Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0133 – Mental Health Emergency Short Stay Unit (MHESSU)

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Australasian Health Facility Guidelines

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CULTURAL ACKNOWLEDGEMENT AND TERMINOLOGY

The Australasian Health Facility Guidelines (AusHFG) are developed in collaboration with stakeholders across Australia and Aotearoa, New Zealand.

Acknowledgement of Country

We acknowledge the Aboriginal people as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islander people as the traditional owners and continuing custodians of the land throughout the Torres Strait Islands. We acknowledge their connection to land, sea and community and pay respects to Elders past, present and emerging.

Acknowledgement of Te Tiriti o Waitangi

We acknowledge Māori as tangata whenua in Aotearoa New Zealand; Te Tiriti o Waitangi obligations have been considered in developing these resources.

Terminology and Language in the AusHFG

Throughout the AusHFG resources, the term ‘Indigenous Peoples’ is used to refer to both the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa, New Zealand. Where references to specific cultural requirements or examples are described, the terms ‘Aboriginal Peoples’, ‘Torres Strait Islander Peoples’ and ‘Māori’ are used specifically. The AusHFG respect the right of Indigenous Peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples or traditional place names.

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01 INTRODUCTION

1.1 PREAMBLE

The Australasian Health Facility Guidelines (AusHFG) (www.healthfacilityguidelines.com.au) are freely available resources for health services and project teams across Australia and New Zealand to support better planning, design, procurement and management of health facilities.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA), a cross-jurisdictional collaboration of all health authorities across Australia and New Zealand. Part A of the AusHFG provides further information relating to the purpose, structure and use of these resources. It is acknowledged that the application of the AusHFG varies between jurisdictions across Australia and New Zealand.

This AusHFG Health Planning Unit (HPU) has been reviewed and updated by AHIA following an extensive consultation process with clinical, operational and technical experts, as well as people with lived and living experience of mental illness. The consultation process was completed in 2024.

1.2 INTRODUCTION

This Health Planning Unit has been developed as a resource to assist project teams in the planning and design of a Mental Health Emergency Short Stay Unit (MHESSU). This HPU was previously referred to as Psychiatric Emergency Care Centre (PECC).

Mental Health Emergency Short Stay Units are located with acute hospitals and are a component of broader mental health emergency services that includes community mental health teams, emergency department mental health clinicians, consultation liaison psychiatry services and on-site mental health teams.

MHESSU is a model commonly used in NSW and often referred to as PECC, but other jurisdictions have similar services such as Psychiatric Assessment and Planning Unit (PAPU), Mental Health Observation Area (MHOA) or Mental Health Assessment Units (MHAU). While the operational arrangements of these services may differ, this HPU can be used as a starting point for planning and design.

This document should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

- Part A: Introduction and Instructions for Use
- Part B: Section 80: General Requirements and Section 90: Standard Components, Room Data Sheets and Room Layout Sheets
- Part C: Design for Access, Mobility, OHS and Security
- Part D: Infection Prevention and Control
- Part E: Building Services and Environmental Design
- Part F: Project Implementation.

Consultation with local Aboriginal and Torres Strait Islander groups and communities' representatives is essential for their local needs and preferences to be accommodated in the new healthcare facility. For Aotearoa New Zealand health facility projects, consultation with local iwi is also important to ensure units are designed to be welcoming and adhere to local kawa and tikanga. Specific guidance to supplement the AusHFG for Aotearoa New Zealand health facility projects can be found in:

- Te Whatu Ora – Health New Zealand. 2022. New Zealand Health Facility Design Guidance Note. Wellington: Te Whatu Ora.

A ‘patient’ will be referred to as the ‘consumer’ in this document as this reflects the terminology used within a mental health context.

Local ‘jurisdiction’ refers to the relevant authority, including health department service provider such as an area health service or local health district and other governing entities.

1.3 POLICY FRAMEWORK

Prior to undertaking a project, planners and project staff should familiarise themselves with individual state and territory specific policies.

New South Wales has a documented model of care (MOC) for this service. Refer to NSW Health GL2015_009 Psychiatric Emergency Care Centre Model of Care Guideline (September 2015) for information relating to this service noting that variations will exist between jurisdictions.

Refer to References and Further Reading for additional information relating to individual jurisdictions.

1.4 DESCRIPTION

1.4.1 Description of the Unit

A MHESSU is a mental health service providing short term admission for those with low to medium acuity mental health problems who present to an emergency department (ED) and do not require admission to an acute mental health inpatient unit. This service option provides the least restrictive hospital-based inpatient care for those requiring a brief hospital stay.

Consumers may present with mental health with alcohol intoxication and/or other drug/substance misuse issues. The MOC may vary in relation to admission thresholds for persons presenting with substance use or intoxication who may be clinically and behaviorally unpredictable and have specific care and environmental needs.

The provision of MHESSU is based on jurisdictional and clinical service plan requirements.

1.4.2 Models of Care

This MHESSU model is intended for hospitals with:

- Level 4 to 6 emergency departments
- declared/designated/gazetted mental health inpatient units
- acute assessment and treatment capacity by the mental health service within the emergency department.

Those who may be considered for admission to an MHESSU include those:

- with low to medium acuity mental health conditions
- at low risk of behavioural disturbance and aggression
- who are medically stable
- who require a brief admission up to 48 to 72 hours.

The age group to be admitted in MHESSU will be dependent on the MOC of the MHESSU. In many situations, a short-stay admission can relieve acute episodes related to situational crisis or adjustment disorder, preventing a longer stay inpatient admission.

As those with acute mental health conditions may present to an emergency department, collocating a MHESSU service with emergency services can promote both access and collaboration between services. This collocation is not always possible or necessary as local arrangements support alternate locations and service delivery models (e.g., direct admissions).

In some jurisdictions, the MHESSU may be divided into three components:

- a crisis hub with bedrooms for short-stay admission (in some jurisdictions)
- a separate discrete unit composed of non-admitted bed bays (up to four hours stay) provided within the ED
- an outreach which follows up with consumers who have been receiving care and support within the hub itself.

02 PLANNING

2.1 OPERATIONAL MODELS

The operational model will be based on the service model and location. Where MHESSU beds are collocated with an emergency department, a high level of collaboration and shared responsibility is needed to provide optimal consumer care. Collaboration between emergency, drug and alcohol and mental-health services is advised in developing, planning and designing a MHESSU, to enable integration of care, joint admission and shared resources.

Refer to HPU 131 Mental Health – Overarching Guideline, Section 2.3 for further details relating to planning models which are relevant to this HPU.

2.2 OPERATIONAL POLICIES

2.2.1 General

The following factors should be considered in the development of the operational model for the unit, as they will all impact the configuration of the unit and overall space requirements.

Operational policies should be developed as part of the project planning process. Refer to Part B Section 80 General Requirements for further information. A comprehensive list of other operational policies is also contained in HPU 131 Mental Health – Overarching Guideline, Section 2.2.

2.2.2 Hours of Operation

The MHESSU will operate 24 hours, seven days a week.

2.2.3 Management of Disturbed and/or Aggressive Behaviours

Transferring consumers with mental health crisis from the high stimulation ED environment into MHESSU is therapeutically beneficial. Waiting areas allocated for consumers with mental health presentations and operational policies to minimise waiting times should be coordinated between ED and MHESSU to decrease consumer stress and agitation.

While consumers managed in an MHESSU may on occasion exhibit disturbed and aggressive behaviours, most consumers will be at low to medium risk and early interventions strategies can usually be applied to deescalate a situation. For this reason, sedation will be rarely administered in MHESSU and if required will be administered with adequate skilled staff presence for observation and monitoring. Sedation is usually administered in the emergency department before transfer to MHESSU (after the consumer is stabilised), or in a mental health inpatient unit after transfer. ‘Sedation’ in the context of MHESSU refers to conscious sedation which is defined by ANZCA as a drug-induced depression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation. It is to be used only where other strategies have failed to deescalate the acute health-related behavioural disturbance (ABD) so the consumer can be assessed/treated, and injury to consumers and staff is prevented.

MHESSU staff may also need to call upon hospital security assistance should additional support be needed.

A seclusion room will not be provided in MHESSU.

For further information, refer to Australian and New Zealand College of Anaesthetists (ANZCA), 2019, PG63(A) - Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbance.

2.2.4 Sexual Safety

Sexual safety is an issue within mental health inpatient units. Vulnerable consumers in MHESSU will need to be provided with an environment which supports them, such as access to single bedrooms. For this reason, bedrooms should be lockable, with staff override.

Where ensuites are shared, a privacy latch will also be needed. Staff should be able to gain access when needed using an override function.

Refer to jurisdictional policies regarding gender specific requirements. Gender separation policies within MHESSU may vary between jurisdictions and may be managed operationally rather than providing space barrier elements/physical separation between consumer cohorts.

2.2.5 Support Persons / Visitors

The engagement of family/whanau and friends is a core component of care. Visiting hours are rarely restricted and involvement is encouraged.

2.2.6 Staffing

Staff within MHESSU may include medical, nursing staff, allied health, peer support workers and other mental health workers. They may be provided as part of the ED staffing or by the mental health team based on jurisdictional requirement. These staff will also support the assessment and treatment of consumers with mental health conditions in the emergency department when these two services are collocated. Local arrangements will need to be considered. Other staff visiting the unit may include drug and alcohol workers, social workers, lived experience staff and carer representatives.

2.3 PLANNING MODELS

2.3.1 Location

The location can vary but services will ideally be collocated with an emergency department so the short-stay model can be fully realised. Ideally, the safe assessment room in the ED should be in close proximity to MHESSU and have easy access for transfer of consumers. A clear plan for the physical transfer of consumers between sites that minimises the use of ambulance and patient transport services should be available when an MHESSU cannot be collocated with an ED.

Access to a secure outdoor courtyard is highly recommended.

Where collocated with an emergency department, a dedicated emergency services drop-off point may not be provided.

Where possible, the Mental Health Unit is to be in close proximity to MHESSU for ease of transfer of consumers whose condition has deteriorated. A covered discrete transfer zone is recommended.

2.3.2 Activity Flows

The activity flow of consumers will generally be from the waiting area, ambulance area and the safe assessment room in the ED.

If collocated with ED, consumers are assessed by both ED and MH staff within the ED prior to an admission decision being made.

Although direct admission from community or other facilities is less common in MHESSU, consider the path of travel from vehicle parking into the MHESSU.

2.4 FUNCTIONAL AREAS

The MHESSU routinely comprises the following functional zones:

- entry/waiting

- consumer areas – overnight accommodation and activity areas
- clinical support
- staff areas.

2.4.1 Entry / Waiting

This zone will include the main entry to the unit for consumers, their visitors and other staff. Most consumers being admitted to the MHESSU unit will walk from the emergency department. A small waiting area may be provided in cases where access to the emergency department is not readily available. An assessment space, including a consult and interview room, should be provided adjacent to the entry/waiting. These rooms should be located so they are observable by staff.

The main entry design should plan for a Welcome to Country/acknowledgement of traditional lands on which the health service is built, and health services provided. This may be interpreted as part of wayfinding and signage or may be incorporated as an artistic response to Country within the main entry door or main reception area in general.

Recognition of Country in both Australia and New Zealand should be informed through consultation with local Aboriginal, Torres Strait Islander and Māori language groups and organisations.

Refer to section 3.2.5 for further guidance on arts integration.

2.4.2 Consumer Areas

Consumer areas will be organised in two distinct zones – overnight accommodation and activity areas. This will allow functional and acoustic separation, especially when consumers wish to rest.

In some jurisdictions, such as in Victoria, a separate non-admitted zone of MHESSU with bed bays will be provided in the ED.

Overnight accommodation will consist of single bedrooms.

The activity areas will consist of a lounge and dining area with a small beverage bay accessible to consumers. This area will open onto an external courtyard. The space should be sufficient to provide private space for consumers and their visitors.

Where possible, both areas should have ready access to a staff station. The staff station will have sight lines to consumer areas. A telephone for consumer use may be provided, if required.

Spatial allocations should consider visitors.

2.4.3 Clinical Support Areas

This zone will include a range of support spaces including utilities.

In some cases, the service may provide a washer/dryer, usually located within a dirty utility or dedicated cupboard, so consumers and/or their carer (or staff in some instances) can wash the clothing of consumers depending on the operational model of the unit. This will be decided at a local level.

Pan washers in the dirty utility, which are sometimes not utilised as consumers are mostly ambulant, is to be provided on a project-by-project basis depending on consumer cohorts. Consider access to the ED dirty utility for occasional shared use.

2.4.4 Staff Areas

This zone will include staff office space and amenities.

2.4.5 Shared Space

The following may be shared with the emergency department or other adjacent service depending on accessibility:

- dirty utility
- disposal room
- cleaner's room
- staff amenities: it may be necessary/appropriate to locate a staff toilet inside the MHESSU depending on accessibility.

Consider staff numbers and safety issues when deciding on sharing spaces.

2.5 FUNCTIONAL RELATIONSHIPS

2.5.1 External

Direct internal access is required to/from the emergency department triage, ED safe assessment room, resuscitation bays and ambulance drop-off.

A consumer may require access to medical units which can be established with a robust referral pathway for general medical reviews and toxicology reviews.

Easy access is required to a mental health inpatient unit preferably through a direct, covered and discreet transfer zone.

There should be ready access to hospital security services.

2.5.2 Internal

Consult and interview rooms should be located so they are available to be used for consumers being admitted to the unit and those receiving ongoing counselling etc.

03 DESIGN

Specific design considerations for MHESSU are to be finalised on a project-by-project level. Refer to HPU 131 Mental Health – Overarching Guideline, Section 3 for additional design requirements applicable to all mental health inpatient units.

3.1 ACCESSIBILITY

3.1.1 External

Direct external access is required from the ambulance drop-off where all consumers are triaged via the emergency department.

Consideration must be given to the means and route for the safe, discreet transfer of consumers to an acute mental health inpatient unit without re-entering the emergency department should a longer stay be needed.

External access may be required for visitors to reduce traffic through the emergency department.

3.1.2 Internal

Consider the consumer path of travel into MHESSU from the collocated ED waiting area. This includes paths of travel of family/whanau and/or supporters with the consumer when being transferred from ED.

3.2 ENVIRONMENTAL CONSIDERATIONS

3.2.1 Acoustics

The management of acoustics is an important consideration within a MHESSU as a calm and therapeutic environment is needed. It will also allow confidential discussions between consumers and staff to occur. This will in part be achieved through zoning. Acoustics also needs to be managed between the MHESSU and adjacent units such as the emergency department.

Acoustic isolation/sound attenuation is required in:

- bedrooms
- interview and consult rooms
- shared areas such as the lounge/dining room
- staff areas such as the staff station and office space.

Audio equipment may be installed in bedrooms, lounge, and dining rooms on a project-by-project basis to enable consumer choice to play soft, calming music, supporting self-regulation.

3.2.2 Natural Light

Natural light should be maximised throughout the unit to contribute to a sense of wellbeing and orientation.

3.2.3 Privacy Versus Observation

The design should allow nursing staff to have optimal observation of all consumer areas and for consumers to be able to see the staff to feel reassured and safe.

3.2.4 Interior Décor

Many of the consumers accessing MHESSU services will be low to medium risk so there may be opportunities to create an environment that promotes a caring and trusting environment while reducing stress. Examples may include:

- the use of colour and soft furnishings
- staff station design that facilitates meaningful interactions between staff and consumers while still providing a retreat space for staff
- domestic applications where possible (e.g., a standard TV rather than one encased in plastic)
- ability to accommodate sensory equipment in spaces such as bed rooms and interview rooms
- integration of artworks. Refer to section 3.2.5 for further guidance on arts integration.

3.2.5 Arts Integration

Arts integration can support a range of wellbeing initiatives for staff, consumers, families, and carers to mitigate anxiety and acute stress for improved clinical outcomes.

The below areas should be considered as a priority for arts integration:

- entry and waiting areas
- shared consumer areas, including dining and lounge rooms
- interview and consult rooms
- bed rooms

Public area options could include:

- virtual skylights and windows
- wall and floor wraps
- sculptures
- framed artworks (refer installation advice below)
- ambient and mood lighting
- music

Private space options are encouraged to promote personalisation of space. e.g., a shelf for personal belongings of significance to be displayed or felt board for personalised imagery.

Wall-applied framed artworks are recommended with Perspex window and installed using anti-ligature security fixings in compliance with safety regulations and requirements.

For further advice on initiating the arts integration process from early planning, refer to the

AusHFG Arts in Health Framework

3.3 SAFETY AND SECURITY

The decision regarding access and egress of consumers from MHESSU will be based on the project and jurisdictional requirements.

During the planning and design stage, the project team, including clinicians, security staff, WHS consultants and designers, should work through potential design solutions for access management. The security mechanism on doors and the operational policies allowing consumers to leave and re-enter the unit will be considered on a project-by-project basis.

Refer to HPU 131 Mental Health – Overarching Guideline for additional safety and security discussions applicable to all mental health inpatient units such as those relating to anti-ligature design and other strategies and building elements to ensure consumer and staff safety.

04 COMPONENTS OF THE UNIT

4.1 STANDARD COMPONENTS

Rooms/spaces are defined as:

- Standard Components (SC) which refer to rooms/spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed.
- Standard Components – Derived (SC-D) rooms are spaces, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement.
- non-standard components which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: www.healthfacilityguidelines.com.au/standard-components

4.2 NON-STANDARD COMPONENTS

4.2.1 1 Bed Room

Description and Function

A single bed room for the short term accommodation of consumers with low to medium acuity mental health issues. The room is to be internally lockable with a master keyed lock from the outside. All fittings and fixtures used must be of a type manufactured and marketed as anti-ligature; and installed in accordance with the manufacturer's instructions.

The standard component for a mental health bed room should be used as a starting point. However, as these MHESSU rooms are for short-term consumer accommodation, they are generally smaller as it will not need to accommodate a desk and large wardrobe units. A built-in open shelving may be provided instead.

Consider design to allow accessible use in at least one bed room. Suitable arrangement of mobile furniture, fittings & equipment (FFE) in the bed room will assist with ease of access.

Location and Relationships

The bed rooms are to be located with easy access to a shared toilet/shower.

The bed rooms may be in smaller clusters to enable cohorting of consumers.

Considerations

Natural light and outlook are essential.

Consider location of wi-fi access points to ensure strong wi-fi coverage.

Access to medical gases may be required, as it often prevents patients progressing into needing inpatient medical care. Oxygen and suction will be generally provided via portable units. Should it be deemed necessary that MHESSU, collocated with ED, has one or two bed rooms equipped with gases, these should be concealed behind a lockable, tamper proof panel and not accessible to consumers who do not need the gases.

The provision of bedside services will be dependent on the MHESSU models of care but may comprise:

- nurse call
- emergency call

- GPO (4)
- reading and night lighting
- voice/data outlet.

4.2.2 Lounge / Dining

Description and Function

The Lounge / Dining includes both a lounge and small dining area. The room may be used for eating meals, family/whanau/friends/supporters' visitations, television viewing, listening to music, art therapies or other multi-sensory activities as determined by the nature and service needs of the Unit.

Location and Relationships

The Lounge / Dining should be clearly observable by staff. The space should also allow for easy staff/consumer engagement and interaction.

The space may be collocated with a beverage bay.

The space is highly recommended to open onto an outdoor area such as internal or external courtyard, or terrace with weather protection.

Considerations

There should be careful selection of comfortable but durable furniture that can be configured for dining and sitting with family/whanau/visitors. It is also recommended to have dining furniture which can be configured to accommodate small groups or individuals who prefer to dine alone.

Décor should include finishes and artworks evocative of non-institutional feelings (including non-institutional colours) to promote a welcoming and safe environment. Refer to section 3.2.5 for further guidance on arts integration.

05 APPENDICES

5.1 SCHEDULE OF ACCOMMODATION

A Schedule of Accommodation (SOA) is shown below and lists generic spaces for this HPU. Quantities and sizes of spaces will need to be determined in response to the service needs of each unit on a case-by-case basis. The following **6 bed** indicatively sized MHESSU scenario is provided.

Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components – Derived' (SC-D). The 'SC/SC-D' column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room/Spaces are described as 'Optional' or 'o'. Inclusion of this Room/Space will be dependent on a range of factors such as operational policies or clinical services planning.

ENTRY / ASSESSMENT AREAS

AusHFG Room Code	Room / Space	SC/SC-D	Qty	m2	Remarks
WCPU	Toilet - Public	Yes	1	3 (o)	Optional. Depending on access to ED public amenities.
INTF-MH	Interview Room - Mental Health	Yes	1	14	Dual egress for staff safety. Accessible also from consumer areas.
CONS	Consult Room	Yes	1	14 (o)	Optional. Dual egress for staff safety. Accessible also from consumer areas.
BPROP	Bay - Property	Yes	1	2	For consumer belongings. Capacity to fit luggage.
	Discounted Circulation		32%		

CONSUMER AREAS

AusHFG Room Code	Room / Space	SC/SC-D	Qty	m2	Remarks
1BR-MH-A	1 Bed Room - Mental Health	Yes	6	12	The standard component for a mental health bed room should be used as a starting point. These rooms are smaller and will not need to accommodate a desk and large wardrobe units. Consider design and clearances for accessibility.
ENS-MH-A	Toilet/Shower - Mental Health	Yes	2	5	Many jurisdictions will allocate ensuites on a ratio of 1:2 beds owing to a reduced length of stay although some will provide at a rate of 1:1. Local policy advice should be sought.
ENS-ACC	Toilet / Shower - Mental Health (Accessible)	Yes	1	7	
	Lounge / Dining		1	30	Access to secure outdoor space highly recommended. Includes both lounge and small dining area. Planned at 5m^2 per bed.
BBEV	Bay - Beverage	Yes	1	4	May be incorporated into Lounge area so consumers have ready access.
	Discounted Circulation		32%		

OUTDOOR AREAS

AusHFG Room Code	Room / Space	SC/SC-D	Qty	m2	Remarks
	Outdoor Space		1	30 (o)	Optional but highly desirable. Planned at 5m^2 per bed. Weather protected to part of the area.

CLINICAL SUPPORT AREAS

AusHFG Room Code	Room / Space	SC/SC-D	Qty	m2	Remarks
SSTN-14	Staff Station	Yes	1	14	Consider full-time administration support who will require a permanent space in the Staff Station if their services are provided 7 days/week.
MED-14	Medication Room	Yes	1	8	May be provided as a combined Clean Store / Medication Room depending on local jurisdictional policies.
CLN-10	Clean Store	Yes	1	6 (o)	Optional. May be provided as a combined Clean Store / Medication Room depending on local jurisdictional policies.
DTUR-S	Dirty Utility - Sub	Yes	1	8 (o)	Optional. May be shared with ED.
STGN	Store - General	Yes	1	9	
BLIN	Bay - Linen	Yes	1	2	With lockable doors.
BHWS-B	Bay-Handwashing, Type B	Yes	1	1	
BRES	Bay - Resuscitation Trolley		1	1.5	For units that are not located within ED.
	Discounted Circulation		32%		

STAFF AREAS (requirements to be determined by staff establishment)

It is assumed most staff, including those visiting the MHESSU will use the staff station. Office spaces will be provided to support selected staff that are based within the unit. Consider some established positions for Mental Health such as Nurse Unit Manager, (NUM), Nurse Practitioner (NP), Clinical Nurse Consultant (CNC), Registrar, and Consultant Psychiatrist who may need permanent offices/workstation allocations in the unit. Allied health cover and peer worker may also require workspaces if their services are provided 7 days/week.

Workspaces listed below is indicative only and requirements will be based on jurisdictional policies and staffing profiles.

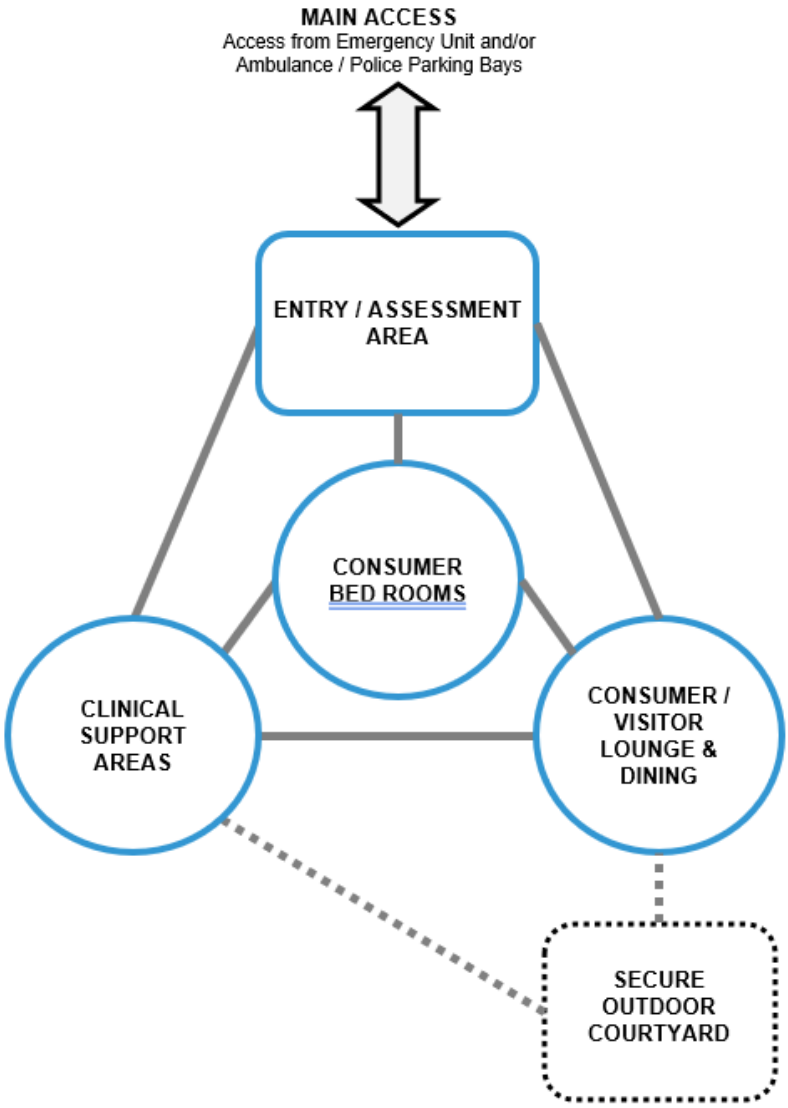
AusHFG Room Code	Room / Space	SC/SC-D	Qty	m2	Remarks
OFF-1P-9	Office - 1 Person, 9m^2	Yes		9	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-WS	Office - Workstation	Yes		4.5	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
BPROP	Property Bay - Staff	Yes	1	1	
WCST	Toilet - Staff	Yes	1	3	May be shared with ED.
	Discounted Circulation		25%		

Note: The following may be shared with the ED, depending on service model and location:

- disposal room
- cleaner's room
- staff lounge and amenities
- meeting rooms
- pneumatic tube
- treatment room.

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS

A functional relationship diagram is shown below:



5.3 REFERENCES

- AHIA, 2016, AusHFG Part C Design for Access, Mobility, OHS and Security AHIA, 2016, AusHFG Part D Infection Prevention and Control
- AHIA, 2016, AusHFG Part F, Section 680 Furniture, Fittings and Equipment.
- AHIA, 2022, Arts in Health Framework
- Australian and New Zealand College of Anaesthetists (ANZCA), 2019, PG63(A) - Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbance.
- NSW Health GL 2015_009 PECC Model of Care Guideline, 2015

5.4 FURTHER READING

- Department of Health Victoria, Psychiatric Assessment and Planning Unit (PAPU) Guidelines, February 2013
- Department of Health Victoria, Service Guidelines on Gender Sensitivity and Safety: promoting a holistic approach to wellbeing, 2011.
- Final Report to NSW Ministry of Health - External Review of Psychiatric Emergency Care Centres in NSW, JA Projects, 5 December 2012
- Mental Health and Drug and Alcohol Office, Mental Health for Emergency Departments – A Reference Guide. NSW Ministry of Health. Amended March 2015.
- NSW Health GL2015_007 Management of Patients with Acute Severe Behavioural Disturbance in Emergency Department
- NSW Health GL2013_012 Sexual Safety of Mental Health Consumers Guidelines
- Victorian Mental Health Act, 2014