

INDEX

| | Description |
|------------------|--------------------------------|
| 601700 133 .0.10 | INTRODUCTION |
| | Preamble |
| | Introduction |
| | Policy Framework |
| | Description of Unit |
| | PLANNING |
| | Operational Models |
| | Operational Policies |
| | Planning Models |
| | Functional Areas |
| | Functional Relationships |
| | DESIGN |
| | Access |
| | Parking Requirements |
| | Disaster Planning |
| | Infection Control |
| | Environmental Considerations |
| | Space Standards and Components |
| | Safety and Security |
| | Finishes |
| | Fixtures and Fittings |
| | Building Services Requirements |
| | COMPONENTS OF THE UNIT |
| | Standard Components |
| | Non-Standard Components |
| | APPENDICES |
| | Schedule of Accommodation |
| | References and Further Reading |

Preamble

601701 133 .1.00 The establishment of Psychiatric Emergency Care Centres (PECCs) in Emergency Departments is a NSW Health initiative to improve the health system's responsiveness to persons with mental health illness/disorders requiring acute intervention, by aligning acute mental health services with emergency services.

Emergency Departments have not previously been comprehensively designed to serve the mental health patient group particularly those with acute mental health illness / disorder, and behavioural risk (eg aggression, self harm). There is therefore an urgent need to develop clinical models of service delivery and facilities that can provide more effective, efficient and safe care to this population.

The clinical needs of the patients include:

- appropriate screening for serious medical or surgical co-morbidity;
- timely access to mental health assessment;
- safe and effective management of mental health emergencies;
- safe and effective management of their presenting symptoms, disorder and any behavioural risk.

Design needs to be flexible to meet local needs or in response to operating units over time.

Introduction

601702 133 .2.00 This Health Planning Unit has been developed as a resource to assist project teams in the planning, design and construction of a Psychiatric Emergency Care Centre (PECC). It should be read in conjunction with generic planning requirements and Standard Components described in Parts A, B, C & D of these Guidelines, the PEC Operational Model of Care Guideline (refer below) and the Health Facility Guideline for Acute Adult Mental Health Units. The latter provides some of the more detailed information on design.

This PECC model is intended for hospitals with:

- Level 4 to 6 Emergency Departments;
- gazetted Mental Health Inpatient Units;
- acute assessment and treatment capacity by the Mental Health service within the Emergency Department.

601703 133 .2.05 Psychiatric Emergency Care Centres are part of a broader statewide mental health emergency care (MHEC) program that aims to provide, for people presenting to the hospital Emergency Department (ED) with acute mental health illness or disorder and behavioural risk, and/or substance abuse co-morbidity:

- timely access to specialised mental health care;
- safety for consumers, service providers and the public;
- appropriate roles for the service providers (including Police and Ambulance).

PECCs are a response to the overall NSW priority policy issue of improved access to mental health care.

PECC units are a new service model developed in response to changes in the service delivery environment of recent years, including:

- a policy context featuring the continuing move to mainstreaming, whereby mental health consumers have service entry and delivery at sites in common with other health consumers;
- the demand features of the increasing population burden of mental disorder, and the increasing acuity and co-morbidity of presentations to

Part B - Health Facility Briefing and Planning

hospital.

PECC units operate in the hospital ED as an extension to the mental health triage and assessment service offered by the existing Consultation Liaison psychiatry services and mental health CNC ED services. They extend service by offering:

- permanent presence in the ED;
- full clinical assessment at the point of intake, and active discharge planning from the outset;
- increased capacity to manage mental health-related behavioural risk in the ED;
- bed capacity for overnight and short stays.

Policy Framework

601704 133 .3.00 "Psychiatric Emergency Care Centres: The PECC Operational Model of Care Guideline", Mental Health and Drug and Alcohol Office, NSW Health, December 2006.

Policy Directive PD2005_339, Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities, NSW Health, January 2005.

Policy Directive PD2005_576: Office Accommodation Policy - Public Health Organisations and Ambulance Service, NSW Health, April 2005.

Description of the Unit

601705 133 .4.00 DEFINITION OF HOSPITAL PLANNING UNIT (HPU)

The Psychiatric Emergency Care Centre will be a discreet Unit collocated with an Emergency Department with appropriate space, staffing and security for management of patients presenting with an underlying mental health illness or disorders and behavioural risk. It will not however have its own discreet police/ambulance entry but will share these facilities with ED.

Mental Health patients with non-acute co-morbidities (eg diabetes) can be managed in the PECC.

However, mental health patients with emergency or life-threatening medical conditions, (including acute severe intoxication, delirium and head injury), will be treated in the main Emergency Department until their condition has stabilised and is deemed capable of being safely managed in the PECC.

Services will include assessment, crisis stabilisation, up to 48 hours extended observation and care and discharge planning (including social welfare arrangements) and disposal.

The PECC will be a gazetted facility under the Mental Health Act, giving it capacity to manage involuntary patients.

The PECC must be designed and resourced to manage patients whose condition/behaviour creates risk of harm to themselves or others.

Operational Models

601706 133 .5.00 HOURS OF OPERATION

The PECC will operate 24 hours / day, 7 days / week.

601707 133 .5.05 PATIENT CHARACTERISTICS

The patient demographic such as cultural expectations, male to female ratios, age etc needs to be defined in order to create the most appropriate environment with particular reference to single bedrooms versus multi-bed bays.

601708 133 .5.10 The operational model will be based on an agreed clinical governance structure between the Emergency Department and the Area Mental Health Service.

Operational Policies

601709 133 .6.00 LENGTH OF STAY

48 hours maximum before either admission, discharge or transfer to community mental health services.

601710 133 .6.05 EMERGENCY SEDATION AND MEDICATION

Emergency sedation may be handled within the Unit but protocols will include consideration of the circumstances in which it may be preferable that sedation occur in the Emergency Department resuscitation room.

Clinical monitoring, when indicated, will be via portable monitors.

601711 133 .6.10 MEDICATIONS

As the range of pharmaceuticals required is quite specific and may be required at short notice, the PECC will have its own supply rather than sharing with ED. Quantity cannot justify a separate room, so secure storage cupboards in the Staff Station are recommended.

601712 133 .6.15 SECLUSION AND RESTRAINT

No seclusion room will be provided in the PECC.

The PECC will be fitted with a personal duress alarm system consistent with the guidelines in the Protecting People and Property Manual. The facility must also have an organised duress response to deal with any emergencies.

Project staff should refer to NSW Health policies regarding the management of violence and aggression and use of restraint whether physical, mechanical, seclusion or sedation.

Refer to PD2007_054 - Seclusion Practices in Psychiatric Facilities, July 2007.

Part B - Health Facility Briefing and Planning

601713 133 .6.20 MANAGEMENT OF AGRESSION AND AGITATION

Emergency sedation will be available in the PECC and there needs to be a Hospital Policy whereby help can be summoned when necessary via duress alarms or similar.

PECC staffing profile may include trained Health Security Assistants to assist with de-escalation and management of behavioural disturbance. Therefore policies applying to their function needs to be incorporated in any general hospital security policy.

601714 133 .6.25 PATIENT VALUABLES

Valuables will be handled according to existing Emergency Department protocols in accordance with Hospital Policy.

601715 133 .6.30 MEDICAL RECORDS

Records will be retrieved/generated in accordance with ED systems and patients will be tracked via the Emergency Department Information System (EDIS).

601716 133 .6.35 SMOKING

Smoking may be permitted in the secure courtyard only if the Hospital Policy permits.

601717 133 .6.40 SUPPORT PERSONS / VISITORS

The presence of a support person and/or visitors should be encouraged but numbers will be restricted according to safety and space availability as necessary.

601718 133 .6.45 STAFFING

Adequate staffing levels and skill mix are required to ensure immediate verbal intervention and other de-escalation techniques applied when a patient shows signs of agitation, with sufficient staff to handle an emergency particularly at night. The establishment will include medical, nursing and social work staff.

Planning Models

601719 133 .7.00 LOCATION

Location may depend on whether an entirely new facility or an addition to an existing Emergency Department but ground floor access is essential.

Functional Areas

601720 133 .8.00 FUNCTIONAL COMPONENTS

The following form the main functional components of the PECC:

Part B - Health Facility Briefing and Planning

- dedicated waiting area for patients, family, carers, police;
- inpatient beds (4-6) open bays or in combination with a minority of single rooms;
- public and patient amenities;
- small patient/visitor lounge with courtyard access;
- secure courtyard;
- interview / consult / exam room/s with dual egress;
- clinical support areas, Staff Station with double egress etc;
- office space.

The following will/may be shared with the Emergency Department depending on accessibility:

- Dirty Utility;
- Disposal Room;
- Cleaner's Room;
- Staff Amenities, may be necessary/appropriate to locate a Staff Toilet inside the PECC depending on accessibility.

Functional Relationships

601721 133 .9.00 EXTERNAL

Ready access to a Mental Health Inpatient Unit/s.

Close proximity to hospital security service desirable.

Access to the Magistrate's Room in the Mental Health Inpatient Unit/s, to attend Magistrate's Hearings.

Capacity for official visitor to conduct interviews and review legal documentation.

601722 133 .9.05 INTERNAL

Collocated with ED with direct internal access to/from Triage and Resuscitation Bays.

Close proximity to Ambulance / Police vehicle bays.

Staff will need access to amenities etc.

Capacity to accommodate a Health Security Assistant / security staff presence in the PECC.

DESIGN

Accessibility

601723 133 .10.00 EXTERNAL

No direct external access required if all patients are triaged in ED but consideration must be given to means of transfer to a Mental Health Inpatient Unit without re-accessing the ED.

601724 133 .10.05 INTERNAL

Internal access is required:

- direct from ED Triage;
- direct to secure outdoor area;
- direct from ED Reception into Unit for support persons without having to

Part B - Health Facility Briefing and Planning

travel through the ED.

Parking

601725 133 .11.00 For emergency vehicles.

Disaster Planning

601726 133 .12.00 Refer to Part C of these Guidelines. Planning for the PECC should be incorporated into the Disaster Plan for the Emergency Department.

Infection Control

601727 133 .13.00 Refer to NSW Health PD2007_36 - Infection Control Policy and to Part D of these Guidelines - Infection Prevention and Control.

Environmental Considerations

601728 133 .14.00 GENERAL

Pleasant, safe and secure environment.

Colour may be used to differentiate different “zones” of the Unit.

601729 133 .14.05 ACOUSTICS

Sound attenuation required in:

- single bedrooms, if provided;
- Interview / Consult Rooms;
- small lounge;
- showers & toilets;
- Staff Offices.

601730 133 .14.10 NATURAL LIGHT

Essential in bedrooms / bed bays and waiting areas.

Space Standards and Components

601731 133 .15.00 HUMAN ENGINEERING

Human Engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, FF&E and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of Occupational Health and Safety (OHS) and antidiscrimination legislation will apply, this section needs to be read in conjunction with the section on Safety and Security in these Guidelines in addition to OHS related guidelines

601732 133 .15.05 ERGONOMICS

Part B - Health Facility Briefing and Planning

Oral Health Units should be designed and built in such a way that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

Badly designed recurring elements such as height, depth and design of workstations and counters, shelving and the layout of critical rooms have a great impact on the Occupational Health and Safety (OHS) of staff as well as the welfare of patients.

Refer to Part C Section 730.12 under Access and Mobility of these Guidelines for more details.

601733 133 .15.10 ACCESS AND MOBILITY

Design must comply with AS 1428 - Design for Access and Mobility.

Refer to Part C Section 730 of these Guidelines for details.

601734 133 .15.15 BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of these Guidelines - Section 710 - Space Standards and Dimensions.

Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage or manual handling risks.

Safety and Security

601735 133 .16.00 SAFETY

Design and management must ensure there are no dangerous materials accessible to patients including medications, sharp objects, weapons, material / fittings that may be used for self-harm or harm to another person.

601736 133 .16.05 SECURITY

Both fixed and personal duress alarms systems should be installed.

High visibility security presence as part of routine coverage of the ED.

Consult / exam / interview rooms must have a second point of egress.

Bedroom doors must have a viewing panel to allow for patient observation particularly when asleep. The shape of the room and the location of the door / viewing panel should allow the head of the sleeping patient to be visible from the door.

Video intercom at Unit entries and proximity access cards.

601737 133 .16.10 LAYOUT

Layout should, wherever possible, avoid corners or bends in patient areas that restrict patient observation. Where this cannot be achieved, security cameras will need to be installed.

Finishes

601738 133 .17.00 GENERAL

All finishes durable and easily cleaned.

601739 133 .17.05 WALL PROTECTION

Refer to Part C of these Guidelines and also to the HFG - Adult Acute Mental Health Units.

601740 133 .17.10 FLOOR FINISHES

Refer to Part C of these Guidelines.

601741 133 .17.15 CEILING FINISHES

Refer to Part C of these Guidelines.

Fixtures, Fittings & Equipment

601742 133 .18.00 GENERAL

Within the context of the Health Facility Guidelines and the Room Data and Room Layout Sheets in the associated Health Facility Briefing System (HFBS), Fixtures and Fittings can be described as follows:

Fixtures: Refers to fixed items that require service connection (e.g. electrical, hydraulic, mechanical) and includes basins, light fittings, clocks, medical service panels etc

Fittings: Refers to fixed items attached to walls, floors or ceilings that do not require service connections such as curtain and IV tracks, hooks, mirrors, blinds, joinery, pin boards etc.

Refer to the detailed section on Fixtures and Fittings in the Adult Acute Mental Health Unit and to Part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

601743 133 .18.05 BEDSIDE SERVICES

Medical service panels must be recessed, concealed and secured so as to prevent patient access and potential for self harm.

Services will comprise:

- nurse call;
- staff assist & emergency call;
- GPOs x 4;
- examination, reading and night lighting switches;
- voice/data outlet.

Curtains on flush to ceiling, non-weight bearing tracks to ensure privacy / dignity for patients during examination.

Part B - Health Facility Briefing and Planning

601744 133 .18.10 MEDICAL GASES

Oxygen and suction will be generally provided via portable units.

For future flexibility of use, consideration may be given to reticulation of oxygen and suction. However, even if the outlets are sealed and concealed, they will still need to be purged when put into commission at some future date and the disruption this may cause to any/all connected services (in adjoining Emergency Department rooms for example) must be taken into account.

Building Service Requirements

601745 133 .19.00 INFORMATION TECHNOLOGY / COMMUNICATIONS

Compatible with Hospital and mental health systems.

601746 133 .19.05 NURSE CALL SYSTEMS

Call systems to be annunciated locally and in the ED and must be compatible with existing hospital systems.

COMPONENTS OF THE UNIT

Standard Components

601747 133 .20.00 Standard Components must comply with details in Standard Component Descriptions in these Guidelines. Refer also to Room Data Sheets and Room Layout Sheets.

Non-Standard Components

601748 133 .21.00 There are no Non-Standard Components in this Guideline.

Part B - Health Facility Briefing and Planning

APPENDICES

Schedule of Accommodation

601749 133 .22.00 PSYCHIATRIC EMERGENCY CARE CENTRE (PECC)

A Schedule of Accommodation follows:

| ROOM/SPACE | Standard Component | | | | Qty x Area sqm | Qty x Area sqm | Remarks |
|-----------------------------|--------------------|--|--|--|----------------|----------------|---|
| WAITING AREA | yes | | | | 1 x 8 | 1 x 10 | 6 & 8 seats respectively. Family, police etc |
| TOILET - PUBLIC | yes | | | | 1 x 3 | 1 x 3 | Optional depending on access to ED public amenities |
| CONSULT / INTERVIEW ROOM | yes | | | | 1 x 14 | 1 x 14 | Dual access for staff safety |
| CONSULT / EXAMINATION ROOM | yes | | | | 1 x 14 | 1 x 14 | Dual access for staff safety |
| STAFF STATION / MEDICATIONS | yes | | | | 1 x 14 | 1 x 14 | Secured |
| OFFICE - NUM | yes | | | | 1 x 9 | 1 x 9 | |
| OFFICE - WORKSTATION | yes | | | | 5.5 | 5.5 | Workroom for medical & nursing staff. Number of workstations will depend on Staff Establishment |
| DIRTY UTILITY - SUB | yes | | | | 1 x 8 | 1 x 8 | Unless ready access to ED |
| BAY - LINEN TROLLEY | yes | | | | 1 x 2 | 1 x 2 | With lockable doors |
| 1 BED ROOM - MENTAL HEALTH | yes | | | | 1 x 12 | 2 x 12 | |
| EN SUITE SHOWER / TOILET | yes | | | | 1 x 5 | 2 x 5 | |
| BED BAY - CURTAINED | yes | | | | 3 x 10 | 4 x 10 | |
| PATIENT SHOWER | yes | | | | 1 x 4 | 1 x 4 | |
| PATIENT TOILET - ACCESS | yes | | | | 1 x 5 | 1 x 5 | AS 1428 |
| PATIENT TOILET | yes | | | | 0 | 1 x 3 | |
| LOUNGE - PATIENT / VISITOR | yes | | | | 1 x 15 | 1 x 20 | Access to Courtyard |
| BEVERAGE BAY | yes | | | | 1 x 4 | 1 x 4 | May be incorporated into Lounge depending on meal / refreshment needs for patients if length of |
| MEETING ROOM | yes | | | | 1 x 12 | 1 x 14 | |
| PROPERTY BAY - STAFF | yes | | | | 1 x 2 | 1 x 2 | |
| TOILET - STAFF | yes | | | | 1 x 3 | 1 x 3 | May be shared with ED |
| COURTYARD - SECURE | | | | | 1 x 20 | 1 x 30 | Based on 5sqm per person |
| DISCOUNTED CIRCULATION % | | | | | 32 | 32 | |

601750 133 .23.00 Note: Shared with Emergency Department:

- Disposal Room;
- Cleaner's Room;
- Staff Lounge & Amenities.

References and Further Reading

601751 133 .24.00 The following documents were used in the development of this Health Facility Guideline:

Proposed Model of Care for Mental Health & Substance-Related Behavioural Emergencies within Level 4 to 6 Emergency Departments, Draft 6, Centre for Mental Health, NSW Department of Health, 11 February 2005.

HPU 134 Acute Adult Mental Health Unit (Based on DS-26).

Psychiatric Emergency Centre, Model of Care, Service Delivery Design Brief & Operational Policies, Northern Sydney Health, Hornsby & Ku-ring-gai Redevelopment Project, November 2004.

Wyong Hospital Redevelopment Proposal for Psychiatric Emergency Centre (Draft), Central Coast Health, Version 9, 5th May 2005.

Liverpool Hospital Design Brief & Floor Plan, 2005.

Royal Brisbane Hospital Psychiatric Emergency Centre, Scheme Design 1:100 Floor Plan, 1996.