

Part B - Health Facility Briefing and Planning

610 REHABILITATION UNIT

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INTRODUCTION

Description

- 610 .2.00 The Rehabilitation Unit provides a multi disciplinary rehabilitation service care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap.
- 610 .3.00 Sub-acute inpatient services are time limited and goal oriented. The Sub-acute inpatient unit places great emphasis on encouraging patients out of bed, compared to inpatient units. Patients are encouraged to dress each day and not remain in pyjamas or gowns. The activities of patients during the day may be predominantly located in the Rehabilitation Therapy area.

PLANNING

Functional Areas

- 610 .4.00 The Rehabilitation Unit will include the following Functional Areas:
- Entry, Reception and waiting areas
 - Patient accommodation areas including Lounge and Dining areas
 - Patient Therapy areas which may be shared
 - Support areas including Utilities, Cleaner's Room, Disposal, Pantry and Store Rooms
 - Staff areas including Offices, Meeting Rooms, Staff Change and Toilets.
- 610 .5.00 ENTRY AREAS
- The entry canopy is required to provide dry access to the building. Design considerations include:
- Ensuring the covered area is large enough to allow vehicles such as taxis, buses, cars, and emergency vehicles to manoeuvre beneath it, and is structured to facilitate free concurrent traffic flow for multiple vehicles
 - The use of clear roofing material to maximise natural light inside the building.

Functional Areas

- 610 .6.00 The External Entrance Area, best sited at ground floor level, is the first point of contact for members of the community and should display clear directions informing people where to proceed. Design considerations include:
- Vehicle access is required at all times
 - Entry facilities should be suitable for people with disabilities, such as limited mobility and poor vision
 - The entry can incorporate an airlock space and may have sensor or automatically opening doors to facilitate access.

610 .7.00 PATIENT LOUNGE AREAS

A Lounge Area is required for therapeutic and social purposes. These include reading, writing and watching television or videos. The Lounge, Kitchenette and Dining Areas may be combined in a large Multi-purpose Day Room or in separate but adjacent areas.

610 .8.00 SERVICE AREAS

The service entry is required so that deliveries to the facility do not have to pass through the main entrance of the building. It may also provide ambulance service access and egress in emergency circumstances.

Design considerations include:

- An area large enough to allow vehicles including ambulances to turn and manoeuvre
- A large space with blank wall space for temporary storage of items such as linen or food trolleys, furniture or equipment for repair
- Access to soiled linen should only be available through the service entry or in large institutions separate zones may be available for the various utilities and deliveries
- Adequate infection control
- A loading bay that gives access for delivery staff and staff loading equipment and mobility aids into vehicles, located away from the client entry point.

610 .9.00 WHEELCHAIR PARKING

An area should be provided near the entrance for parking wheelchairs and electric scooters. The wheelchair parking area requires power outlets for recharging of electric wheelchairs and scooters when they are not in use. Cupboards may be provided over wheelchairs for additional storage.

Functional Relationships

- 610 .10.00 The Rehabilitation Inpatient Unit should be located at ground level with access to an outdoor area. To share facilities and services, the Rehabilitation Inpatient Unit should be adjacent to a Rehabilitation Day/ Allied Health therapy Area. The Unit should have easy access to Diagnostic, Speech Pathology and Social Work and Allied Health units.

DESIGN

General

- 610.11.00 The design philosophy of the Rehabilitation Unit should convey a friendly and inviting environment and should encourage community members to utilise the available facilities for rehabilitation purposes. A non-institutional, safe and supportive environment needs to be promoted. Building design must be flexible and adaptable to enable the unit to cater for varying client and service needs.
- 610.12.00 Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The Rehabilitation Unit will include access for the disabled as required in the BCA.

Space Standards and Components

- 610.13.00 Some examples of the average circulation space sizes required for ambulant people using the following mobility aids are:
- One person using a walking stick - 750 mm width
 - One person using elbow crutches - 900 mm width
 - One person using two walking sticks - 800 mm width
 - One person using crutches - 950 mm width
 - One person using walking frame - 900 mm width

COMPONENTS OF THE UNIT

Introduction

- 610.14.00 The Rehabilitation Unit will consist of a combination of Standard Components and Non-Standard Components.

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

Standard Components

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

Non-Standard Components

- 610.16.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 610.17.00 DINING ROOM

DESCRIPTION AND FUNCTION

A Dining Room is required for patients to have meals, socialise and undertake recreational activities.

The Dining Room size will be dependent on the number of persons to be accommodated.

- 610.18.00 LOCATION AND RELATIONSHIPS

The Dining Room may be located adjacent to the Lounge area and should have ready access to inpatient and day patient areas, and patient toilets.

610.19.00 CONSIDERATIONS

Fittings and furniture for this area should include:

- Individual tables with seating for up to four people with space for wheelchairs
- Tables that have the capacity to be joined to seat up to 10 people
- Domestic style furnishings that may include sideboards and audio equipment
- Wall and door protection for chairs and wheelchairs.

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APPENDICES

Rehabilitation Generic Schedule of Accommodation

610 .20.00 Schedule of Accommodation for an Inpatient Rehabilitation Unit at Levels 3/4 of 20 Beds and Levels 5/6 of 26 Beds:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
			20 Beds	20 Beds	26 Beds	26 Beds	
1 BED ROOM	yes		7 x 15	7 x 15	9 x 15	9 x 15	
1 BED - SPECIAL	yes		1 x 18 optional	1 x 18 optional	1 x 18 optional	1 x 18 optional	Transitional Bedroom
2 BED ROOM	yes		2 x 25 optional	2 x 25 optional	2 x 25 optional	2 x 25 optional	
4 BED ROOM	yes		2 x 42 optional	2 x 42 optional	3 x 42 optional	3 x 42 optional	
BAY - HANDWASHING	yes		2 x 1	2 x 1	3 x 1	3 x 1	In addition to handbasins in Bedrooms
BAY - LINEN	yes		1 x 2	1 x 2	1 x 2	1 x 2	
BAY - MOBILE EQUIPMENT	yes		3 x 4	3 x 4	3 x 4	3 x 4	Wheelchairs and trolleys
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12	1 x 12	1 x 12	1 x 12	
DINING ROOM			1 x 36	1 x 36	1 x 46	1 x 46	
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	1 x 8	
ENSUITE - SPECIAL	yes		2 x 7 optional	2 x 7 optional	2 x 7 optional	2 x 7 optional	
ENSUITE - STANDARD	yes		8 x 5	8 x 5	10 x 5	10 x 5	
LOUNGE - PATIENT	yes		1 x 15	1 x 15	2 x 15	2 x 15	
PANTRY	yes		1 x 8	1 x 8	1 x 8	1 x 8	
SHOWER - PATIENT	yes		2 x 4 optional	2 x 4 optional	2 x 4 optional	2 x 4 optional	For 4 Bed Rooms
STAFF STATION	yes		1 x 14	1 x 14	1 x 14	1 x 14	
STORE - EQUIPMENT	yes		1 x 20	1 x 20	1 x 20	1 x 20	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	1 x 9	
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	Patient & public use
TOILET - PATIENT	yes		2 x 4 optional	2 x 4 optional	2 x 4 optional	2 x 4 optional	For 4 Bed Rooms

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CIRCULATION %			32	32	32	32	
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610 .21.00 STAFF AND SUPPORT AREAS

Note: Offices and Support Areas are dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ALLIED HEALTH AREAS	see remarks						Refer to Allied Health HPU
HYDROTHERAPY AREAS	see remarks						Refer to Allied Health HPU
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager
OFFICE - 2 PERSON SHARED	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	Allied Health

610 .22.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	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	1 x 10	
INTERVIEW ROOM	yes		1 x 9	1 x 9	1 x 9	1 x 9	
MEETING ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	
STAFF ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
STORE - FILES	yes		1 x 10	1 x 10	1 x 10	1 x 10	
TOILET - PUBLIC	yes		1 x 3	1 x 3	1 x 3	1 x 3	Add 1 m2 if baby change facilities are to be included
TREATMENT ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
WAITNG	yes		1 x 5	1 x 5	1 x 5	1 x 5	

References and Further Reading

- 610 .23.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Department of Human Services, Victoria; Aged, Community & Mental Health Division, Community Rehabilitation Centres Generic Brief, 1999.
 - NSW Health, Design Standard 12- Health Building Guidelines, 20 Bed Assessment & Rehabilitation Inpatient Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - REHABILITATION UNIT

