155 AMBULATORY CARE UNIT

INDEX

INTRODUCTION

Preamble

155 .1.00 This Facility Planning Guideline reflects advances in the understanding of optimal environments for care and changing the practices in primary health care service delivery.

Major ongoing changes in Australia's population, health technology and clinical practice are creating increasing demand for Ambulatory Care Services.

Priority must be given to ensuring that the physical environment in an Ambulatory Car Facility is therapeutic and welcoming for all its users, including children, young people, people of culturally and linguistically diverse backgrounds, Aboriginal people and others with special needs.

There is no clear and universally accepted definition of Ambulatory Care. This is understandable given Ambulatory Care can be considered an 'approach' to patient care that ensures that patients receive care in the most appropriate location.

Ambulatory Care can therefore encompass care provided in Hospitals, Outpatient and Emergency Departments, Community Centres, Ambulatory Care Centres, patients' homes or workplaces, or General Practitioner or Specialists' rooms. It may include hospital-in-the home programs, supported discharge, emergency services, post acute programs, community health and day medical and surgery services.

Introduction

155 .2.00 This Guideline is a resource to assist with the planning, design and construction of an Ambulatory Care Facility. Generic requirements and Standard Components are described in Parts A, B and C of these Guidelines and must be read in conjunction with this Guideline.

Capital planning should not be undertaken without the provision of a completed Service Plan.

Policy Statement

155 .3.00 NSW Health policies as they relate to the provision of services in the Ambulatory Care Unit are underpinned by:

+ The development of appropriate models of service delivery aimed to minimise the need for admissions to an inpatient unit;

+ Enabling patients to have access to a range of diagnostic and treatment services in an 'one-stop-shop' venue.

Description

155 .4.00 DEFINITION OF HPU

For the purposes of this Guideline, Ambulatory Care is defined as the provision of health services on a same day basis on the hospital campus, either as a stand-alone facility or integrated with acute-care services. Given the potential diversity of services and individual models being developed (Polyclinic, Integrated Care Centres), there will need to be reference to other HFGs as required (eg Operating Rooms, Community Health).

Services accommodated in the Ambulatory Care Unit may include, but are not limited to:

+ Multidisciplinary and specialist consultation and treatment clinics for medical and surgical sub-specialties;

+ Same day surgery;

+ Same day medical services such as renal dialysis, oncology and haematology;

+ Maternal and child health services;
+ Mental health services;
+ Pharmacy;
+ Dental;
+ Ophthalmology including Eyecare Centre;
+ Imaging services including general radiology, ultrasound and CT;
+ Occupational health;
+ Pathology collection and urgent testing service;
+ GP services;
+ Radiotherapy;
+ Telehealth;
+ Rehabilitation therapy services.

Some of the services may also be provided in Community Health Centres. The Ambulatory Care Unit may also accommodate commercial services and other government or non-government agencies.

General

155 .5.00 GENERAL ARRANGEMENT

Ambulatory Care Units will vary in size. Components and allocated spaces will depend on the outcome of a needs analysis and a service plan. The service plan is based on the location, size and the needs of the area in which an Ambulatory Care Unit is to be sited. Space requirements will therefore be based on the throughput/occasions of service. These need to be well detailed in the service plan prior to the commencement of the capital planning process.

Hours of Operation

155 .7.00 HOURS OF OPERATION

It is assumed the Unit will generally operate up to 12 hours per day, 5 days per week. Some services (eg crisis counselling) may require staff to be in attendance 24 hours per day.

PLANNING

Operational Models

155 .6.00 Operational policies that may affect planning of the Ambulatory Care Unit include:

+ The hours of operation of the facility;
+ The cluster of services to be provided within the facility;
+ The opportunity to share facilities;
+ Medical records management.

155 .8.00 FLEXIBILITY

Service mix, how services are delivered by individual staff (even within the same team) and demand for services, change over time within a centre. Providing a flexible accommodation model will improve 'future proof' accommodation and reduce

territoriality and perceptions of equity by clinical staff.

Operational policies and facility design should provide for optimal use and sharing of equipment. The location of this equipment must enable easy access to users.

The use of space must be carefully managed and the design must ensure that there are opportunities to adapt and expand the facility as more services are located in Ambulatory Care Units.

155 .9.00 OPERATIONAL POLICIES

Operational Policies have a major impact on facility requirements and the capital and recurrent costs of health facilities. These policies should be clearly articulated so that the facility design can reinforce the new practices.

Operational Policies will vary from Unit to Unit depending on a wide range of factors. Users must define their own Operational Policies. Refer to Part B of these Guidelines for general discussion on Operational Policies.

STAFFING LEVELS

Staffing levels will vary for each Ambulatory Care Unit depending on Operational Policies, services provided by the centre, availability of staff, case mix and activity levels.

STORAGE

The amount and type of storage space provided will vary depending on the size of each Ambulatory Care Unit. Careful analysis of storage requirements and good management in organising the stores and supply systems are essential.

Models of Care/Work Practices

155 .10.00 The model of Ambulatory Care provides the basis for the configuration of the Ambulatory Care Unit and determines the functional relationship of the Unit to other facilities. The following are examples of models of Ambulatory Care:

+ The 'Comprehensive Ambulatory Care Model' where collating services are provided on a day-only basis including outpatients, imaging, minor surgery, interventional cardiology and medical procedures;

+ The 'Single Specialty Ambulatory Care Model' provides for a range of ambulatory services for a specific clinical specialty. The Renal Dialysis Centre, or the Cancer Care Centre (incorporating chemotherapy, radiotherapy, consultation and pharmacy), are examples of this model;

+ The 'Minor Emergency Care Model' which is usually collocated with the hospital's Emergency Department providing GP services and treatment for patients presenting to the Emergency Department with non-urgent conditions.

Planning Models

155 .11.00 LOCATION

The location of Ambulatory Care Units will vary, depending on the outcome of Service Planning at an Area Health Service level. Options for locating centres include:

+ Free standing in a community location;

+ Attached or included in the development of commercial facilities, eg shopping centres;

+ On the grounds of a Hospital Facility.

DESIGN

An Ambulatory Care Unit may be sited in a new purpose-built facility, in an existing building that requires redevelopment or in a combination of both. The design should be selected with consideration of the factors relating to integrating new designs within an existing old facility/building.

Building design must be flexible and adaptable to enable an Ambulatory Care Unit to cater for varying client and service needs and allow for future service delivery changes. The design philosophy for an Ambulatory Care Unit, which is part of the local community, must convey a friendly and inviting environment that will encourage community members to use the available facilities for a variety of purposes.

CONFIGURATION

The configuration of an Ambulatory Care Unit will depend on:

+ The number of staff to be accommodated;
+ The service mix;
+ The population who will use the service;
+ Whether it is collocated with another facility or free-standing.

Functional Areas

155 .12.00 CORE UNIT

The Unit may comprise a large number of subcomponents, and may range in form from a small stand-alone unit, to a large multidisciplinary centre as a key component of a major teaching hospital.

This Guideline describes a Core Unit which may be a unit at the lower end of the scale or the central core of a larger Unit that would be developed by adding a series of additional or peripheral units to suit the service plan for the site in question.

UNIT FUNCTIONAL ZONES

The Core Unit comprises three key functional areas:

+ The Reception/Admission Area;
+ The Patient Areas - waiting and treatment;
+ The Staff Areas.

155 .13.00 To this additional units could be added that may form part of the following HFGs:

+ Operating Unit;
+ Renal Unit;
+ Pharmacy;
+ Dental Unit;
+ Ophthalmology;
+ Imaging Services including general radiology, ultrasound and CT;
+ Occupational Health;
+ Pathology collection and urgent testing service;
+ Interventional Cardiology.

Functional Relationships

155 .14.00 EXTERNAL

Depending on whether it is free standing or part of a larger facility, the Ambulatory Care Unit may have working relationships with many other Units.

If they are not included within the Ambulatory Care Unit, the following areas will have a close working relationship:

+ Transit Lounge;

+ Main Entry;

+ Emergency;

+ Medical Imaging;

+ Pharmacy;

+ Pathology;

+ Outpatients;

+ Car Park/Drop off Zone;

+ Day Procedures/Surgery.

155 .15.00 INTERNAL

Internally the Unit needs to be planned around the functional areas identified above.

+ The Reception/Admission Area must be designed for efficiency, allow patients to move easily to and from the treatment areas and accommodate large numbers of patients, support persons and mobility aids;

+ The Patient Treatment and Waiting Areas must be efficient from the staff viewpoint, but provide a pleasant environment for patients, some of whom will have only a few visits while others with chronic conditions may visit regularly for long periods;

+ The Staff Area must be an efficient Unit that allows staff to easily move to and from the Treatment Area, and to and from the Reception/Admissions Area. It must provide a degree of privacy for staff and a quiet area where they can work away from the demands of patients and relatives;

+ The Unit must be flexible to accommodate different uses at different times of day;

+ The Unit must allow for sections to be closed off when not in use.

The three functional areas must work together effectively to provide a safe efficient and pleasant environment in a smaller unit, or provide the core of a larger, more diversified unit, in a larger more complex environment.

DESIGN

Access

155 .16.00 EXTERNAL

Ambulatory Care is an Outpatient Unit where people who are acutely ill are treated. Ambulatory Care is now required to have an all-weather vehicle drop-off with easy access for patients who are elderly, frail, have limited mobility or are wheelchair bound.

Car Parking Requirements

155 .17.00 Adequate car parking must be provided for clients and staff. In particular, the need for secure staff parking should be assessed. Times of attendance for staff and overnight parking of health service vehicles will impact on requirements.

Refer also to Part C of these Guidelines.

Disaster Management

155 .18.00 All Units in the facility should be assessed for their potential role in a disaster management situation. When included as a part of a larger facility, the Ambulatory Care Unit has a number of attributes that make it potentially very useful in a disaster situation which include the following:

+ Access to the Unit is usually available from ground floor level;
+ The unit is often located close to the main entrance;
+ It is often in close proximity to support services such as Medical Imaging etc;
+ It is often close or adjacent to the Emergency Department.

These issues should be considered in the planning of this Unit including its proximity to other Units.

Disaster planning is discussed in more detail in Part B, Section 80 of these Guidelines.

Infection Control

155 .19.00 Consideration of infection control is important in the design of this Unit. Treatment spaces in this Unit will be used for a variety of patients.

It is possible that infectious patients will use the same treatment spaces as immunosuppressed patients at different times on the same day. Standard precautions must be taken for all patients regardless of diagnosis or presumed infectious status.

See Part D of these Guidelines for further information. Staff handwashing facilities including disposable paper towels, must be readily available.

Environmental Considerations

155 .20.00 GENERAL

Patients in this Unit may be acutely ill and undergoing treatment that is unpleasant, painful or takes long periods of time.

155 .21.00 ACOUSTICS

Many functions undertaken within an Ambulatory Care Unit require consideration of acoustic privacy including:

+ Discussions / interviews with clients;
+ Exclusion of disturbing or distracting noises during patient consultations / treatment;
+ Isolation of noisy areas such as Public Waiting;
+ Staff discussions regarding patient information.

Solutions to be considered include:

+ Selection of sound absorbing materials and finishes;
+ Use of sound isolating construction;
+ Planning separation of quiet areas from noisy areas;
+ Changes to operational management.

Environmental Considerations

155 .22.00 NATURAL LIGHT

Natural lighting contributes to a sense of wellbeing, assists orientation of building users and improves service outcomes. The use of natural light should be maximised throughout the Unit.

Access to natural light and preferably a pleasant outlook will minimise stress and discomfort for patients and staff.

155 .23.00 PRIVACY

Attention to patient comfort and privacy generally will minimise stress and discomfort.

There must be a balance between the need to observe patients, the need to minimise stress and discomfort caused by intrusive noise, and the need to maintain a degree of privacy for the patient.

Patient privacy and confidentiality are important considerations to be addressed. The facility should be designed to:

+ Ensure confidentiality of patient discussions and records.

+ Appropriately locate windows and doors to ensure privacy of patients, while maintaining security of staff.

155 .24.00 INTERIOR DESIGN

Interior design includes furnishings, style, colour, textures, ambience, perception and taste. This can assist in relaxing patients and reducing an institutional atmosphere. Interior design should seek to minimise the institutional environment by appropriate use of colours, fabrics and artworks.

However, cleaning, infection control, fire safety, service delivery and the patient's perception of a professional environment must always be considered.

Some colours and patterns can be disturbing to some clients. Bold primaries and green should be avoided in areas where clinical observation may occur such as Consultation / Treatment Areas.

Space Standards and Components

155 .25.00 ERGONOMICS

Treatment spaces may be used for a variety of functions. Care should be taken to ensure the ergonomic functionality of the spaces in all possible configurations.

Refer Part C of these Guidelines for further information.

155 .26.00 HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

155 .27.00 ACCESS AND MOBILITY

While many patients in this Unit will be quite able, many will use various aids to assist with mobility. These could include crutches, walking frames, wheel chairs and, depending on the model of care, even trolleys or beds. These aids should be allowed for in spatial allocations, and room and corridor dimensions. It is important to consider where they are stored while treatment is in progress.

155 .28.00 DOORS, WINDOWS & CORRIDORS

These issues are discussed in detail in Part C of these Guidelines.

Safety and Security

155 .29.00 SAFETY

An Ambulatory Care Unit shall provide a safe and secure environment for clients, staff and visitors, and remain a non-threatening and supportive atmosphere conducive to the delivery of services.

Clients will have varying levels of physical and mental capabilities. They may be weak, unsteady, affected by medication or confused.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

A list of security issues to be considered in Ambulatory Care settings is appended to this document.

Refer to Part C of these Guidelines.

SECURITY

Security issues are important due to the increasing prevalence of violence and theft in Health Care Facilities.

The configuration of spaces and zones shall offer a high standard of security by grouping like functions, controlling access and egress from the Unit and providing optimum observation for staff.

The level of observation and visibility has security implications.

Planning shall allow for after hours access to public areas without compromising security of Staff Areas.

Refer to Part C of these Guidelines.

Finishes

155 .30.00 WALL PROTECTION

Refer to Part C of these Guidelines.

155 .31.00 FLOOR FINISHES

Floor finishes shall be appropriate to the function of the space. Refer to Part C of these Guidelines.

Consideration must be given to the appearance and quality of environment required eg non-institutional, acoustic performance, slip resistance, consequences of client falls, infection control, movement of trolleys and maintenance.

155 .32.00 CEILING FINISHES

Refer Part C of these Guidelines.

Ceiling finishes shall be selected with regard to appearance, cleaning, infection control, acoustics and access to services.

Fixtures & Fittings

155 .33.00 See Part C, Room Data Sheets and Room Layout Sheets for discussion of finishes, fixtures and fittings.

Building Service Requirements

155 .34.00 INFORMATION TECHNOLOGY / COMMUNICATIONS

This Unit will manage a diverse range of patients and may have functional links to many departments of the Hospital. Reliable and effective communications and IT service are essential for the efficient and effective functioning of the Unit.

Unit design should address the following Information Technology/Communications issues:

+ Paperless records;

+ Hand-held computers;

+ PACS;

+ Patient Administration System (PAS);

+ Paging and personal telephones replacing some aspects of call systems;

+ Data entry including scripts and investigation requests;

+ Email;

+ Bar coding for supplies and X-rays / Records.

155 .35.00 EMERGENCY CALL

All Bed Spaces and Clinical Areas, including Toilets and Bathrooms, should have access to an emergency call facility so staff can summon urgent assistance. The emergency call facility should alert to a central module situated adjacent to the Staff Station, as well as to the Staff and Tutorial Rooms. The Nurse Call / Emergency Call System is to comply with AS 3811.

155 .36.00 NURSE CALL

Facilities must provide a call system that allows patients and staff to alert nurses, and other health care staff, in a discreet manner at all times.

Nurse Call Systems must be designed and installed to comply with AS 3811 - Hard wired Patient Alarm Systems.

155 .37.00 DURESS ALARM SYSTEM

Refer to Protecting People and Property Manual and Part C of these Guidelines.

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.

COMPONENTS OF THE UNIT

General

155 .38.00 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 other documents.

The components of an Ambulatory Care Unit will vary for each facility. Components and allocated spaces will depend on the outcome of a needs analysis and a Service Plan that is based on the location, size and the needs of the area in which an Ambulatory Care Unit is to be sited.

Standard Components

155 .39.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of Offices, Workstations and support areas will be

dependant on the Operational Policy and service demand and may vary from the Schedule of Accommodation, however, room sizes should remain consistent.

Non-Standard Components

155 .40.00 Provide the Non Standard Components as described in this section, according to Operational Policy and service demand.

Reception/Admission

155 .41.00 CLERICAL SUPPORT/MEDICAL RECORDS

DESCRIPTION AND FUNCTION

An Ambulatory Care Unit shall provide a work area for clerical staff - particularly for management of medical records which may be delivered and returned on a daily basis.

The use of this area is to be reviewed as part of the assessment of operational policy.

LOCATION AND RELATIONSHIPS

Adjacent to both the Staff Station and the Reception Clerical Area, privacy is required from the public areas. Staff from this area may need to relieve reception staff. It is important to assess carefully the equipment proposed to be used in this room to ensure a successful outcome.

155 .42.00 ENTRY CANOPY

DESCRIPTION AND FUNCTION

This is an optional component and the need will vary from project to project. An Entry Canopy is required to provide undercover access to the building from vehicles. The canopy should be large enough to allow vehicles such as taxis, buses, cars, and ambulances to manoeuvre beneath it.

LOCATION AND RELATIONSHIP

The Entry Canopy shall be located immediately adjacent to Lobby/Airlock.

155 .43.00 LOBBY/AIRLOCK

DESCRIPTION AND FUNCTION

A Lobby/Airlock is an optional component and the need will vary from project to project. It is recommended for weather protection where the Unit has direct access to external undercover drop off. The size of this space must allow for the use of trolleys, wheelchairs and walking frames.

LOCATION AND RELATIONSHIPS

The Lobby/Airlock should have direct access to the Reception Clerical Area and Waiting Area. Visibility from the Reception Area is desirable for both security and patient assistance.

Patient Areas

155 .44.00 PATIENT BAY - HOLDING

DESCRIPTION AND FUNCTION

A Patient Bay for holding of patients on trolleys pre or post treatment.

This space is optional and depends on operational policy. It may be used for patients from other institutions such as nursing homes.

LOCATION AND RELATIONSHIPS

The Holding Bay should have direct access to the Reception Clerical Area and Toilets, and be directly accessed from the Airlock. Visibility from the Reception Area is required for both security and patient assistance. Patient dignity and privacy must be considered and an agreed level of both visual and acoustic privacy should be achieved.

Staff Areas

155 .45.00 BAY - PATHOLOGY

DESCRIPTION AND FUNCTION

An area to conduct basic pathology tests such as blood gases etc.

Need depends on proximity to main pathology lab and turnaround times for tests.

LOCATION AND RELATIONSHIPS

Adjacent to the Treatment Area - away from Public Areas where security and safety can be ensured.

155 .46.00 BLOOD STORE

DESCRIPTION AND FUNCTION

An area for refrigerated storage of blood and blood products.

LOCATION AND RELATIONSHIPS

Centrally within the unit, accessible from Treatment and Patient Care/Holding Areas.

155 .47.00 CYTOTOXICS

DESCRIPTION AND FUNCTION

The Cytotoxics Room is for the storage, dispensing and disposal of cytotoxic medications.

LOCATION AND RELATIONSHIPS

The Cytotoxics Room should be located adjacent to the Treatment Area - away from Public Areas where security and safety can be ensured.

155 .48.00 WATER TREATMENT ROOM

DESCRIPTION AND FUNCTION

A Water Treatment Room is for storage of a reverse osmosis plant to purify water for use in Dialysis.

LOCATION AND RELATIONSHIPS

The Water Treatment Room should be located adjacent to the Treatment Area - away from Public Areas where security and safety can be ensured, and easy access for maintenance can be assured.

Schedule of Accommodation

155 .49.00 INTRODUCTION

The content and size of an Ambulatory Care Unit varies depending on the location, services provided and throughput.

At larger facilities, it is assumed that separate Outpatients Units are provided.

A generic Schedule of Accommodation is provided that lists generic spaces that can be combined to form an Ambulatory Care Unit. Sizes and quantities of each space will be determined in accordance with service need and operational policy.

ROOM / SPACE	Standard Component			8 SPACES	16 SPACES	24 SPACES	REMARKS
				Qty x m2	Qty x m2	Qty x m2	* Optional requirement
ENTRY / RECEPTION AREAS:							
CLERICAL SUPPORT / MEDICAL RECORDS				1x 9	1x 9	1x 9	Depends on operational policy re photocopy, etc.
ENTRY CANOPY				n/a	n/a	n/a	Depends on project requirements
LOBBY / AIRLOCK				1 x 12*	1 x 12*	1 x 12*	
RECEPTION / CLERICAL	yes			1 x 9	1 x 9	1 x 12	
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	
TOILET - PUBLIC	yes			2 x 3	2 x 3	2 x 3	Increase to 4m2 if babychange facilities included.
PATIENT AREAS:							
1 BED ROOM (CLASS S ISOLATION)	yes			1 x 12	1 x 12	2 x 12	
BAY - RESUSCITATION TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CONSULT ROOM	yes			1 x 12	1 x 12	1 x 12	
ENSUITE - ISOLATION ROOM	yes			1 x 5	1 x 5	1 x 5	'partially assisted'; direct access to 1 Bed Room - Isolation.
LOUNGE - PATIENT	yes			1 x 12	1 x 16	1 x 20	
MEETING - MEDIUM	yes					1 x 20	May include telemedicine area, varies to suit use.
MEETING - 12M2	yes			1 x 12	1 x 12	1 x 12	Also for patient education
PATIENT BAY - ACUTE TREATMENT	yes			8 x 9	16 x 9	24 x 9	Acute treatment spaces; may include dialysis chair
PATIENT BAY - HOLDING	yes/varies			1 x 4*	1 x 4*	1 x 8*	Pre/post treatment; inclusion depends on operational policy.
TOILET - PATIENT	yes			1 x 4	1 x 4	1 x 4	
TREATMENT ROOM	yes			1 x 14	1 x 14	1 x 14	
STAFF AREAS:							
BAY / ROOM - BEVERAGE	yes			1 x4*	1 x 4*	1 x 4*	May be shared between Admissions and Treatment Area.
BAY - LINEN	yes			1 x 2	1 x 2	1 x 2	Includes storage for pillows over
BAY - PATHOLOGY				1 x 3*	1 x 3*	1 x 3*	
BLOOD STORE				1 x 1	1 x 1	1 x 1	Bay

CLEANER'S ROOM	yes			1 x 5	1 x 5	1 x 5	
CLEAN UTILITY	yes			1 x 12	1 x 14	1 x 16	Incl. medications, may also be used for prepackaged cytotoxic drug storage.
CYTOTOXICS ROOM				1 x 8*	1 x 8*	1 x 8*	
DIRTY UTILITY	yes			1 x 14	1 x 14	1 x 14	Includes Disposal Room function.
OFFICE - CLINICAL / HANDOVER	yes			1 x 12	1 x 16	1 x 16	staff work, handovers, etc.
OFFICE - SINGLE PERSON 9M2	yes			1 x 9	2 x 9	2 x 9	Nursing and Medical
PROPERTY BAY - STAFF	yes			1 x 2	1 x 3	1 x 3	
STAFF STATION	yes			1 x 12	1 x 16	1 x 16	
STORE - EQUIPMENT / GENERAL	yes			1 x 12	1 x 14	1 x 16	Combined.
TOILET - STAFF	yes			1 x 3	2 x 3	2 x 3	
WATER TREATMENT ROOM				1 x 12*	1 x 12*	1 x 12*	Where dialysis is provided.
SUB TOTAL				301	402	521	
CIRCULATION @ 32%				96	129	168	
TOTAL				387	531	688	

Functional Relationships

155 .50.00 A diagram of key functional relationships is attached.

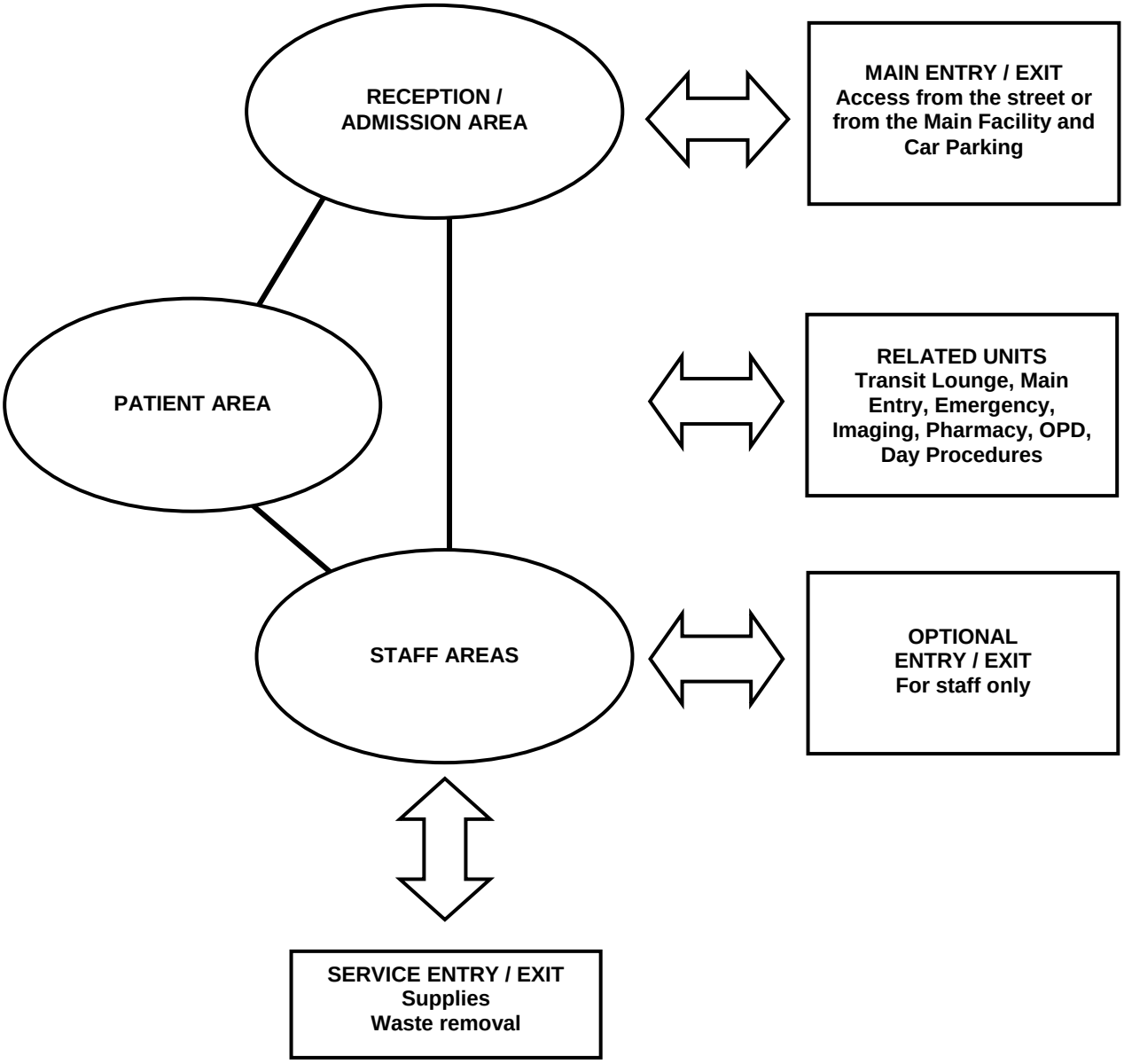
Checklists

155 .51.00 A security checklist for Outpatient Areas is appended to this document.

Refer also to Part C of these Guidelines.

FUNCTIONAL RELATIONSHIP DIAGRAM – AMBULATORY CARE UNIT

The following diagram sets out the relationships between zones in an Ambulatory Care Unit:



SECURITY ISSUES TO BE CONSIDERED IN AMBULATORY CARE CENTRES

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Treatment Area.	1. Minimise entry and exit doors.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Patient files	1. Personnel working on these files must return the files to the secure area use or return them to the Medical Records Department. 2. If any electronic files are produced, save in restricted area of hard drive.
2. Furniture fittings and equipment including Computers, Office and Medical Equipment	1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
3. Drugs storage	1. Dangerous drug safe within the Clean Utility Area.
4. Hospital personnel safety	1. Staff working in this area should know the location of the fixed duress system and/or use a mobile duress pendant. 2. Appropriately designed waiting area including, where possible: - barrier between staff and patients, - bench seating, - ensure no loose fittings that can be utilised as a weapon, - vending machines. 3. Design shape of Interview Rooms and location of desks etc, in such a way that minimises risk to health personnel. 4. Provide storage and store items not in constant use that could be used as weapons. 5. Minimise furniture that can be used as a weapon ie picked up and thrown.
5. Staff personal effects	1. Provision for lockers in Staff Areas and lockable desk drawer to keep small personal effects.

SECURITY CHECKLIST – AMBULATORY CARE

FACILITY:	DEPARTMENT: Ambulatory Care
RISK ISSUE	**DESIGN RESPONSE**
1. Is access to patient records restricted to staff entitled to that access?	
2. Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
3. Are drug safes installed in accordance with current regulations?	
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. Is waiting area appropriately designed to include, where appropriate: - barrier between patients and staff; - appropriate seating for patients; - absence of loose fittings; - vending machines; - TV	
8. Are Interview Rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
9. Is there an adequate duress alarm system that meets required standards?	
10. Are offices for Community Nurses, Palliative Care Nurses and Post Acute Care staff who work after hours, easily accessible to a secure entry point, toilets and beverage area?	
11. Is a secure entry point provided for after hours staff, including movement between car parking areas and the facility?	

DESIGN COMMENTARY /NOTES	DESIGN SIGN-OFF
	Name: …… Position: …….. Signature: …….. Date: ……..
	Name: …… Position: …….. Signature: …….. Date: ……..
	Name: …… Position: …….. Signature: …….. Date: ……..