courtyards for patient use.



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### Safety and Security

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- 134 .66.00 Refer to Section C of these Guidelines and to the NSW Health Manual – Protecting People and Property.

### Finishes

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- 134 .67.00 WALL PROTECTION

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

Also refer to Part C of these Guidelines

- 134 .68.00 CEILING FINISHES

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

Refer to Part C of these Guidelines

### Fixtures & Fittings

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- 134 .69.00 A list of harm-minimisation compliant hardware i.e. door furniture, coat hooks and towel rails, curtain tracks, plumbing fixtures and fittings should be produced and approved by the Client  
BCA approval to depart from the Deemed to Satisfy provisions will be required for handrails and grab rails.

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

- 134 .70.00 Fixtures and fittings should be safe, durable, heavy duty, concealed and tamper-proof.

Exposed services, for example, sink wastes which may be easily damaged should be avoided.

Fittings, including hooks, curtain tracks, pelmets, bathroom fittings, should be plastic where possible and have a breaking strain of not more than 20kgs.

Fittings should avoid the potential to be used either as a weapon or to inflict self-harm. Paintings, mirrors and signage should be rigidly fixed to walls with tamper-proof fixings.

- 134 .71.00 Mirrors shall be of safety glass or other appropriate impact-resistant and shatterproof construction free from distortion. They shall be fully glued to a backing to prevent availability of loose fragments of broken glass.

- 134 .73.00 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

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- 134 .74.00 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



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- 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.

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

### 134 .74.05 MOTION SENSORS

Motion sensors in bedroom corridors can be a useful adjunct to observation of patients at night between nursing rounds. They can be used to alert staff to patients who have left their bedroom at night and who may be in distress or who may try to gain access to other patient’s rooms.

### 134 .75.00 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.
- Teleconferencing, videoconferencing and telepsychiatry facilities that are used for staff education, management and patient services.

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

### 134 .76.00 NURSE CALL

The need for and type of patient call system should be reviewed. In bedrooms, it will need to be a call button that may not always be in easy reach, systems can be abused and most patients are ambulant and capable of asking for assistance.

Staff assist and psychiatric emergencies can be handled via personal duress alarms. Medical emergencies will need access to the hospital’s cardiac arrest system.

Refer Part C 5.790 for further information.

### 134 .77.00 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.

A discreet duress alarm system will be required at all Reception Points and Client Treatment Areas, where a staff member may be alone with a client.

Refer to NSW Health Manual “Protecting People and Property” and Part C of these Guidelines

### 134 .77.05 VENTILATION AND AIR HANDLING

Newly admitted and very disturbed involuntary patients may have little regard for bodily hygiene and may overwhelm with alcohol fumes etc. It is suggested that the ventilation systems in the Secure Unit be such as to make the environment more comfortable for staff working in the area – and other patients and visitors - by

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increasing air changes and ensuring fresh rather than recycled air air handling systems.

### COMPONENTS OF THE UNIT

#### General

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- 134 .78.00 The Adult Acute Mental Health Inpatient 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

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- 134 .79.00 Provide the Standard Components as identified in the Schedule of Accommodation.

#### Non-Standard Components

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- 134 .80.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation according to the Operational Policy and service demand.

- 134 .81.00 SECURE ENTRY AREA

##### DESCRIPTION AND FUNCTION

The Secure Entrance provides direct access to the unit for patients referred for admission as involuntary patients arriving either via police or ambulance and alternative access to the unit for patients arriving via the Emergency Unit of the main hospital. There should be an entry airlock and consideration could be given to providing a secure, ventilated area for agitated patients to smoke.

To offer this facility, will at times help the patient brought in under the mental health act who is agitated/disturbed demanding access to cigarette to settle and cooperate with treatment reducing/minimising the need for medical intervention.

##### LOCATION AND RELATIONSHIPS

The Entrance should be capable of direct approach by ambulance/ police vehicles and should have provide protect from the elements for patient transfer. The Entrance should have an airlock capable of accepting an ambulance trolley with ease.

There should be easy access to the Examination/Assessment Room and to the Seclusion Room within the Secure Zone. A small waiting area is required for use by the escorting officers to complete required paperwork

##### CONSIDERATIONS

There should be provision for a video intercom between the Emergency Entrance and the Staff Station

Provision should be made for a gun safe (that complies with relevant firearms legislation) that allows police to deposit firearms when they are in attendance at the Inpatient Unit.

This area should have adequate soundproofing so that noisy incidents do not disrupt the usual operations of the remainder of the unit.

- 134 .84.00 MULTIFUNCTIONAL ACTIVITY SPACES

##### DESCRIPTION AND FUNCTION

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A room suitable for television viewing, listening to music, using computers, 'quiet time' or other activities as determined by the nature and service needs of the Unit. There should be at least one "noisy/active" area and one "quiet/passive" area.

In addition, each Adult Acute Mental Health Inpatient Unit shall contain 1.5 m<sup>2</sup> of separate space per patient for Occupational Therapy with a minimum total area of 20.0 m<sup>2</sup>.

### LOCATION AND RELATIONSHIPS

The room should be clearly observable from the Staff Stations and have access to internal or external courtyards or terraces.

### CONSIDERATIONS

Lockable storage with adjustable shelving is essential. Surfaces should be washable and finishes and furnishings easily maintained/restored. Bulletin boards and wall spaces for posters, etc. provide atmosphere and may reduce maintenance costs.

Colours and finishes should be carefully selected, the décor reflecting a domestic environment conducive to continued participation in community life and activities of daily living (ADL).

The space shall include provisions for:

- Hand-washing
- Workbenches
- Storage
- Displays.

## 134 .86.00 FOOD SERVERY/TROLLEY HOLDING

### DESCRIPTION AND FUNCTION

A shared facility for the receipt and serving of meals. Design will depend on the method of service delivery – i.e. plated or bulk meals, and the management of used crockery and utensils. Facilities for producing light refreshments should be included.

There should be hatch access to the Secure Lounge/Dining/Activity areas for the transfer of plated meals and mid-meal supplies. Counter access, with an 'after hours' grille, is an option for the General Zone main dining area.

### LOCATION AND RELATIONSHIPS

Located adjacent to dining spaces in the General Zone. Access should be via the Main Entry.

### CONSIDERATIONS

It must be a safe, secure environment for staff in compliance with OH&S and Infection Control Guidelines with plenty of bench tops, open shelving and lockable cupboards for sharps, supplies, etc., and adequate secure storage for food and equipment and sufficient space to store food tray and distribution trolleys. A dedicated power outlet for heating/cooling food trolleys may be required.

This Servery is not suited for patient use for the 'activities of daily living'. The inclusion of a 'domestic scale' well designed kitchenette as part of the Dining Room/Beverage Pantry lends itself to client use and the continued promotion of daily living skills.

## 134 .89.00 STORE – CLEAN LAUNDRY

### DESCRIPTION AND FUNCTION

Lockable storage for clean laundry trolley(s) and extra blankets, pillows and bed linen.

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### LOCATION AND RELATIONSHIPS

This space may be a corridor alcove with lockable doors. Roller shutters are not recommended on OH&S grounds.

### CONSIDERATIONS

A cupboard with adjustable shelving wide enough to take sheets, towels, blankets, pillows, etc. may be used as part of the 'activities of daily living' whereby clients may assist in transferring laundry from delivery trolley to the shelves.

#### 134 .92.00 LAUNDRY – PATIENT

### DESCRIPTION AND FUNCTION

A space to encourages activities of daily living by providing the facility for washing, drying and ironing of clothing by patients. The scale should be domestic with a laundry tub, washing machine and drier and lockable cupboard for iron and ironing board. There should also be access to an external space with a collapsible and/or low hung clothesline.

### LOCATION AND RELATIONSHIPS

Part of the General Inpatients Zone

### CONSIDERATIONS

Equipment such as a washing machine and drier should be 'heavy duty' in view of the number of persons using this facility. Adequate ventilation and extraction must be provided to cope with the constant generation of heat and moisture. Additional exhaust may be required if commercial equipment is selected.

Consider a recessed fold-down ironing board and iron unit to minimise loose equipment.

May require space for individual patient laundry baskets.

The door should be lockable to enable staff to control access.

#### 134 .95.00 GYMNASIUM (OPTIONAL ADDITIONAL AREA)

### DESCRIPTION AND FUNCTION

This space is included as an optional extra as the use of programmed physical exercise as an adjunct to treatment is being included in many facilities both in Australia and overseas. Careful consideration should be given to the degree of supervision required to safely provide these services.

### LOCATION AND RELATIONSHIPS

This room should be located in a space clearly observable from the recreational and therapy areas. Transparent walling and the flow of passing traffic can also be used to aid in the monitoring of supervised activities within this room. It should overlook, and preferably open onto, accessible outdoor space.

### CONSIDERATIONS

The environment must provide safety and security for all staff and patients and comply with OH&S guidelines. Equipment should be carefully selected to provide appropriate activities for therapy and/or recreation without affording opportunities for injury to self or others. All equipment must be securely bolted to the floor and walls. This facility would be used only under supervision and would be locked at other times.

## Schedule of Accommodation

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134 .98.00 A Generic Schedule of Accommodation for an Adult Mental Health Inpatient Unit with 20Beds or 30 Beds follows.

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

					20 Beds	30 Beds	Note: Not all units will include PICU & bed mix may be adjusted to suit the circumstances
					16 Open, 4 Secure	24 Open, 6 Secure	
ROOM/SPACE	Standard Component				Qty x m2	Qty x m2	Remarks
MAIN ENTRY / RECEPTION							
ENTRY LOBBY / AIRLOCK					1 x 10	1 x 10	
RECEPTION	yes				1 x 10	1 x 12	
PHOTOCOPY / STATIONERY	yes				1 x 8	1 x 8	
FILE STORE	yes				1 x 10	1 x 10	
WAITING	yes				1 x 10	1 x 15	
TOILET - DISABLED	yes				1 x 5	1 x 5	
CONSULTATION/INTERVIEW ROOM	yes				4 x 14	6 x 14	Plus 2m2 for 2nd door. Based on 1 per 10 beds excluding PICU.
MEETING ROOM (& REVIEW BOARD)	yes				1 x 20	1 x 30	Also used for Group / Family Therapy

134 .99.00 GENERAL (OPEN) UNIT  
Patient Areas

GENERAL (OPEN) UNIT					16 Beds	24 Beds	
PATIENT AREAS							
1 BED ROOM - MENTAL HEALTH	yes				14 x 14	22 x 14	
2 BED ROOM - MENTAL HEALTH	yes				1 x 28	1 x 28	Optional. May be 2 extra single rooms. Note that 15m2 will accommodate a mother and baby
ENSUITE - MENTAL HEALTH	yes				15 x 5	23 x 5	
SECLUSION / QUIET ROOM	yes				1 x 14	1 x 14	Optional room in General Care Zonee.
BAY - HANDWASHING	yes				4 x 1	6 x 1	
DINING ROOM					1 x 30	1 x 50	Overall size of recreational areas based on 5.5m2 per person. These rooms may be resized..
PANTRY (WITH SERVERY COUNTER)	yes				1 x 8	1 x 8	Standard Component modified with counter
LOUNGE / ACTIVITY AREA					1 x 30	1 x 50	
MULTIFUNCTION ACTIVITY AREA					1 x 28	1 x 32	
GYMNASIUM					1 x 20	1 x 20	Optional
COURTYARD					1 x 70	1 x 100	Based on 5m2 per person
LAUNDRY - SELF-CARE	yes				1 x 6	1 x 8	Lockable; May be combined or devolved to bed clusters
BAY - LINEN	yes				2 x 2	3 x 2	
STORE - PATIENT PROPERTY					1 x 10	1 x 14	
BATHROOM	yes				1 x 15	1 x 15	Optional

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TOILET - STAFF	yes				1 x 3	1 x 3	
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### 134 .100.00 Clinical Support Areas (Shared With Secure Unit & PICU)

CLINICAL SUPPORT AREAS							
STAFF STATION					1 x 16	1 x 20	Sized to enable a design that can oversee all sub-units. May be necessary to sub-divide if this cannot be achieved
OFFICE - CLINICAL HANDOVER	yes				1 x 12	1 x 12	
MEDICATION / TREATMENT ROOM					1 x 16	1 x 16	Includes spatial allowance for Resuscitation Trolley (1m2) & exam couch (3m2).
DIRTY UTILITY	yes				1 x 10	1 x 10	
STORE - EQUIPMENT	yes				1 x 12	1 x 16	
BACK-OF-HOUSE							
CLEANER'S ROOM	yes				1 x 5	1 x 5	Includes recycling bins
DISPOSAL ROOM					1 x 10	1 x 10	
STORE - GENERAL	yes				1 x 9	1 x 9	

### 134 .101.00 OBSERVATION (SECURE) UNIT

OBSERVATION (SECURE) UNIT					4 Beds	6 Beds	
ENTRY - SECURED					1 x 6	1 x 6	Shared with PICU. Include safe for police firearms
EXAM / ASSESSMENT ROOM					1 x 15	1 x 15	Shared with PICU.
EN SUITE SHOWER / TOILET					1 x 5	1 x 5	Shared with PICU.
1 BED ROOM - MENTAL HEALTH					4 x 12	6 x 12	
TOILET - PATIENT	yes				2 x 4	3 x 4	
SHOWER - PATIENT	yes				2 x 4	3 x 4	
BAY - HANDWASH	yes				2 x 1	3 x 1	
LOUNGE / DINING / ACTIVITIES ROOM					1 x 30	1 x 45	Based on 7.5m2 per person
MULTIFUNCTION ACTIVITY AREA					1 x 28	1 x 32	
SECLUSION ROOM	yes				1 x 15	1 x 15	NSW-HFG recommended 15m2, VIC-DGHDP shown as Standard Component 14m2.
SECURED COURTYARD					1 x 40	1 x 60	Based on 10m2 per person
TOILET - STAFF	yes				1 x 30	1 x 3	

### 134 .102.00 PSYCHIATRIC INTENSIVE CARE UNIT (PICU)

PSYCHIATRIC INTENSIVE CARE UNIT (PICU)					6 Beds	8 Beds	Optional in Tertiary Service only
1 BED ROOM	yes				6 x 14	8 x 14	Sub-divided into "pods" each with its own sitting area.
TOILET - PATIENT	yes				3 x 4	4 x 4	May be combined and shared between bedrooms
SHOWER - PATIENT	yes				3 x 4	4 x 4	May be combined and shared between bedrooms

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BAY - HANDWASH					3 x 1	4 x 1	Recessed in corridor
SITTING AREA					6 x 3	8 x 3	Combine as appropriate depending on bedroom arrangements
QUIET / SECLUSION ROOM	yes				1 x 14	1 x 14	
DINING / ACTIVITIES ROOM					1 x 25	1 x 30	Lounge / Dining / Activity in total based on 7.5m2 per person
MULTIFUNCTIONAL ACTIVITY ROOM					1 x 23	1 x 33	Includes 3m2 of storage
TOILET - DISABLED (PATIENT)					1 x 5	1 x 5	
MEETING (INTERVIEW) ROOM					1 x 12	1 x 12	Optional; may also be used as family room
EXAM / ASSESSMENT ROOM					1 x 12	1 x 12	Optional
BAY - LINEN (LOCKED)					2 x 2	1 x 2	
STORE - GENERAL					1 x 9	1 x 9	
STORE - PATIENT PROPERTY					1 x 6	1 x 4	
SECURED COURTYARD					1 x 60	1 x 80	Based on 10m2 per person. Possibility of combining with Secure Area.
STAFF TOILET					1 x 3	1 x 3	
DISCOUNTED CIRCULATION					35%	35%	Based on single rooms

### 134 . 103.00 STAFF OFFICES & AMENITIES

STAFF OFFICES & AMENITIES							
OFFICE - SINGLE 12M2 (DIRECTOR)	yes				1 x 12	1 x 12	
OFFICE - SINGLE 9M2 (NURSE MANAGER)	yes				1 x 9	1 x 9	
OFFICE - SINGLE 12M2 (PSYCHIATRIST)	yes				12	12	
OFFICE - SHARED - MEDICAL STAFF	yes				5.5	5.5	No. determined by Staff Establishment
OFFICE - SHARED - NURSING STAFF	yes				5.5	5.5	No. determined by Staff Establishment
OFFICE - SHARED - ALLIED HEALTH	yes				5.5	5.5	No. determined by Staff Establishment
STORE - PHOTOCOPY / STATIONERY	yes				1 x 8	1 x 8	
MEETING ROOM	yes				1 x 20	1 x 30	
STAFF ROOM	yes				1 x 15	1 x 20	
PROPERTY BAY - STAFF	yes				1 x 2	1 x 2	
SHOWER - STAFF	yes				1 x 2	1 x 2	
TOILET - STAFF	yes				2 x 3	2 x 3	
DISCOUNTED CIRCULATION					30%	30%	

### 134 . 104.00 NOTES:

PICU: Bed numbers are arbitrary at this stage and do not bear any relationship to the main unit but will depend on catchment area.  
Size and layout may preclude being able to share all Clinical Support Rooms; there may then need to be a second Staff Station, Clean & Dirty Utilities to be shared

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between Secure Unit & PICU.

### Functional Relationships

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- 134 .105.00 A diagram of key functional relationships is attached.

### Checklists

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- 134 .106.00 For Planning Checklists refer to Part A,B,C & D of these Guidelines.

### References and Further Reading

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- 134 .107.00 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 134 – Adult Acute Psychiatric Unit, Department of Human Services, Victoria, November 2004.

“Not Just Bricks and Mortar”, Council Report CR62, January 1998, Royal College of Psychiatrists, London.

Safety, Privacy and Dignity in Mental Health Units – Guidance on Mixed Sex Accommodation for Mental Health Services. NHS Executive, June 1999.



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### FUNCTIONAL RELATIONSHIP DIAGRAM –ADULT MENTAL HEALTH ACUTE INPATIENT UNIT (INCLUDING PICU)

The following diagram sets out the relationships between zones in an Acute Mental Health Acute Inpatient Unit (including PICU):

