

Part B - Health Facility Briefing and Planning

135 AGED PERSONS ACUTE PSYCHIATRIC UNIT

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INTRODUCTION

General

135 .2.00	The Aged Persons Acute Psychiatric Unit specifically offers a service to adults 65 years and over. It functions as a secure unit. Some patients will be admitted on an involuntary basis. It must provide a safe, restorative environment. Patients may have: <ul style="list-style-type: none">- Tendency to wander, become lost or abscond- Reduced personal and social skills and require assistance with personal hygiene, dressing, toileting and eating- Disturbed or aggressive behaviours (verbal / physical)- Confusion, bewilderment, agitation, memory loss- Repetitive, persistent or noisy behaviour- Resistance to care- Withdrawn behaviour- Intentional self harming behaviour- Physical co-morbidity.
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PLANNING

Planning Models

135 .3.00	Some patients may at times exhibit disturbed or high risk behaviour. Appropriate planning and use of materials (for example safety glass, low maintenance/ resilient surfaces etc.) can achieve an environment where all patients can co-exist with minimal disruption to each other. The building should be able to accommodate patient of all levels of disturbance without taking on the characteristics of a jail.
135 .4.00	Externally the principle concept of planning should be to integrate the new facility with its surrounds, and with the other buildings. Planning of external

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spaces must take into account the requirement for provision of a secure garden. This area should be around 80 m² for 20 patients.

- 135 .5.00 The design of external spaces, as for the building, should be domestic in nature rather than formal or monumental. They should have the following features:
- The building should consciously have a front and a back
 - 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
 - Single rooms with ensuites are recommended.
- 135 .6.00 Additional considerations include:
- Flexibility of space usage through consideration of a range of patient needs for personal and shared space
 - Clearly defined patient accommodation areas identifiable by patients who may be disoriented or disturbed
 - An effective balance between opportunities for patients' privacy and the need for staff to observe patient behaviours.

Functional Areas

- 135 .7.00 The Aged Persons Acute Psychiatric Unit will consist of a number of functional areas or zones as follows:
- Main Entry/ Reception/ Clerical area
 - Assessment/ Admissions area
 - Staff Offices/ Administrative area
 - Staff Amities Area
 - Inpatient Accommodation Areas including outdoor areas; patient accommodation can be divided into smaller functional zones of approximately 10 to 15 beds

135 .8.00 ADMINISTRATION AND OFFICE AREAS

The Unit Manager's Office should be located in, or directly adjacent to the patient area and in particular, the Staff Station.

There should be the capacity to control patient's access to administrative and office areas. There may be a requirement for a communication system between interview areas and the Staff Station to signal the need for assistance.

135 .9.00 ADMISSIONS AREA

The Admissions area will comprise an Admission Office, general purpose Interview Room and Examination Room and will be used by nursing, allied health and medical staff to interview relatives/ patients. Examination and consultation of patients will be carried out in these areas. Duress alarms are required in all these areas.

The Admissions Area should be directly screened from the Waiting Area. Noise transmission between these rooms and the waiting area should be reduced to a minimum so that conversations are not overheard.

135 .10.00 DRUG DISPENSING / STORAGE

The Drug Distribution Station shall include extra provision for security against unauthorised access.

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Functional Areas

135 .11.00 ECT FACILITIES

ECT procedures should be undertaken in the Day Procedures Unit.

135 .12.00 ENSUITES

In a psychiatric facility whose role is covered by the Mental Health Act or equivalent, Ensuite doors are to be fitted with locks, activated from without, that can be solely under the control of staff.

135 .13.00 ENTRY AREAS

The Emergency 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.

The Emergency Entrance should be capable of direct approach by ambulance/ police vehicles and should have sufficient shelter to allow transfer of patients in shelter from the elements. The Entrance should have an airlock capable of accepting an ambulance trolley with ease.

There should be provision for an intercom between the Emergency Entrance and the Staff Station.

135 .14.00 The Main Entrance Area zone of the building should attempt to break down the 'threshold' feeling of many institutional buildings, while maintaining a sense of direction to the approach.

135 .15.00 STAFF STATION

There is a need for visual connection between the staff base and the Main Entry to the unit.

Functional Relationships

135 .16.00 The Aged Persons Acute Psychiatric Unit should be located with ready access to the Emergency Unit, Main Entry and service and support areas including Catering Unit, Cleaning/ Housekeeping, Linen Handling, Waste Management and Supply Unit.

DESIGN

General

135 .17.00 The basic concept of the Aged Persons Acute Psychiatric Unit should avoid the impersonal, institutional structures associated with hospitals. Generally the design of the unit should create a pleasant, reassuring atmosphere whilst retaining necessary functional requirements.

Environmental Considerations

135 .18.00 The Main Entrance Area / Waiting Room is the first point of contact with the unit for members of the community. It will communicate that the building is part of the community and that service users are valued members of the community. It will communicate to relatives/carers that they are welcome and that a wide range of concerns may be discussed with the staff of the facility.

Access must be suitable for people with locomotor disabilities, including those who use walking aids. Staff will have the option of controlling access from

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Entrance Areas to the patient areas and to the outdoors. The main entrance doors may be electrically operated by night staff with connected remote control devices. However, it may be safer for staff to go to the door to allow entry to and from the unit, particularly after hours. An intercom system may also be advisable.

The Waiting Area will need to accommodate four to six people, and at least one wheelchair.

135 .19.00 ACOUSTICS

Acoustic treatment should be applied to the following areas:

- Day Areas such as patient living, dining and activities areas
- Consulting Rooms
- Admission Areas.

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.

135 .20.00 WINDOWS AND GLAZING

For glazing, graduate the impact resistance of the glass from toughest at lower level to weakest at high level. Avoid glazing at floor level particularly to doors.

In areas where damage to glass may be expected, avoid larger pane sizes. Smaller panes are inherently stronger for a given thickness than larger panes. Where toughened glass is used it should be treated with a protective film to ensure glass is held together when broken.

135 .21.00 Laminated / toughened glass of various thicknesses should be installed dependent upon the likelihood of patient injury or building damage. All windows and observation panels shall be glazed with safety glass or a suitable alternative material such as polycarbonate.

135 .22.00 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. The aesthetics are to be warm and user-friendly wherever possible.

Fixtures & Fittings

135 .23.00 Fixtures and fittings should be safe and durable.

135 .24.00 Avoid exposed services, for example, sink wastes which may be easily damaged.

135 .25.00 Generally, all fixings should be heavy duty, concealed, and where exposed, tamper proof.

135 .26.00 Fittings, including hooks, curtain tracks, bathroom fittings, should be plastic where possible, and have a breaking strain of not more than 15kgs.

135 .27.00 Fittings should avoid the potential to be used either as a weapon or to inflict personal damage. Paintings, mirrors and signage should be rigidly fixed to walls with tamper proof fixings.

Fixtures & Fittings

- 135 .28.00 Mirrors shall be of safety glass or other appropriate impact resistant and shatterproof construction. They shall be fully glued to a backing to prevent availability of loose fragments of broken glass.
- 135 .29.00 Holland blinds, Venetian blinds and curtains should be avoided in patient areas.
- 135 .30.00 Curtain tracks, pelmets and other fittings that provide potential for patients to hang themselves should be avoided or designed so that the potential is removed.
- 135 .31.00 Light fittings, smoke detectors, thermal detectors and air-conditioning vents to higher dependent areas, particularly Seclusion Rooms, should be vandal proof and incapable of supporting a patient's weight.

Safety and Security

- 135 .32.00 As a result of behavioural disabilities, patients require care in an environment modified for safety and security. In this regard, the following general design considerations are relevant:
- Sound insulation is important as disturbed behaviour may be noisy, and intrusive external noises may increase agitation
 - Fittings, fixtures and surfaces should have a safe finish and surfaces should be smooth but not slippery
 - Controlled or concealed access to some functional areas will be necessary
 - The unit will require appropriate visuo-spatial cues, to maximise patient's abilities and minimise disabilities
 - The spatial requirements for organised day programmes that are consistent with patient needs and interests must be catered for within the unit.
- 135 .33.00 The security system is an extremely important part of the design. It must be as unobtrusive as possible. Internal security should allow the patients to wander during the day, however, it should be possible to arm doors in the evening and at night. There will be a security fence around the entire perimeter of the external area to which patients have access.

The major security considerations relate to patient safety if they access functional areas where their disabilities would put them at risk. The risk of patients leaving the building and surrounding outdoor area without the assistance or supervision of staff and relatives also raises safety issues.

In this regard, the security of the building and surrounding outdoor areas may be broadly considered as three zones:

- Perimeter security
 - An intermediate security area or buffer zone that allows access for the community and domestic service deliveries and collections; Staff, visitors and patients must pass through this area in order to leave the facility
 - Internal security areas that are flexible and operate at staff discretion. Functional areas may have locked/controlled access.
- 135 .34.00 The following additional aspects should be considered:
- Safety of patients and staff
 - Patients' legal rights
 - The status of the hospital or part thereof under the Mental Health Legislation in force at the time of development.
- 135 .35.00 The 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

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consistent with patients needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

- 135 .36.00 Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference between an open and a closed (locked) area in their design should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.
- 135 .37.00 An Aged Persons Acute Psychiatric Inpatient Unit providing services not covered by Mental Health Legislation or equivalent, shall have general security provision as for an Inpatient Accommodation Unit, although at least one Seclusion Room per Inpatient Unit shall be provided for emergency situations.
- 135 .38.00 Where the Aged Persons Acute Psychiatric Inpatient Unit is providing services covered by Mental Health Legislation, or equivalent, the unit shall be capable of secure lockable isolation, area by area within and as a complete nursing unit. This is to ensure containment of potentially dangerous situations that may be expected with some patients, such as danger to staff and other patients and patients themselves.
- 135 .39.00 When the Aged Persons Acute Psychiatric Inpatient Unit is located within a multi-storey building, access to external spaces above ground level such as balconies or roof is to be prevented.
- 135 .40.00 The perimeter security of the outdoor area surrounding the building is important in reducing staff anxiety in relation to patients movement and safety.
- 135 .41.00 A communication system which enables staff to signal for assistance from other staff should be included.

COMPONENTS OF THE UNIT

Introduction

- 135 .42.00 The Aged Persons Acute Psychiatric Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with Standard Components in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 135 .43.00 Provide the Standard Components as identified in the Generic Schedule of accommodation.

Non-Standard Components

- 135 .44.00 Provide the Non-Standard Components as described in this section.

- 135 .45.00 ACTIVITIES / OCCUPATIONAL THERAPY ROOM

DESCRIPTION AND FUNCTION

The Activities/ Occupational Therapy Room will be used for therapeutic activity programmes. These may include exercises to music, table games and

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stimulating activities. Films/videos may be shown.

135 .46.00 LOCATION AND RELATIONSHIPS

The Activities/ Occupational Therapy Room should be located in the service core but be easily accessible from all patient areas. Access from the activity area to toilet facilities, therapy equipment store and the Interview / Consulting Room is required. A view of the Outdoor Area and access to the Outdoor Area are desirable.

The activities area may be adjacent to the Meeting / Seminar Room, offering shared access to the audio-visual equipment store cupboard. Visual contact from the adjoining passage is also desirable.

Access from the activity area to the equipment store, the audio-visual store cupboard and to the outdoors, must all have the potential for security control. The door from the adjoining passage into the activity area must be able to be locked.

135 .47.00 CONSIDERATIONS

Seating should be provided for up to 30 patients, three or four staff and three or four visitors that may use this area at any one time.

Sound insulation of this area is important. In this way, quiet activities will not be disturbed by noise from other parts of the building. Similarly, noisy activities will not disturb staff/ patients in office/ patient areas.

Refer to Standard Components - Meeting Room Large for room requirements. Additional provisions will include the following:

- Handwashing
- Workbenches
- Storage
- Displays
- Blackout curtains
- Noticeboards in a poster display area
- Telephone.

135 .48.00 DINING ROOM

DESCRIPTION AND FUNCTION

A domestic style kitchen can be shared between two 10 to 15 bed zones. Each 10 to 15 bed zone will require a patient Dining Room for patient meals. An important aspect of the daily routine will be mealtime and after-meals relaxation within each unit.

135 .49.00 LOCATION AND RELATIONSHIPS

The Dining Room should be adjacent to the Lounge and Kitchen Areas and have access to the outdoors. Natural light will enhance the environment and the design should incorporate views to the outdoors from the Dining Room.

135 .50.00 CONSIDERATIONS

Tables should be arranged in such a way as to enable independent movement by patients. Tables should be oblong or square, not circular as these offer confusing visuo-spatial cues.

Non-Standard Components

135 .51.00 KITCHEN

DESCRIPTION AND FUNCTION

Each 10 to 15 bed zone will require access to a domestic style Kitchen. This area will offer patients the opportunity to maintain residual domestic skills, however this will be primarily part of a supervised activity programme. The Kitchen requires an oven and hot plates that can be key locked for safety purposes, space for a microwave, and a telephone point.

135 .52.00 LOCATION AND RELATIONSHIPS

The Kitchen should be located adjacent to the Dining and Lounge Areas of the unit.

135 .53.00 CONSIDERATIONS

Restricted access to equipment will be required. A kitchen gate may be required.

Refer to Standard Components - Pantry for basic room requirements. Additional fittings and fixtures will include:

- Oven and hot plates - lockable
- Grill - lockable
- Rangehood

135 .54.00 OUTDOOR AREAS

DESCRIPTION AND FUNCTION

The Outdoor Areas should provide a pleasant setting for the building. The Outdoor Areas should enable patients to maintain ambulation and domestic skills and offer opportunities for recreation and socialisation. The design of the Outdoor Areas should be domestic in style in order to communicate familiarity to patients. Formal areas with traditional front garden shrubs and flowers should be toward the front of the building.

The Outdoor Areas may also include a lockable barbecue area and an external assisted toilet with handbasin. There should be extensive provision for walking, including covered areas or verandas where patients can walk under shelter during inclement weather conditions.

135 .55.00 LOCATION AND RELATIONSHIPS

Ideally the garden should be a logical extension of the living areas of the unit with the windows and exterior doors providing views to the garden.

Building and maintenance services and fire services will require access to the Outdoor Areas. All access points should be suitable for wheelchairs and the walking paths fairly flat.

Access to the outdoors will be from a number of points within the internal security area.

135 .56.00 CONSIDERATIONS

Protection from the sun and wind, and reduction of glare should be provided. The garden should be a continuous spatial unit with strongly defined boundaries. It is preferred that the patients cannot see through the boundary covering and patient's privacy be maintained.

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Pathways must be non slip and some heavy and stable domestic gardening equipment should be provided.

The perimeter security fence should abut the intermediate security area. This fence should be secure and concealed to some extent by trees, shrubs and creepers. All external doors should be lockable and the only access for visitors to the outdoor security area should be via the intermediate security area.

The area surrounding the perimeter fence may be landscaped with some insulation. Plants may be planted on the outside of the fence in the event of those inside not being allowed to grow.

135 .57.00 QUIET ROOM

DESCRIPTION AND FUNCTION

The Quiet Room is a separate room that is centrally located and does not open onto a lounge area. The function of a Quiet Room is to provide a safe, quiet rest area for patients who are agitated. Staff may also use the Quiet Room for confidential conversations between themselves or with patients and relatives. It is a room where patients/visitors/staff can express emotion, either on their own or in the company of chosen individuals.

135 .58.00 LOCATION AND RELATIONSHIPS

The Quiet Room should be remote from the living areas of the units. It should preferably be located adjacent to the staff base so that it is visually and physically accessible from the Staff Station. A view to the outside will assist in creating a relaxing and calming atmosphere. Adequate sound insulation is required between the passage and other adjoining areas.

135 .59.00 CONSIDERATIONS

Seating for up to four people is needed. Colours and furnishings shall be soft, to create a calming environment. Stimulation should be kept to a minimum. The room should have a window and be relatively central.

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APPENDICES

Aged Acute Psychiatric Unit Generic Schedule of Accommodation

135 .60.00 Schedule of Accommodation for a 30 Bed Aged Persons Acute Psychiatric Unit at Levels 4, 5 and 6
(Note: Level 6 is similar to Level 5 with the addition of teaching and research functions):

PATIENT AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes			18 x 15	30 x 15	30 x 15	May be arranged in clusters of 10-15 Beds
2 BED ROOM - MENTAL HEALTH	yes			6 x 25 optional			May be arranged in clusters of 10-15 Beds
ENSUITE - MENTAL HEALTH	yes			24 x 5	30 x 5	30 x 5	
KITCHEN				3 x 8	3 x 8	3 x 8	One Kitchen required for each cluster of 10-15 beds
LOUNGE - PATIENT	yes			3 x 15	3 x 15	3 x 15	One Lounge required for each cluster of 10-15 Beds; with external view
MEETING ROOM - LARGE	yes			1 x 30	1 x 30	1 x 30	Activities / Occupational Therapy Room
SECLUSION ROOM	yes			1 x 14	1 x 14	1 x 14	Level 4 is an Intensive Care Unit in a Private Health Facility

135 .61.00 STAFF AREAS
(Provision of Offices and Support Areas such as Staff and Meeting rooms will depend on the Operational Policy and management structure):

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	Co-locate with Staff Room
BAY - HANDWASHING	yes			7 x 1	7 x 1	7 x 1	Refer to Part D Infection Control
BAY - LINEN	yes			3 x 2	3 x 2	3 x 2	
BAY - MOBILE EQUIPMENT	yes			1 x 4	1 x 4	1 x 4	For Wheelchairs
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	Includes Medications and Medication Dispensing Area
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Manager
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	

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STAFF STATION	yes			1 x 14	1 x 14	1 x 14	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	
STORE - EQUIPMENT	yes			1 x 20	1 x 20	1 x 20	
CIRCULATION %				35	35	35	

135 .62.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes			1 x 10	1 x 10	1 x 10	Fixtures and Fittings suitable for mental health patients
CONSULT ROOM	yes			1 x 12	2 x 12	2 x 12	
DINING ROOM				3 x 20	3 x 20	3 x 20	One Dining Room for each cluster of 10-15 Beds
MEETING ROOM - SMALL	yes			1 x 12	1 x 12	1 x 12	Quiet Room
MEETING ROOM - MEDIUM	yes			1 x 15	1 x 25	1 x 25	
MEETING ROOM - SMALL	yes				1 x 12	1 x 12	Tutorials, handovers
OFFICE - SINGLE PERSON 9M2	yes				1 x 9 optional	1 x 9 optional	May be located adjacent to Reception for general office functions
PROPERTY BAY - STAFF	yes			2 x 6	2 x 6	2 x 6	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	May be shared with an adjoining Unit
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	
TOILET - STAFF	yes			1 x 2	1 x 2	1 x 2	
TREATMENT ROOM	yes			1 x 15	1 x 15	1 x 15	
WAITING	yes			1 x 20	1 x 20	1 x 20	May be shared with other areas

References and Further Reading

- 135 .63.00 - NSW Health, Design Standard 26 - Mental Health Facility Planning Guideline, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - AGED PERSONS ACUTE PSYCHIATRIC UNIT

