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DEPARTMENT OF HEALTH

DOH Health Facility Guidelines 2022

Part B – Health Facility Briefing & Design
35 Burns Unit

Executive Summary

The Burns Unit is a specialized form of Intensive Care Unit for patients who have suffered serious burns. These injuries are significant and complex, requiring an initial period of hospitalisation that is often lengthy, followed by months or even years of extensive rehabilitation.

These individuals must be closely monitored, evaluated, and cared for at all times. Patients with severe burns frequently require mechanical ventilation and care under the supervision of intensive care and other critical care services and staff due to the multisystem impact of the burns.

Patients in this unit will require access to a variety of treatment types including Initial wound excision and biological closure, definitive wound closure, reconstruction and finally rehabilitation.

The treatment may involve skin grafts and water treatment. Following the initial treatment, some patients will require a longer-term rehabilitation to regain the functionality of the affected body parts.

Patients suffering from severe burns are regarded as immune-compromised due to the partial loss of the functionality of the skin as an important protective organ against external pathogens. For this reason, the patient rooms need to be configured as single bed Positive Pressure isolation rooms including ante-rooms.

Burns Units may be designed to share certain elements with adjoining units such as Operating Theatres for the treatment of the patients including wound treatment and skin grafts. However, in this FPU. It has been assumed that all the requirements are provided in a dedicated Burns Unit containing the accommodation, treatment and rehabilitation.

The Burns unit will be staffed with specialised doctors, nurses, and multidisciplinary healthcare workers who will coordinate the varying treatment resources required to care for these critically ill patients until they can be discharged to a general Inpatient Unit a Rehabilitation Unit or home.

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1. Burns Unit

1.1 Introduction

The Burns Unit is a specialized unit that cares for patients who have suffered serious burns. These injuries are significant and complex, requiring an initial period of hospitalisation that is often lengthy, followed by months or even years of extensive rehabilitation.

These individuals must be closely monitored, evaluated, and cared for at all times. Patients with severe burns frequently require mechanical ventilation and care under the supervision of intensive care and other critical care services and staff due to the multisystem impact of the burns. The unit will be staffed with specialised doctors, nurses, and multidisciplinary healthcare workers who will coordinate the vast treatment resources required to care for these critically ill patients.

1.2 Functional & Planning Considerations

1.2.1 Operational Models

The Burns Unit will generally operate on a 24 hour per day, 7 days per week basis.

The Burns Unit is a stand-alone specialty with an independent management structure. However, it could be collocated with the ICU or other critical care units for clinical and staffing support but should be physically (zonally) separate.

1.2.2 Models of Care

Patients admitted with severe burns will be managed in a typical process comprises of four phases:

- Initial evaluation and possibly resuscitation
- Initial wound excision and biological closure
- Definitive wound closure
- Reconstruction and Rehabilitation

A seamless burns care approach allows patients to transition smoothly from acute care through rehabilitation, step-down facilities, and ambulatory care. To obtain best healthcare outcomes, individuals with burns require a comprehensive approach to care and management.

1.2.3 Planning Models

Bed Numbers and Complement

The number of beds shall be determined by the facility's service plan. A typical Burns Unit as outlined in this FPU is comprised of 12 beds (± 2 as recommended maximum) with the unit's composition similar to the requirements of a small Intensive Care Unit (ICU). Due to the additional support areas and services required for the Burns Unit to be self-sufficient in its care and treatment of patients, the Burns Unit will exceed the size of normal Intensive Care Unit. This should be considered in the planning phase.

Burns patients are regarded as immune-compromised due to the partial loss of the functionality of the skin as the main protective organ against external pathogens. As such the Burns Unit bedrooms need to be positive pressure isolation rooms with ante-rooms.

Intubated or critically unstable burns patients are typically unable to be admitted to a standard ICU due to a lack of adequate positive pressure rooms. Intubating or heavily sedating burns patients is common due to the severity of their injuries and the invasive and painful treatment process; hence, Burns Units are required to contain numerous single rooms suited to care for these patients and their medical needs. Rooms should be positive pressure and have adequate space for individual monitoring, mechanical ventilation equipment and large wound/treatment trolleys.

The Burns Unit is expected to be self-sufficient in terms of support rooms and spaces due to the care demands of Burns patients and the potential unavailability to transport patients to other Units for treatment. The number of support spaces and treatment rooms in the Unit does not have to correspond to the number of beds. Even with a small number of beds (ie less than 12), a full set of supporting rooms will be required.

With safety in mind, the units room size should be adequate to accommodate the patient, appropriate personnel, monitoring capabilities, life support equipment, and support services. Work surfaces and storage areas must be sufficient to have all necessary supplies on hand and to allow workers to conduct all requested processes without having to leave the room.

1.2.4 Unit Planning Models

The Burns Unit should be a controlled unit at a location that has no through traffic or access to visitors; and avoids or minimises:

- Disturbing sounds (ambulances, traffic, sirens)
- Disturbing sights (treatment areas, other patient rooms)
- Ideally, all beds should be visible from the Staff Station or where visibility may be compromised, satellite staff stations or observation bays should be considered in a similar manner to an Intensive Care Unit

The Burns Unit will consist of a number of single bedrooms including positive pressure isolation rooms with ante room and ensuite facilities. All persons entering this unit will be required to gown up and attend to a clinical style hand wash basin to protect the patient against contact pathogens and hospital acquired infections and must maintain this attire throughout the duration of their visit.

Upon exit all persons will be required to gown down before leaving.

1.2.5 Functional Zones

The Burns Unit consists of the following Functional Zones:

- **Entry/ Reception**; which may be shared with adjoining units including:
  - Reception
  - Waiting areas, separate for Males and Females and sized to accommodate family members, with access to public amenities
  - Meeting room that may be used as a Distressed Relatives Room
  - Gown-up and Gown-down rooms and associated hand wash facilities
- **Patient areas** with:
  - Single bedrooms
  - Isolation rooms, positive pressure
  - Ensuites which may not be shared
  - Bathroom for burns patients

  - Procedure Room (or Minor Theatre)
  - Optional Therapy Pool
- **Support areas** consisting of:
  - Staff Station, Reporting Station and write-up areas
  - Beverage Bay and Bays for linen, resuscitation trolley, laboratory facilities and mobile equipment
  - Clean and Dirty Utility Rooms
  - Medication room
  - Storerooms for equipment, general stock and sterile supplies
  - Biomedical Workshop
- **Staff Areas** including:
  - Meeting Room
  - Offices
  - Staff Room
  - Storage for files and stationery
  - Change rooms with toilets, shower and lockers

The above zones are briefly described below.

Reception/ Staff Station

Reception is outside the unit and is the receiving hub for visitors.

Waiting areas for visitors should be provided in close proximity to the entry and ideally be monitored by the reception. Reception provides visitor access via remote door release for visitor wishing to enter the unit from the waiting areas. The door access will be designed in such a way to ensure visitors enter through the gown-up room and exit through the gown-down room. It is assumed that the staff will also have facilities for gowning up for the duration of their shifts.

If a dedicated Reception is not provided, then an intercom system, possibly with video camera and monitor should be provided and linked to the Staff Station to direct and assist the visitors.

Access to male and female toilet facilities and prayer rooms shall be provided. These should be located adjacent the waiting area or collocated with an adjoining inpatient or critical care unit.

The Staff Station is the internal management hub of the unit and will be used to control the security and management of the Unit.

Patient Areas

Patient Areas will include:

- Positive Pressure Isolation rooms with the required mechanical ventilation and critical care management
- Optional Rehabilitation single rooms
- Ensuites for Isolation rooms as well as Optional Rehabilitation rooms
- Burns assisted bathroom
- Procedure Room (or Minor OR) for wound treatment, skin grafts etc
- Optional Therapy pool as part of patient rehabilitation

The design of the Burns Unit should allow a direct line of vision from the central Staff Station to the patients in the Positive Pressure Isolation rooms, to permit the monitoring of patient status under both routine and emergency circumstances. The use of centrally displayed monitor systems will be required to enhance this ability.

In a similar manner to the ICU rooms, patient rooms should be fitted with sliding glazed doors at the front of the patient rooms to optimise visibility. All patients within the Burns unit will be managed in a single bed room environment with HEPA filtered air supply to avoid cross contamination and incidence of hospital acquired infections.

Optional Rehabilitation bedrooms can be collocated with the Intensive Care rooms, but the Rehabilitation rooms will not require ante-rooms.

Staff Areas

Staff Areas consist of:

- Offices and workstations
- Meeting Room/s and Interview rooms for education sessions, interviews with staff or clients and other meetings
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Offices / workstations will be required for administrative as well as clinical functions to facilitate educational / research activities. Staff Areas may be shared with adjacent Units as far as possible.

1.3 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources. Correct Functional Relationships are identified below.

1.3.1 External Relationships

Dependant on the location of the Burns Unit it would be ideal to have separate and discrete entry or entries for staff, goods and supplies with swipe card or similar electronic access to authorised personnel. Discrete entry for patients on beds or trolleys may also be considered.

The principal relationships with other Units include:

- Operating Unit
- Intensive Care Unit
- Emergency Unit
- Medical Imaging
- Pathology Services
- Biomedical Engineering

1.3.2 Internal Relationships

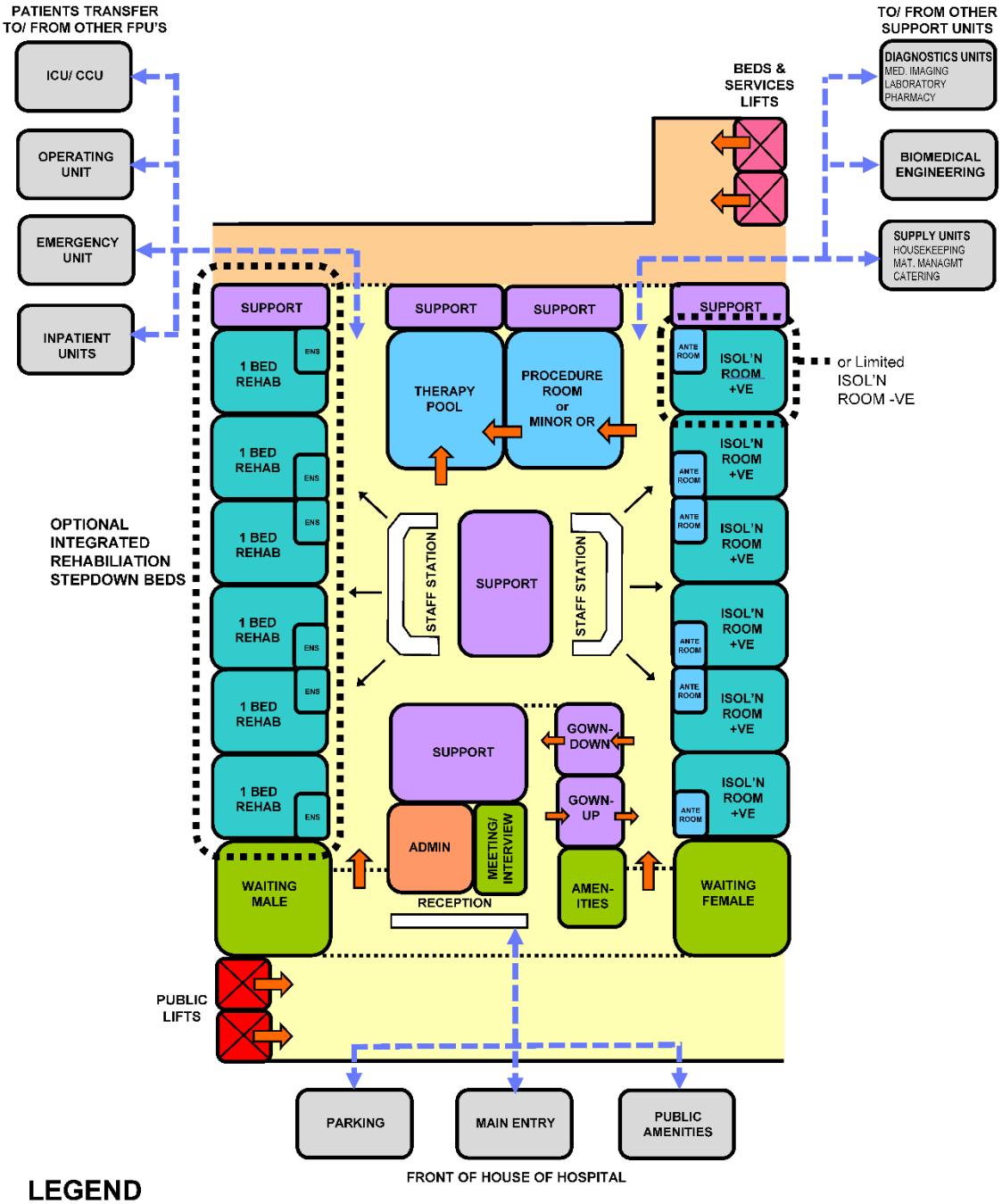
Optimal internal relationships to be achieved include:

- Patient bedrooms on the perimeter for access to windows for at least 50% of the rooms with the balance borrowing light via the glazed front wall
- Staff station(s) and other areas which require direct access and observation of patients
- Utility and storage areas that need to be readily accessible by staff

- Public areas located on the perimeter of the unit

1.3.3 Functional Relationship Diagram

The relationships between the various components within a Burns Unit are best described by Functional Relationships Diagrams. The requirements for infection control and patient management result in a number of planning 'models' that have proved successful through numerous built examples and many years of practice. Most Burns Unit plans are a variation of the ‘model’ demonstrated below.


PATIENTS TRANSFER TO/ FROM OTHER FPU'S
ICU/ CCU
OPERATING UNIT
EMERGENCY UNIT
INPATIENT UNITS
TO/ FROM OTHER SUPPORT UNITS
DIAGNOSTICS UNITS
MED. IMAGING
LABORATORY
PHARMACY
BIOMEDICAL ENGINEERING
SUPPLY UNITS
HOUSEKEEPING
MAT. MANAGMT
CATERING
BEDS & SERVICES LIFTS
SUPPORT
1 BED REHAB
ENS
THERAPY POOL
PROCEDURE ROOM or MINOR OR
ISOL'N ROOM +VE
ANTE ROOM
or Limited ISOL'N ROOM -VE
OPTIONAL INTEGRATED REHABILIATION STEPDOWN BEDS
STAFF STATION
GOWN-DOWN
GOWN-UP
ADMIN
MEETING/ INTERVIEW
RECEPTION
AMEN-ITIES
WAITING MALE
WAITING FEMALE
PUBLIC LIFTS
PARKING
MAIN ENTRY
PUBLIC AMENITIES
FRONT OF HOUSE OF HOSPITAL
LEGEND
Support Areas
Staff Areas
Circulation
Public Areas
Patient Areas
Staff/Service Corridor
Service Lifts
Public Lifts
Direct Relationship
Indirect Relationship

1.4 Design Considerations

Refer to Part C for ergonomic issues, Part D for Infection Control, and Part E for Engineering Requirements.

1.4.1 Environmental Considerations

Acoustics

The Burns Unit should protect its patients by reducing sound signals from patient call systems, alarms from equipment and telephones, and loud discussions, as they can contribute to the patient's sensory overload.

The Burns Unit should be built to reduce ambient noise within the unit as well as sound transmission between patient, staff, and public spaces. Location of noisy areas or activities should be considered, with the goal of keeping them away from calm areas such as patient bedrooms and bed bays.

Avoid sensory overload from Signals of staff call systems, alarms from monitoring equipment, and telephones in critical care units. Without reducing their importance or sense of urgency, such signals should be modulated to a level that alert staff members yet be rendered less intrusive to patients.

As a result, sound-absorbing floor coverings should be used while infection control, maintenance, and equipment movement requirements are taken into account. Sound-absorbing materials should be used in the construction of walls and ceilings. Soffits and baffles in the ceiling help to lessen echoing sounds. To decrease sound transmission, doorways should be offset rather than located in symmetrically opposed positions. Noise can also be reduced with the use of counters, dividers, and glass doors.

Acoustic treatment is required to the following:

- Patient Bedrooms and Ensuites
- Interview and meeting rooms
- Procedure rooms
- Staff rooms
- Change Rooms, toilets and showers

Refer also to Part G of these Guidelines.

Natural Light

Natural light should be used as much as possible throughout the Unit. Patients and staff benefit from windows in terms of sensory orientation and psychological well-being, and as many rooms as possible, but no less than 50% of the rooms, should have windows to reinforce day/night orientation. Any rooms which do not have direct access to external light, may have access to borrowed light via the glazed front wall of the rooms.

Any optional rehabilitation step-down bedrooms provided should have 100% access to fixed external windows as per all Inpatient Unit requirements within these guidelines.

Other naturally lit locations, such as a central atrium or an adjacent glazed hallway, can be used for the provision of natural light.

Privacy

The design of the Burns Unit needs to balance the contradicting necessity for staff visibility of patients with the need for patient privacy. The layout of the unit and the positioning of the staff stations provide varied levels of visibility and seclusion.

Each bed must have a bed screen to protect the privacy of patients receiving treatment in the room. Refer to the applicable patient bed rooms in the Standard Components.

Other factors for consideration include:

- Use of windows in internal walls and/or doors, provision of privacy blinds.
- Location of external areas, courtyards or atriums facing bedroom windows to prevent others from viewing into bed and treatment spaces.

1.4.2 Space Standards and Components

Bed Spacing / Clearances

Bed dimensions become a critical consideration in ascertaining final room sizes. The dimensions noted in these Guidelines are intended as minimums and do not prohibit the use of larger rooms where required.

All patient beds must comply with standard components for fittings, furniture, mechanical and electrical services and staff call systems including the clearances that they imply.

In critical care bedrooms a minimum of 1200 mm clearance around both sides and the foot of the bed is recommended.

Bariatric Patient Facilities

Depending on the service requirements, the Burns Unit may require provisions for bariatric patients, such as ceiling suspended lifting devices between the Bedroom bed area and an adjacent Ensuite. As a minimum, the provision of one Bariatric room per unit is highly recommended.

All fixtures and fittings for bariatric patients must be able to support a weight of up to 350kg.

1.4.3 Doors

Door openings to Burns Unit Bedrooms shall have a minimum of 1350mm clear opening (ideally 1400mm clear opening) to allow for easy movement of beds and equipment.

1.4.4 Safety and Security

The Burns Unit must provide a safe and secure environment for patients, staff, and visitors while being non-threatening and supportive of recovery.

The facility, furniture, fixtures, and equipment must all be planned and built in such a way that all users are not exposed to unnecessary hazards of injury.

Security issues are important due to the increasing prevalence of violence and theft in health care facilities.

Through the grouping of like functions and the provision of optimal observation for personnel, the layout of spaces and zones should provide a high level of security. Security is affected by the level of observation and visibility. Access and egress from the Unit must be controlled.

1.4.5 Drug Storage

Drugs prescribed at the hospital should not be stored in the patient bedrooms or bed bays. All drugs should be managed by the responsible nurses via a Medication Room. Optionally the Medication Room may be interconnected with a Clean Utility room as long as the requirements of both functions are accommodated.

Medications may be manually stored and managed, or alternatively automated Medication Management systems may be utilised. Controlled, semi-controlled or narcotic drugs as per Federal Law must be kept in a secure cabinet within the Medication Room with alarm. A refrigerator with integrated alarm and temperature monitor, lockable, to store restricted substances as required.

The Medication Room must have sufficient space for parking a medication trolley.

The room requires controlled staff only access and may include CCTV surveillance.

Note: Storage for dangerous drugs must be in accordance with the relevant regulations.

1.4.6 Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be pleasant and non-Institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control
- fire safety
- movement of equipment.

Lighting and color selections in areas where clinical observation is critical, such as bedrooms and treatment areas, must not obstruct accurate assessment of skin tones. As such, colour corrected lighting is required in all patient areas. Muted colours rather than dark or vibrant colours are preferred.

Where bed or trolley movement occurs, such as corridors, patients' bedrooms, storage, and treatment facilities, walls must be painted with lead-free paint and wall protection must be provided.

Curtains/ Blinds

Each window shall have partial blackout facilities to allow patients to rest during the daytime.

Sun control should be ideally integral within double glazing with a control nob, lever or electronic control from inside.

If blinds are to be used the following applies:

- Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.
- Horizontal blinds may only be used within a double-glazed window assembly with a knob control on the bedroom side, known as integral venetian blinds.

Privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

1.4.7 Fittings, Fixtures & Equipment

Bedside Monitoring

The placement of bedside monitoring equipment should allow for easy access and observation and should not obstruct the patient's visibility or access. Each patient's monitored status must be visible to the bedside nurse and/or monitor technician at a glance. This goal can be met with either a central monitoring station or bedside monitors that allow multiple patients to be observed at the same time. Neither of these approaches is meant to take the place of bedside observation.

The weight-bearing surfaces that support the monitoring equipment should be strong enough to resist repeated strain. It is reasonable to expect that the volume of monitoring equipment will grow over time. As a result, space and electrical infrastructure should be planned accordingly.

1.4.8 Building Service Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with Part E - Engineering Services for the detailed parameters and standards applicable.

Information and Communication Technology

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

- Electronic Health Records (EHR) which may form part of the Health Information System (HIS)
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Optional availability of Wi-Fi for staff, patients and their visitors

Staff Call

Hospitals must provide an electronic call system next to each inpatient bed to allow for patients to alert staff in a discreet manner at all times

All calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

Patient Entertainment Systems

Patients may be provided with the following entertainment/ communications systems according to the Operational Policy of the facility:

- Television
- Telephone
- Radio
- Internet (through Wi-Fi)

Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with individual rooms adjustable temperature and humidity for patient comfort.

The burns bathroom will require specific temperature control and monitoring – an ambient temperature of 26 – 28° Celsius will be required.

All HVAC units and systems are to comply with services identified in Standard Components and Part E in these Guidelines.

Medical Gases

Medical gas is that which is intended for administration to a patient in anaesthesia, therapy, diagnosis or resuscitation. Medical gases shall be installed and readily available in each patient bay and room according to the quantities noted in the Standard Components Room Data Sheets.

Refer to Part E in these Guidelines for details.

Pneumatic Tube Systems

The Burns Unit may include a pneumatic tube station, as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision.

Refer to Part E in these Guidelines for details.

Hydraulics

Warm water must be supplied to all areas accessed by patients within the Intensive Care Unit. This requirement includes all staff handwashing basins and sinks located within patient accessible areas.

Refer to Part E in these Guidelines for details.

1.4.9 Infection Control

Infection control is a primary clinical concern in the treatment of severe burns. Infection is a major concern for patients who have suffered burn injuries.

The goal is to provide patients with a broad region of skin injury with the best possible protection by using specially built positive pressure isolation rooms within the Burn Unit.

Hand Basins

Handwashing facilities shall be provided in the corridors, gown-up and gown-down rooms, all patient rooms, ante-rooms and other rooms as specified by the Standard Components.

Hand-washing facilities shall not impact on minimum clear corridor widths. The required hand washing facilities are separate to the anticeptic hand sanitisers which are also required.

At least one handwashing bay is to be conveniently accessible to each Staff Station and unit entry/exit. Hand basins are to comply with Standard Components ‘Bay - Hand-washing’ and Part D in these Guidelines.

Hand Basins in patient bedrooms should be used solely for infection control purposes and utilised only by staff. Patients should use hand basins provided in bathrooms for personal purposes. Staff may not use the patient ensuite hand wash basin.

Antiseptic Hand Sanitiser

Antiseptic hand sanitiser should be located so they are readily available for use at points of care, at the end of patient beds and in high traffic areas.

The placement of hand sanitiser should be consistent and reliable throughout facilities. Hand Sanitisers are to comply with Part D in these guidelines.

Hand Sanitisers although very useful and welcome, cannot fully replace Hand Wash Bays. Both must be provided.

Refer also to Part D of these Guidelines.

Negative Pressure Isolation Room

The Burns Unit may include at least one negative pressure Isolation Room per pod of 12 or as many as required by the Clinical Service Plan of the Unit. Entry shall be through an ante-room. The potential risk for immune-compromised patients should be considered before using negative pressure rather than positive pressure isolation rooms. Air supply to the negative pressure isolation rooms should be separate from other rooms and should be HEPA filtered on supply and exhaust.

Clinical hand-washing, gown and mask storage, and waste disposal shall be provided within the airlock. An Ensuite - Super, directly accessible from the Isolation Room, shall also be provided. For further information on Isolation Rooms refer to Part D in these Guidelines.

1.5 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements).
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines.
- Minimum floor areas as shown in the schedule of accommodation.
- Clearances and accessibility around various objects shown or implied.
- Inclusion of all mandatory items identified in the RDS.

The Burns Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

1.5.1 Non-Standard Components

Non-standard rooms are identified in the schedules of accommodation as NS and are identified below.

Bay - Pneumatic Tube

The Bay - Pneumatic Tube should be located at the Staff Station/s under the direct supervision of staff for urgent arrivals. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters

  Wall protection should be installed to prevent wall damage from canisters

Gown-up Room

A Gown-up room is a room with dual access. It is provided for visitors to put on PPE items before entering the Patient areas. Room is located on the perimeter of the patient areas with secured doors controlled from the Staff Station or Reception.

Requirements include:

- A PPE dispensing unit for disposable items including gowns, head and shoe covers, gloves, masks.
- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.
- Waste bin/s.
- An intercom system connected to either the Staff Station or Reception.

Gown-down Room

Similar to the Gown-up room but is used when visitors are leaving the patient areas. Visitors can remove their PPE items and discard them in the dirty linen carriers or waste bins provided in this room. This room will also have dual access with the door from the Patient Areas being controlled and monitored by the Staff Station or Reception. It should be designed in such a way re-entering into the Patient areas from the Gown-down Room will not be permitted.

Requirements include:

- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.

- A Dirty linen carrier or clinical waste bin.

1.6 Schedule of Accommodation

The Schedule of Accommodation (SOA) identifies the rooms required in the Unit along with the quantity and the recommended room area. The sum of these room areas is the Sub Total and Total Departmental areas with a recommended circulation percentage. The circulation percentage represents the area required for internal corridors and is a target for efficient planning. SOAs and room sizes are developed for typical units and are organised into the functional zones applicable to the Unit. Not all rooms identified are mandatory requirements and optional rooms are indicated. Quantities of rooms may need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedules of Accommodation are developed for particular levels of service known as Role Delineation Level (RDL) and numbered from 1 to 6 (including in-between numbers such as 4-5). Level 1 represents uncomplicated health facilities, ascending to level 6 representing complex specialist services and hospitals. Refer to the full Role Delineation Level Framework in these guidelines for a full description of the RDL's identified. RDL Levels not listed are not applicable for this service.

The Schedule of Accommodation for a typical Burns Unit at RDL Level 5 or 6 with 12 beds follows. The Schedule of Accommodation lists generic spaces that form a Burns Unit. Quantities and sizes of some spaces need to be determined in response to the service needs of each unit on a case by case basis.

1.6.1 Burns Unit

ROOM/ SPACE	Standard Component Room Codes									RDL 5/6 Qty x m^2			Remarks
Size										12 Beds			
Entry / Reception													
Reception/ Clerical	recl-15-d similar									1	x	12	Optional
Waiting	wait-20-d similar									2	x	25	Separate M & F; 1.2 m^2 per person; 1.5 m^2 per wheelchair
Meeting Room	meet-l-15-d									1	x	15	Interviews/ meetings; can be used as family distress room
Toilet - Public	wcpu-3-d									2	x	3	May share public amenities if located close
Toilet - Accessible	wcac-d									1	x	6	May share public amenities if located close
Gown-up	NS									1	x	6	
Gown-down	NS									1	x	6	
Patient Areas													
1 Bed Room - ICU	1br-icu-25-d									5	x	25	Positive Pressure, Group of 12, within vision of Staff Station. See notes for additional comments at the end of this SOA.

ROOM/ SPACE	Standard Component Room Codes									RDL 5/6 Qty x m²			Remarks
Size										12 Beds			
1 Bed Room - ICU, Class N Isolation	1br-icu-25-d similar									1	x	25	Negative Pressure Isolation; quantity dependent on service plan
1 Bed Room - HDU	1br-hdu-20-d									6	x	20	Optional fully enclosed Rehabilitation Bedrooms. Facility can decide the mix of ICU and Rehabilitation rooms in a Group of 12.
Anteroom	anrm-d									6	x	6	To both Positive and Negative Pressure bed rooms
Ensuite - Super	ens-sp-d									12	x	6	Size for 'full assistance', i.e. 2 staff plus equipment
Support Areas													
Bathroom - Assisted	bath-d similar									1	x	20	Burns Bathroom with additional temperature control - ambient temp should be 26 - 28 ^{o}C
Bay - Beverage	bbev-enc-d									1	x	5	
Bay - Blanket Warmer	bbw-1-d									1	x	1	Optional
Bay - Handwashing, Type A	bhws-a-d									3	x	1	At Unit entry and adjacent to staff stations; refer to Part D
Bay - Linen	blin-d									2	x	2	
Bay - Mobile Equipment	bmeq-4-d									2	x	4	
Bay - Pathology (Satellite Laboratory)	bpath-1-d similar									1	x	3	
Bay - Pneumatic Tube	NS									1	x	1	Optional, may be located with Pathology Bay or Staff Station
Bay - PPE	bppe-d									2	x	1.5	As required, may be combined with Bay-Handwashing at Staff Stations
Bay - Resuscitation Trolley	bres-d									1	x	1.5	
Cleaners Room	clrm-6-d									1	x	6	Smaller units may share with a collocated unit
Clean Utility	clur-12-d									1	x	12	May be interconnected with Medication room
Medication Room	medr-10-d									1	x	10	May be interconnected with Clean Utility room
Clean Utility/ Medication Room	clum-14-d									1	x	*	*Optional , if preference is to combine Clean Utility and Medication Room into a single Room, Minimum 14 m²
Dirty Utility	dtur-14-d									1	x	14	

ROOM/ SPACE	Standard Component Room Codes									RDL 5/6 Qty x m²			Remarks
Size										12 Beds			
Disposal Room	disp-8-d									1	x	8	Optional
Equipment Clean-up	ecl-10-d similar									1	x	8	Room size according to service requirements
Office - Clinical / Handover	off-cln-d similar									1	x	15	Locate near staff station
Office - Write-up Bay	off-wi-1-d									12	x	1	1 per each enclosed bed room
Staff Station	sstn-20-d									2	x	20	Qty depends on design of Unit to optimise direct line of sight to all patient bed rooms
Store - Drugs	stdr-5-d									1	x	5	Optional
Store - Equipment	steq-15-d									1	x	15	May be subdivided
Store - General	stgn-20-d similar									1	x	16	
Store - Sterile Stock	stss-20-d									1	x	24	Room size according to service requirements
Scrub up / Gowning	scrb-6-d									2	x	6	Optional; Gown-up/ Gown- down facility at entrance
Procedure Room or Operating Room – Minor	orms-d									1	x	36	Optional but highly recommended
Therapy Pool	hydp-d similar									1	x	35	Optional however highly recommended; individual pool for patient clean-up optimally connected to Procedure Room or Minor OR
Change Cubicle - Patient	chpt-d-d similar									2	x	6	Optional, separate for male and female, adjacent to OR and Therapy Pool
Staff Areas													
Office - Single Person	off-s9-d									1	x	9	Unit Manager
Office - 2 Person, Shared	off-2p-d									1	x	12	Nurse Educators, Staff Specialists, Clinicians
Office - Workstation/s	off-ws-d									4	x	5.5	Registrars, Nursing, Secretarial
Meeting Room	meet-l-30-d similar									1	x	25	Quantity and size dependent on Service Plan
Bay - Beverage	bbev-enc-d									1	x	5	Optional, near Meeting Room/s
Store - Photocopy/ Stationery	stps-8-d									1	x	8	
Staff Lounge	srm-15-d similar									1	x	20	May be shared
Change - Staff (M/F)	chst-12-d									2	x	12	Toilets, Shower & Lockers; size depends on staff numbers
Sub Total												**933.5**	

ROOM/ SPACE	Standard Component Room Codes				RDL 5/6 Qty x m²	Remarks
Size					12 Beds	
Circulation %					40	
Area Total					**1306.9**	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.
- One ante-room for each positive and negative pressure isolation rooms is required in new facilities. One anteroom shared between two rooms with same type of pressurisation may be permitted in existing facilities undergoing refurbishments and are limited by available space.
- Based on the Units service plan, back-to-back burns rehabilitation rooms may be considered. Burns rehabilitation rooms will be fully enclosed standard isolation with ensuite bathroom, positive pressure but without ante-room.

1.7 Further Reading

In addition to Sections referenced in this FPU, i.e. Part C - Access, Mobility, OH&S and Part D - Infection Control and Part E - Engineering Services, readers may find the following helpful:

- International Health Facility Guidelines (iHFG) www.healthfacilityguidelines.com
- DH (Department of Health) (UK) Health Building Note 57: Facilities for critical care, 2003, refer to www.estatesknowledge.dh.gov.uk
- Model of Care, NSW State wide Burn Injury Service, Agency for Clinical Innovation, NSW Health, – refer to www.aci.health.nsw.gov.au
- AHIA, Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, HPU 0360 - Intensive Care - General, Rev 6, 2016; refer to website: https://healthfacilityguidelines.com.au/health-planning-units