DOH Health Facility Guidelines 2022

Part B – Health Facility Briefing & Design
235 Long Term Care Unit (LTCU)

Executive Summary

The primary function of the Long-Term Care Unit's (LTCU) accommodation and ongoing long-term care and treatment for inpatients. The length of stay in such a facility may range from a few weeks to the entire life of the patient.

Some patients may recover and be discharged from the facility. However, it is possible that some patients may never be discharged due to their irreversible condition.

The LTCU may also be known as “Slow Stream Rehabilitation” or “Long Term Rehabilitation” or “Post-acute Rehabilitation”.

LTCU is intended for medical, surgical, or rehabilitation patients who are not independent enough to return home as well as patients with permanent disabilities which require constant care and monitoring. A sub-set of LTCU is LTV, intended for patients who require long term ventilation and High Dependency Care. LTCU can also be used for designated palliative care patients.

The following services are provided by Long Term Inpatient Care units:

- Accommodation-related services including meals, cleaning and laundry
- Personal care services such as daily living activities
- Rehabilitation and Allied Health services
- Medical and therapy services as required health services
- A variety of possible patient activities

Occupational Therapy, Physiotherapy, Psychology, Speech Pathology, and Social Work may be delivered within the Unit in conjunction with general medical treatment, depending on the Service Plan.

The length of an extended care stay is determined by the facility's Service Plan. Most long-term care institutions can accommodate patients for anywhere from 2 weeks to several years or the patients’ entire life.

The LTCU can be provided as a stand-alone facility within a community, or it can be linked to a rehabilitation hospital or general hospital campus as part of a larger health system. The size, design, functional requirements, and affiliations with hospitals of the LTCU will be determined by its catchment population and spectrum of services.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report** (**Appendix 4 in Part A**) to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.

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1. Long Term Care Unit (LTCU)

1.1 Introduction

The Long-Term Care Unit's (LTCU) primary function is to offer appropriate accommodation as well as ongoing care and treatment for inpatients whose stay is expected to be protracted.

The LTCU may also be known as “Slow Stream Rehabilitation”.

Medical, surgical, or rehabilitation patients who are not independent enough to return home or who are designated palliative care patients may require long-term care. The following services are provided by Long Term Care units:

- Accommodation-related services including meals, cleaning and laundry
- Personal care services such as daily living activities
- Rehabilitation and Allied Health services
- Medical and therapy services as required health services

Occupational Therapy, Physiotherapy, Psychology, Speech Pathology, and Social Work may be delivered within the Unit in conjunction with general medical treatment, depending on the Service Plan.

The length of an extended care stay is determined by the facility's Service Plan. It usually refers to a stay in an acute care setting that exceeds the average length of stay (which may be 4 to 7 days). Most long-term care institutions can accommodate patients for anywhere from 2 weeks to several years.

In addition, the Unit must provide facilities and conditions to suit the needs of patients and visitors, as well as staff working standards. Patients in need of long-term care might be of any age, however the majority are likely to be seniors.

1.2 Functional & Planning Considerations

1.2.1 Operational Models

The LTCU will be open 24 hours a day, 7 days a week. Clinical and personal care services will be delivered in accordance with the Scope of Services and Operational Policy, which includes the patient mix, number of beds, and Model of Care to be used.

1.2.2 Models of Care

The Model of Care will take into account the number and type of beds planned for the facility as well as the patient acuity.

The journey to LTCU typically depends on the patient type.

For some patients, after surgery, they require acute rehabilitation in a facility which is ideally very close to the initial place of treatment. After this period which may be typically less than 2 weeks, some patients will require long term treatment and care. So, they are transferred to an LTCU for post-acute treatment. The length of stay at LTCU may vary from several weeks to the full life of the patient.

LTCU is also used for patients with severe physical disabilities, requiring long term monitoring and high dependency care. The care of the patients may vary depending on their individual condition and abilities. It may range from fully conscious to totally unconscious, partial mobility to no mobility. The type of disability (if any) may vary considerably from one patient to the other and from one unit to another.

The goal of treatment is to keep the patient's save and their level of autonomy within their abilities and functions. Clinical care and continuous therapy are provided as needed, with a focus on self-care and management as far as the patient condition allows.

Multidisciplinary assessment and goal-setting process includes treatment, medical and surgical intervention, and assistance with Activities of Daily Living (ADL) is to maximize the patient's independence and function, where possible.

Levels of Care

The care will progress from ongoing rehabilitative nursing with specialised care to intermediate care and self-care prior to discharge or transfer to other facilities. The LTCU also cares for patients whose physical functions, such as breathing and feeding, may never entirely return. This could involve "end-of-life" care for severely disabled individuals.

As a sub-set of LTCU, the units or groups of bedrooms which are intended for the care of patients requiring ventilation and high dependency care are referred to as LTV (Long Term Ventilated).

LTV Units will require greater levels of observation and monitoring as well as staff to patient ratios in a similar manner to High Dependency and Intensive Care Units. The rooms also need to be equipped accordingly.

1.2.3 Unit Planning Models

The LTCU can be provided as a stand-alone facility within a community, or it can be linked to a rehabilitation hospital or general hospital campus as part of a larger health system. The size, design, functional requirements, and affiliations with hospitals of the LTCU will be determined by its catchment population and spectrum of services.

The recommend size of the Unit should comprise of 30 beds (± 2). Considering the type of patients admitted to a LTCU, it is recommended that the unit will comprise a minimum of 20% of single bedrooms. The balance of the bedrooms may be in shared rooms with a maximum of 2 beds in each room to ensure a balance between operational efficiency, privacy and dignity.

1.2.4 Functional Zones

The LTCU will consist of the following Functional Zones:

- Entrance/ Reception which may be shared with adjoining Units including:
  - Reception
  - Waiting Areas
  - Consult / Examination Room/s
- Patient/ Activities/ Therapy Areas for patients with:
  - Patient Bedrooms and Ensuites
  - Dining Area which could also be used for therapy activities
  - Pantry/ Servery, co-located with Dining facilities
  - Lounge and Activities areas with access to outdoor areas
  - Gymnasium, (optional)
  - ADL rooms such as ADL Bathroom, Kitchen (optional)
  - Treatment Room
  - Patient Laundry
  - Stores for patient belongings, activity materials, linen
  - Sitting alcoves along corridors for patients to rest

The provision of the above areas will be dependent on the Service Plan and the patients' conditions being treated. Some of the above services may not be required for LTV or unconscious patients.

- Clinical Support Areas may include:
  - Cleaner's Room
  - Clean and Dirty Utilities

  - Medication Room
  - Disposal Room
  - Staff Station
  - Stores for equipment, consumable stock, files, stationery and patient property
- Staff Areas consisting of:
  - Offices for administration, management, and clinical staff
  - Staff Handover room which may be collocated with the Staff Station
  - Meeting Room/s
  - Staff Room
  - Staff Toilets, Shower and Lockers

The above zones are briefly described here:

Entrance/ Reception Area

The Entrance provides direct access to the Facility for patients, families and visitors. It should easily enable access and transfer from a private or patient transport vehicle with weather protection sufficient to provide shelter for a transport vehicle (eg. a minibus).

There should be provision for an intercom and CCTV that is viewable between the Entrance and the Reception and Staff Station. The Entry may include gender separated waiting areas for visitors either immediately outside or inside the unit.

A Consult/ Examination Room located at the entry will allow medical, nursing, allied health and support staff to interview patients, relatives or carers and examine patients as necessary upon arrival.

Patient Areas

Patient Areas will include:

Patient Bed Rooms

Two types of patient bedrooms may be provided in a LTCU. For non-ventilated LTC patients requiring long term medical care or ongoing rehabilitation, regular bedrooms similar to those in a standard inpatient unit will be sufficient. For LTV ventilated patients, bedrooms should be set up similar to a high dependency unit (HDU) patient room with ceiling mounted pendants. A 50:50 split of these two types of patient bedrooms is recommended but the final configuration is subject to the facility's services plan.

Patient bedrooms may be single or double occupancy; the ratio of these types will vary based on the scope of services plan. A minimum of 20% of beds should be provided in a single room setting with most as standard inpatient bedrooms. For double occupancy is best suited for long-term ventilated and mostly unconscious patients.

Given the long stay nature, regular patient rooms should be equipped and fitted out to enable functionality of an 'at home' space, including opportunities for patients to personalise space such as a notice board and display shelves. An external outlook is necessary from each room.

Ensuites/ Toilets

In general, an Ensuite including a toilet, shower and hand basin must be available within each standard patient room. Ensuites shall provide sufficient space for the manoeuvring of a wheelchair and various types of mobility devices. Considerations must be made to enable assistance aids to be fitted permanently or according to patient needs including transfer benches, commodes, grab rails and shower stools.

However, for bedrooms which cater for patients, who are permanently bed-ridden, provision of ensuites is optional.

Toilets must also be located throughout the Facility near communal areas and close to outdoor spaces. General toilets may have doors which slide for ease of use by patients and prevention of obstruction in either direction, in or out of the toilet.

Dining Area and Servery/ Kitchen

Meals are usually served in a shared Dining Area to patients who are not chronically bed-ridden. The dining area should be large enough to fit all of the patients, to accommodate patients in wheelchairs and other mobility aids, tables should be height adjustable and mobile.

Meals should be served from a Servery/Kitchen adjacent to the Dining Area. A patient-accessible beverage bay should be positioned near the food preparation area. Hand washing and bathroom facilities may be located near the Dining Area's entry/exit point. The Dining Room and Servery/Kitchen should have impermeable and easy-to-clean walls and floors.

The Dining Area can also be used for other activities when outside of mealtimes.

Lounge/ Activity Areas

Lounge and Activity Areas may be located adjacent to Dining Areas to provide a larger space when required. There must be at least two discrete social places, one for quiet activities and the other for louder recreational activities. Activity Rooms can be designed as multi-purpose facilities that can be used in a variety of ways. These Rooms should have access to the outside world, as well as floor to ceiling windows and doors to ease the transition. Hard, impermeable, and easy-to-clean flooring should be used in activity areas.

Carpeted flooring may be used in lounge areas for comfort and to help with noise absorption. Lounge areas should be equipped with a television, music player, bookshelves, and storage for indoor card and board games where a variety of indoor and relaxing activities can take place.

The exact size of the lounge/ activity areas will depend on the patient mix intended. If all the patients in the unit are LTV, then these facilities will not be required.

Multifunction Activities Rooms

Separate social spaces shall be provided for quiet and noisy activities. Activities Rooms can be designed as multi-purpose spaces including places for arts and crafts, music, and television viewing. At least one Activities Room should have access to an outdoor space that may be used in all sorts of weather. The spaces involving wet activities shall include:

- Hand-washing
- Workbenches/ Tables (movable)
- Storage and Displays
- Bench and sink

Gymnasium

The Gymnasium is a place where patients can engage in indoor exercise or continuous rehabilitation therapy while being supervised by staff. The room may have a variety of exercise equipment that is appropriate for the patients' therapeutic needs.

Courtyard/ Garden Areas

For long-term patients' mental and physical wellness, an external courtyard, secure terrace, and garden areas are recommended. In inclement weather, covered space for shade and patient use should be provided. Access to restroom facilities near the Courtyard/Garden Areas and secure storage for activities equipment should be addressed.

To allow for close enjoyment and increased functioning, garden beds can be raised to an appropriate height for patients and surrounded by pleasant and enough seats.

Staff Station

Staff Station should be located with direct visual supervision of the bedrooms for patients who are long-term ventilated (LTV). Alternatively, write-up stations, located directly outside LTV patient rooms are also acceptable. One nurse per two patient rooms (either single or double occupancy) should be provided.

The Staff Station should also have good visibility of common areas (Activity, Lounge, Dining, Gymnasium (etc.) of other long-term care (LTC) patients. Patient information should be secured, and records may be electronic.

Clinical Support Areas

Support Areas include:

- Cleaner's Room
- Clean and Dirty Utilities
- Disposal Room
- Medication Room
- Storage for linen, consumable supplies, equipment for activities, daily living aids, files, patient property stationery, and a resuscitation trolley

Staff Areas

Staff Areas will consist of:

- Offices and workstations for the Unit manager and senior personnel required for administrative as well as clinical functions
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Access to workstations for support staff, visiting medical and allied health staff should be considered in an area discreet from the Staff Station.

1.3 Functional Relationships

A functional relationship is the link between distinct areas of activity that work together closely to support the delivery of effective services in terms of management, cost, and human resources.

1.3.1 External Relationships

The LTCU could be in a community environment with easy access to medical facilities. The Facility will require strong functional links to:

- Service Units including medications, food, linen, general consumable supplies and waste handling for deliveries and collections.
- Rehabilitation Unit services including Physiotherapy, Occupational Therapy, Hydrotherapy and Allied Health Services.
- Diagnostic facilities such as Medical Imaging.
- Day Surgery/Procedures Unit for minor procedures.
- Clinical Laboratories and Pharmacy (may be via Pneumatic Tube).

1.3.2 Internal Relationships

Optimum internal relationships include:

- Reception at the entrance with Waiting areas and access to Consult rooms.
- Patient occupied areas on the perimeter with access to windows.

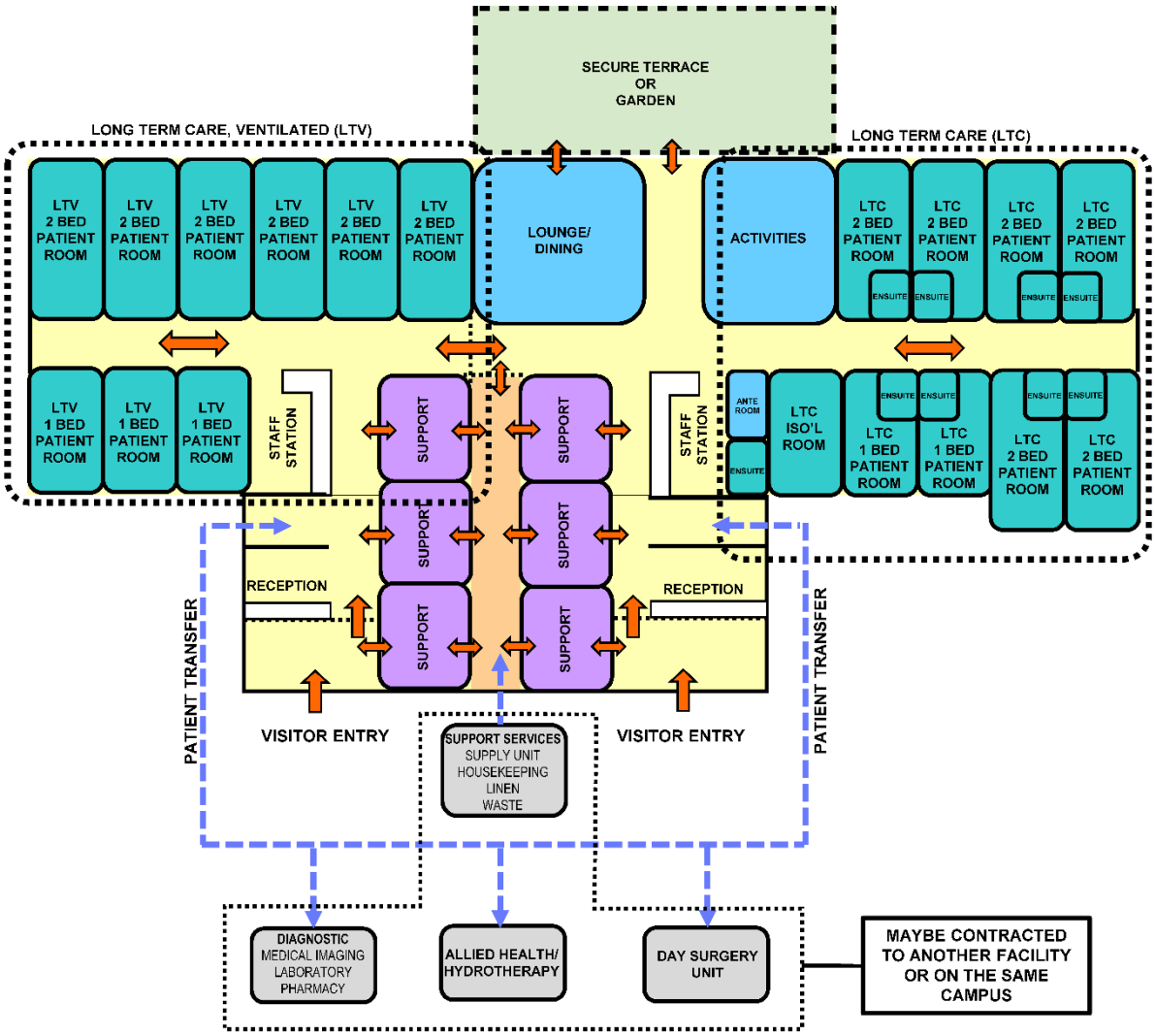
- Dining, Lounge and Activities areas centrally located.
- The Staff Station and support areas need good access and observation of communal areas, therapy areas and Patient area corridors.
- Utility and storage areas need ready access to both patient and staff work areas.
- Staff Offices and amenities located away from patient areas.

Public Areas should be on the outer edge of the Unit.

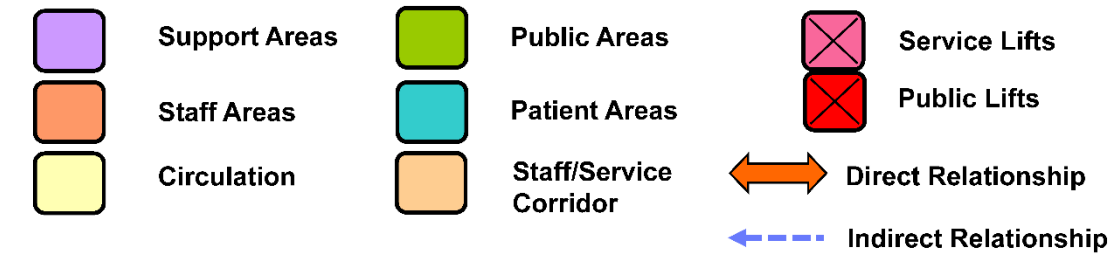
1.3.3 Functional Relationship Diagram

The Functional Relationships Diagram below best describes the relationships between the many components inside the Long Term Care Unit (LTCU) back to back with Long Term Ventilated (LTV).

Long Term Care Unit


SECURE TERRACE OR GARDEN
LONG TERM CARE, VENTILATED (LTV)
LONG TERM CARE (LTC)
LTV 2 BED PATIENT ROOM
LTV 1 BED PATIENT ROOM
LOUNGE/ DINING
ACTIVITIES
LTC 2 BED PATIENT ROOM
LTC 1 BED PATIENT ROOM
ENSUITE
STAFF STATION
SUPPORT
ANTE ROOM
LTC ISO'L ROOM
RECEPTION
PATIENT TRANSFER
VISITOR ENTRY
SUPPORT SERVICES
SUPPLY UNIT
HOUSEKEEPING
LINEN
WASTE
DIAGNOSTIC
MEDICAL IMAGING
LABORATORY
PHARMACY
ALLIED HEALTH/ HYDROTHERAPY
DAY SURGERY UNIT
MAYBE CONTRACTED TO ANOTHER FACILITY OR ON THE SAME CAMPUS

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

The design philosophy of the Long-term Care 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.

The design of the LTCU will also be based heavily on the Scope of Services and Operational Policy of the Facility, considering the levels and types of care to be provided.

The design of the Unit and external spaces should be domestic in nature rather than formal or clinical. The LTCU will need to provide a sufficient amount of space for recreation and treatment of patients. The design should:

- Create a therapeutic environment for patients which provide privacy, opportunities for recreation and self-expression.
- Provide for patient activities both indoors and outdoors.
- Provide staff with opportunities to discreetly monitor and observe patients.
- Provide a safe and secure environment for patients and staff including minimum number of entry points and non-intrusive safety provisions.
- Provide clear directional signage around the facility both internally and externally.

1.4.1 Environmental Considerations

Acoustics

The LTCU should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms.

Acoustic treatment will be required to the following:

- Patient Bedrooms,
- Interview and Meeting rooms
- Lounge/ Dining and Activities rooms
- Therapy and treatment rooms
- Staff rooms
- Toilets and showers

Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. A window in patient rooms is required. Natural light must be available in all bedrooms and is desirable in other patient areas such as Lounge/ Activity rooms. An open and pleasant outlook, preferably to a landscaped area is highly desirable.

Rooms may be organised to face internal courtyards (open to the sky). However, care should be taken to prevent privacy issues (also see below).

Privacy

The design of the Long-term Care Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy and will be dependent on the patient acuity.

Each bed shall be provided with bed screens to ensure privacy of patients undergoing treatment in both private and shared patient bedrooms. Refer to the Standard Components for examples.

Other factors for consideration include:

- Use of windows in internal walls and/or doors, provision of privacy blinds.
- Location of sanitary facilities to provide privacy for patients while not preventing observation by staff.
- Location of external courtyards or atriums facing bedroom windows to prevent others from looking into the bedrooms.
- The location of doors to avoid patient exposure in Consult Rooms.
- Discreet discussion spaces and non-public access to medical records.

1.4.2 Space Standards and Components

In new facilities, maximum room capacity shall be two patients per room.

Bed Spacing / Clearances

The room areas 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 nurse call systems including the clearances that they imply.

In single bedrooms there shall be a clearance of 1200 mm available at one side and the foot of each bed and a minimum of 900mm clear on one side to allow for easy movement of equipment and beds. In multiple-bedrooms such as 2 bedded rooms, the minimum distance between beds shall be 2900 mm between centrelines of beds and 1200 mm at the foot of each bed.

1.4.3 Accessibility

All Waiting Areas, Meeting Rooms, Consult/ Examination and patient areas shall accommodate patients and visitors in a wheelchair.

The provision of at least one fully accessible Patient Bedroom with Ensuite in the general unit should be considered. Accessible bedrooms and Ensuites should enable normal activity for wheelchair dependant patients, as opposed to patients who are in a wheelchair because of their hospitalisation.

1.4.4 Doors

Door openings to patient bedrooms shall have a minimum of 1350mm clear opening (although 1400mm is recommended) to allow for easy movement of beds and equipment.

1.4.5 Ergonomics/ OH&S

Ergonomics and Occupational Safety and Health (OSH) requirements must be considered in the design process and the selection of fittings and equipment in the Facility to ensure optimal operation of the LTCU and the health and safety of the staff, patients and visitors. Patients of the unit are likely to have assisted care requirements with a high demand on staff and mobility equipment.

1.4.6 Safety and Security

The LTCU shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to recovery. Long-term patients may require access to lockable storage for personal items and a lockable room for property.

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.

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

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications

The perimeter of the Unit should be secured, and consideration given to electronic access. Zones within the Unit may need to be lockable when not in use. After-hours access control requires consideration if areas are used by the public for classes, e.g. Gyms. Internally within the Unit all offices require lockable doors and all Store Rooms for files, records and equipment should be lockable.

1.4.7 Drug Storage

Drugs prescribed for patients should not be stored in the patient bedroom. All drugs should be managed by the responsible nurses via a Medication Room.

Optionally Medication Room may be combined with a Clean Utility room as long as the requirements of both functions are accommodated.

Medication may be manually stored and managed, or alternatively automated Medication Management systems may be utilised.

Controlled or dangerous drugs must be kept in a secure cabinet within the Medication Room with alarm.

A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area

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

1.4.8 Finishes

Finishes including fabrics, floors, walls and ceilings should be non-institutional as far as possible and promote a relaxing atmosphere. Surface finishes should be impact resistant and easily cleaned. It is essential that floor finishes are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

The following factors should be considered when selecting finishes:

- Purpose of rooms
- Aesthetic appearance
- Acoustic properties
- Durability
- Ease of cleaning and infection control
- Fire safety
- Movement of equipment

Refer also to Part C of these Guidelines.

1.4.9 Fittings, Fixtures & Equipment

The height of light switches should comply with accessibility codes. Handrails on both sides of corridors are recommended.

Pay particular attention to the rooms intended for LTV as these require medical equipment such as ventilators and ceiling mounted service pendants.

Refer also to Part C of these Guidelines.

Curtains / Blinds

Each Bedroom shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime.

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

If blinds are to be used instead of curtains, the following will apply:

Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.

Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side.

1.4.10 Building Services 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 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 waiting visitors

Staff Call

The Unit must provide an electronic call system next to each patient bed to allow for patients to alert staff in a discreet manner at all times. Additionally, call systems must be installed in all treatment areas, therapy areas and staff areas.

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)

Pneumatic Tube Systems

The LTCU 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.

Heating Ventilation and Air-conditioning (HVAC)

The air temperature in patient areas should be capable of being maintained along with relative humidity, both should be adjustable.

All HVAC units and systems are to comply with services identified in Standard Components and **Part E – Engineering Services**.

Medical Gases

The minimum provision of Medical Gases in the LTCU will be as follows:

- For patients requiring care below the HDU level – Oxygen, Suction and Air
- For patients requiring HDU level of care (including LTV) – refer to HDU Standard Components and allow for ventilation facilities.

Hydraulics

Warm water shall be supplied to all areas accessed by patients within the Unit. Temperature to be maintained at 38°C ideally but must not excced 43°C. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold water services.

For further information and details refer to Part E – Engineering Services in these Guidelines.

1.4.11 Infection Control

Hand Basins

Handwashing facilities shall be provided in Therapy areas, Gymnasiums, Consult/Examination Rooms and located conveniently to patient Bedrooms. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room, as specified by the Standard Components. Where a handbasin is provided, there shall also be liquid soap, disposable paper towels and waste bins provided.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to the Staff Station. Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Control in these Guidelines.

Antiseptic Hand Sanitiser

Antiseptic Hand Sanitisers should be located so they are readily available for use at points of care, at the end of patient examination couches and in high traffic areas.

The placement of Antiseptic Hand Sanitisers should be consistent and reliable throughout facilities. Antiseptic Hand Sanitisers are to comply with Part D - Infection Control, in these Guidelines.

Antiseptic Hand Sanitisers, although very useful and welcome, cannot fully replace Hand Wash Bays. Both are required. Refer also to Part D of 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 Long-term Care 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 rooms are those which have not yet been standardised within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS and are separately covered 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

Occupational Therapy Room/s (optional)

The Occupational Therapy Rooms are large rooms or workshops for a range of activities including table based, arts, crafts and woodworking. The Occupational Therapy rooms may be located adjacent to rehabilitation therapy areas, with ready access to waiting and amenities areas.

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height
- Hand-washing basin with liquid soap and paper towel fittings
- Pin board and whiteboard for displays
- Sufficient power outlets for equipment or tools to be used in activity areas

Sitting Alcove

The sitting alcove is a small recess along the corridor for the patient to rest quietly and for staff to conduct informal discussions. The Sitting Alcove should consider and include the following:

- Seating suitable with bariatric capacity
- Readily accessible Nurse Call system
- Suitably reinforced heavy-duty grab rail
- Appropriate depth to ensure Sitting Alcove does not encroach on corridor space
- Appropriate depth to ensure Sitting Alcove does not encroach on corridor space

1.6 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities such as the total number of beds and Treatment areas. Therefore, the SOA provided represents a limited sample based on an assumed unit size. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The table below demonstrates the SOA for a 30 bed Long-term Care Unit for role delineations (RDL) 3 to 6 including typical rehabilitation and communal living areas.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

1.6.1 Long Term Care Unit with 30 Beds

In the sample SOA below, provision of Long Term Care (LTC) beds to Long Term Care, Ventilated (LTV), beds is based on a 50/50 split with a recommended 20% of single bedrooms. Quantity and mix of LTC vs LTV beds in single vs double occupancy is subject to the Service Plan of the facility.

ROOM/ SPACE	Standard Component Room Codes									RDLs 3 - 6 Qty x m^2			Remarks
Unit Size										30 Beds			
Entrance/ Reception													
Entry Lobby/Airlock	airle-10-d									1	x	10	Required for a stand-alone Unit
Reception/ Clerical	recl-10-d									1	x	10	
Waiting (Male/ Female)	wait-10-d									2	x	10	Separate Male and Female
Meeting Room - Small	meet-9-d similar									1	x	12	Interviews with family
Toilet - Public	wcpu-3-d									2	x	3	Separate Male and Female
Toilet - Accessible	wcac-d									1	x	6	
Consult/ Exam Room	cons-d									1	x	14	Required for a stand-alone Unit
Patient/ Activities/ Therapy Areas													
1 Bedroom - Standard	1br-st-18-d									1	x	18	Mix and Qty depend on service demand. Minimum 20% of beds in single rooms.

ROOM/ SPACE	Standard Component Room Codes									RDLs 3 - 6 Qty x m^2			Remarks
Unit Size										**30 Beds**			
1 Bedroom - Large	1br-lg-28-d									1	x	28	May be used for special needs patients
2 Bedroom - Standard	2br-st-28-d									6	x	28	Mix and Qty depend on service demand. Minimum 20% of beds in single rooms.
1 Bedroom -HDU	1br-hdu-20-d									3	x	20	For LTV patients. Mix and Qty depend on service demand. Minimum 20% of beds in single rooms.
2 Bedroom -HDU	1br-hdu-20-d similar									6	x	30	For LTV patients. Mix and Qty depend on service demand. Minimum 20% of beds in single rooms.
Ensuite - Standard	ens-st-d or ens-st-c-d									8	x	5	1 per every standard patient room. Optional for patients requiring high dependency care
1 Bedroom - Isolation - Negative Pressure	1br-isn-18-d									1	x	18	Class N rooms are mandatory according to the ratios nominated in this FPU. Minimum size is 18m2. Any isolation room may be combined with the mandatory Bariatric room to form and Isolation Bariatric room at 28m2 (1br-isn-28-d).
Anteroom	anrm-d									1	x	6	
Ensuite - Super	ens-sp-d									1	x	6	For 1 Bedroom - Large. Special fittings required for bariatrics
Write-up Station	off-wi-1-d similar									5	x	2	Provide write-up stations at a ratio of 1 per 2 LTV rooms (if any).
ADL Kitchen	adlk-enc-d									1	x	12	Optional
ADL Bathroom	adlb-d									1	x	12	Optional
Dining / Activities Room	dinr-d similar									1	x	50	Based on 2m2 per patient other than LTV patients
Pantry/ Servery	ptry-d similar									1	x	15	With serving counter
Gymnasium/ Multi-purpose Room	gyah-45-d									1	x	45	Optional, Size to suit service
Laundry - Patient	laun-pt-d									1	x	6	Depending on Service Plan and Patient types. Not required for patients requiring high dependency care such as LTV
Lounge - Activities	lnac-30-d similar									1	x	50	Depending on Service Plan and Patient types. Not required for patients requiring high dependency care such as LTV
Multi-function Activities Room	mac-20-d									1	x	20	Quiet activities
Occupational Therapy Room	NS									1	x	20	Optional
Sitting Alcove	NS									3		2	Optional, locate along Corridors
Toilet - Patient	wcpt-d									1	x	4	Optional; locate adjacent to communal areas

ROOM/ SPACE	Standard Component Room Codes									RDLs 3 - 6 Qty x m^2			Remarks
Unit Size										**30 Beds**			
Bathroom - Assisted	bath-d									1	x	16	
Treatment Room	trmt-14-d									1	x	14	Optional, Provide according to service demand
Support Areas													
Bay - Beverage, Enclosed	bbev-enc-d									1	x	5	
Bay - Handwashing, Type B	bhws-b-d									4	x	1	1 per 4 beds; 1 at entry, 1 near staff station; Refer to Part D
Bay - PPE	bppe-d									1	x	1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Control. Can be collocated with HWB.
Bay - Linen	blin-d									2	x	2	Quantity and location to suit each facility
Bay - Meal Trolley	bmeq-4-d similar									1	x	4	Optional; depends on catering/ operational policies
Bay - Mobile Equipment	bmeq-4-d or bmeqe-4-d									1	x	4	Quantity, size dependent on equipment to be stored; opened or enclosed bay
Bay - Resuscitation Trolley	bres-d									1	x	1.5	In view of the Staff Station
Bay - Pneumatic Tube	NS									1	x	1	Optional, Locate at Staff Station or under staff supervision
Clean Utility	clur-12-d similar									1	x	12	May be Interconnected with Medication Room
Medication Room	medr-10-d									1	x	10	May be Interconnected with Clean Utility
Clean Utility / Medication	clum-14-d									1	x	*	*Optional, if preference is to combine Clean Utility and Medication Room into a single room, minimum 14m2.
Dirty Utility	dtur-14-d									1	x	14	2 may be required to minimise travel distances
Disposal Room	disp-8-d									1	x	8	
Store - Equipment	steq-20-d									1	x	20	Size dependent on equipment to be stored
Store - General	stgn-8-d similar									1	x	10	Size as per service demand and operational policies
Store – Patient Property	stpp-d									1	x	8	
Cleaner's Room	clrm-6-d									1	x	6	Includes storage for dry goods
Staff Areas													
Staff Station	sstn-14-d									2	x	14	Qty to be determined by design. May include ward clerk; size dependant on qty of staff
Office - Clinical / Handover	off-cln-d									1	x	15	May be collocated with Staff Station
Office - Single Person	off-s9-d									2	x	9	Unit Manager and clinical personnel as needed
Office – 2 Person, Shared	off-2p-d									2	x	12	Medical, Nursing, Allied Health, as needed

ROOM/ SPACE	Standard Component Room Codes									RDLs 3 - 6 Qty x m^2			Remarks
Unit Size										**30 Beds**			
Store – Photocopy/Stationery	stps-8-d									1	x	8	
Store – Files	stfs-10-d									1	x	10	May be combined with Photocopy/ stationery
Meeting Room - Medium / Large	meet-l-15-d similar									1	x	20	Meetings, Tutorials; shared between 2 units
Staff Room	srm-25-d									1	x	25	Includes food preparation area
Property Bay - Staff	prop-3-d									2	x	3	Separated for male and female. Number of lockers depends on staff complement per shift
Toilet - Staff	wcst-d									2	x	3	Separate Male and Female
Sub Total												**1150.5**	
Circulation %												**35**	
Total Areas												**1553.2**	

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.
- 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.
- Class N Isolation rooms are subject to Clinical Services Plan or demand and it is recommended one Class N Isolation room is provided per every 30 (±2) beds.

1.7 Further Reading

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

- International Health Facility Guideline (iHFG) www.healthdesign.com.au/ihfg
- The Remedial model of care for older people: http://www. nursingtimes. net/a-new-model-of-care-for-the-older-person/5042747. article 2014
- Guidelines for Design and Construction of Residential Health, Care and Support Facilities; The Facility Guidelines Institute, 2018 Edition; refer to website: www.fgiguidelines.org