Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0540 - Paediatric Adolescent Unit

Revision 5.0
01 March 2016

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

In the Guide to the Role Delineation of Health Care Facilities, (Third Edition

2002), Paediatric Medicine and Paediatric Surgery are separately defined services under Maternal and Child Health Services.

6 levels of service are defined for each and planners should use this to assist in determining facility needs in conjunction with the approved Service Plan. Staff establishment and in accordance with the Process of Facility Planning.

It is essential to be aware of the impact of:

- operational policies;
- changes in clinical practice and models of care;
- change in role delineation or role delineation “creep’ - usually upwards; and
- new technologies.

The trend towards more ambulatory care, less hospitalisation and shorter hospital stays for children has impacted on the design of paediatric units. Paediatric inpatients are generally sicker and more dependent, requiring higher levels of nurse staffing and observation than in the past.

There has been increasing recognition of the special physical and psychological needs of children in hospital and more concern to provide for them an environment which, as far as possible, normalises their stay. Even sick children can be quite active and need continuing opportunities for play and education. In addition, the needs of children with disabilities must be addressed.

Ideally children should not be admitted to an adult ward and in small units it may be appropriate to provide “swing” beds as a means of overcoming such an eventuality.

Provision for participation by parents in the care of their children is now regarded as an important principle of paediatric inpatient care.

Special facilities for children elsewhere in a hospital should be considered under individual departments, e.g.:

- Emergency Unit;
- Medical Imaging Unit; and
- Operating Suite Unit

Paediatric Intensive Care services are only provided in Level 6 centres and are not addressed in this Guideline.

It is assumed that every unit will have formal intra-Area links as well as a formal relationship with a Children’s Hospital within the network. Refer to the Service Plans for the Area Health Service and the Service Plan for the facility.

01.02 Introduction

This Health Planning Unit (HPU) is a resource to assist project teams with the planning, design and construction of Paediatric and / or Adolescent Inpatient Units at any level of service. It should be read in conjunction with generic requirements and Standard Components (Room Data & Room Layout Sheets (RDS/RLS) in Parts A, B, C, D and E of these Guidelines.

All relevant information identified in the NSW Health Post Occupancy Evaluation Program 2, Paediatric Units dated February 2005 has been incorporated into this Guideline.

Facility design, must, where appropriate, also meet all necessary criteria to reach accreditation standards with regard to design and equipment.

01.03 Policy Framework

Guidelines for Networking of Paediatric Services in NSW, NSW Health Department, 2002.

Protecting People and Property - NSW Health Policy and Guidelines for Security Risk Management in Health Facilities, Chapters 9-14, Core Security Risk Controls and Chapter 15 - Security in the Clinical Environment.

PD2005_576: Office Accommodation Policy - Public Health Organisations and Ambulance Service.

01.04 Description

DEFINITION OF HPU

The Paediatric/ Adolescent Unit is an Inpatient Unit with special provisions for babies, toddlers, and children and adolescents up to 16 years, specifically designed to reflect the varying physical and psychological needs of these age groups.

This Guideline addresses only those Paediatric / Adolescent Units that are part of a General Hospital and not facilities in dedicated Children's Hospitals. However, the components of the Inpatient Unit as described in the Schedule of Accommodation may be used as the building blocks for major centres.

In Paediatric / Adolescent Inpatient Units generally, bed occupancy levels and the age / diagnosis mix of patients will vary considerably according to the Service Plan. The design of accommodation in these units must therefore be flexible in provision of beds, cots and bassinets and in the mix of single and multiple occupancy rooms.

A mix of one, two and four bed rooms provides for flexible use of accommodation.

- one-bed rooms provide accommodation for the multiple functions of isolation nursing, parent live-in and high dependency care provided there is the necessary monitoring equipment;
- two-bed rooms provide suitable accommodation for older children; and
- four bed rooms may be used for high dependency care, short term acute assessment and day care depending on the individual hospital's operational policies. They must be sized to allow for parent privacy (breastfeeding), and confidentiality.

The unit should be designed to achieve the maximum possible level of observation of patient areas. The staff station should be the focal point of the Unit and should overlook any high dependency beds.

GENERAL ARRANGEMENT

The arrangement of facilities will / may depend on the level of service but where the Hospital only has one or two inpatient units, facilities for adolescents may profitably be designed as a special "wing" of the Unit.

02 PLANNING

02.01 Operational Models

HOURS OF OPERATION

The Paediatric/Adolescent Unit provides in-patient care 24 hours per day, seven days per week.

Activities between 7.00am and 8.00pm (i.e. supervised play, treatments, nursing care, visiting, elective surgery) means an increase in utilisation of the Unit's facilities in these hours.

NEEDS OF THE POPULATION

The needs of children and adolescents in hospital differ from those for adults.

It is a misconception to presume that because children are smaller they will need less space. In fact, a greater amount of space is required to accommodate such activities as parent participation in care, play by and between children, ambulation and family support.

Factors specific to paediatric care which will influence space utilisation and design features include:

- the mix of beds, cots and bassinets varies constantly. All rooms therefore must be of flexible use and sized to accommodate a bed. There must be adequate and easily accessible storage of the alternative beds, cots and bassinets;
- rooms should be large enough to allow ambulation / play space for the child, space for parents to remain with the child and to allow some privacy for the family;
- patients' special belongings, toys and drawings should be readily accessible and visible from the child's bed;
- more isolation facilities are required than in adult wards due to a higher incidence of contagious disease among children;
- recreational playroom and facilities for continuation of education will be required for the developmental needs of differing age groups;
- strollers, playpens and mobile toys such as tricycles are part of the everyday environment of children and storage space will be needed for this equipment;
- the need for observation of patients by nursing staff is greater in paediatric care, especially of infants and toddlers. However, the modesty of all patients and parents should be respected and adolescents will require more privacy;
- the need for parent/patient education activities and parent counselling means that an Interview Room is required;
- there is an increased need for attention to safety precautions and accident prevention;
- patients should have an area which is "safe" i.e. where they know they will be free from treatments and distressing procedures; and
- areas which are likely to be occupied for any length of time by staff or patients should have windows;

MANAGEMENT OF BARIATRIC (SEVERELY OBESE) PATIENTS

Obesity in children and adolescents is becoming an increasing problem. It is important to ensure that at least one bedroom and en suite can accommodate a larger bed if necessary and easy use of lifting equipment. It may also be necessary to consider provision of a larger-than-usual examination couch in at least one Consult / Exam Room. (Also need to consider that the parent of a child may be very obese.

Refer to NSW Health Guideline - GL2005_070, September 2005: Guidelines for the Management of OHS Issues Associated with the Management of Bariatric (Severely Obese) Patients.

ACCOMMODATION FOR MENTAL HEALTH PATIENTS

There is an increasing trend to “mainstream” pre-pubescent children with mental health conditions alongside a paediatric service to allow children access to all available paediatric facilities and mix with other children their own age as appropriate. Design requirements are addressed in the HFG 132 Child and Adolescent Unit.

ASSESSMENT BEDS

In hospitals where Emergency Units have no dedicated facilities for those children who, after initial treatment, either need a period of observation prior to discharge or where the decision to admit is as yet uncertain, an appropriately staffed Assessment Unit in the Paediatric Ward may be an option, rather than mixing children with adults. This places the child in the appropriate environment, reduces pressure on Emergency staff and is a more user-friendly option for children and their families.

PAEDIATRIC “PRECINCT”

Depending on the size of the Paediatric service, consideration should be given to creating a “Paediatric Precinct” that incorporates facilities for inpatient care, emergency assessment / observation, day care and outpatient clinics.

Depending on the Service Plan, facilities for day care could be a four bed room a little removed from the main ward but with access to all necessary support facilities.

Similarly, depending on volumes and utilisation, it may also be appropriate to operate dedicated paediatric clinics through the Unit via a small number of Consulting Rooms.

02.02 Operational Policies

GENERAL

Detailed guidelines for the preparation of internal Operational Policies based on the overall Operational Policies of the Area Health Service are provided

in Part B of these Guidelines and will vary between Paediatric/Adolescent Units according to local circumstances. These policies will cover such areas as:

- care by parents;
- patient security;
- age and other admission criteria;
- the use of the unit for day only patients, outpatient clinics and assessment; and
- meals and formula preparation and storage.

An example of an internal Operational Policy may be rate-minders are to be used for all intravenous infusions on all paediatric patients. (This policy requires a large number of rate-minders, mobile IV poles on which to site them, wheelchairs able to accommodate IV poles and storage space for these items when not in use).

FORMULA PREPARATION

The individual Hospital and Area Health Service will determine whether formula preparation will be carried out in the Unit or in the Neonatal Nursery.

It is assumed that sterilisation of bottles and teats will be carried out in the Central Sterile Supply Unit. A Formula Room may be used for teaching parents.

INTENSIVE AND HIGH DEPENDENCY CARE

Children requiring intensive care will be stabilised and transferred to a major Children’s Hospital - either by ambulance or helicopter. Whether or not they need to be temporarily transferred to the adult ICU will be a clinical decision.

However, there will be occasions when a child needs a greater than normal level of treatment and observation but is not sick enough to need intensive care. Each facility must determine its policy on how these children will be managed. Options include:

- treating the child in their own room;
- establishing an HDU within the Unit itself;
- transferring to a hospital with a higher delineation for paediatric services; and
- temporary transfer to an adult HDU in consultation with the Neonatal.

Emergency Transport Service (NETS) when there is no other option. The final decision may depend on staffing levels and available expertise.

STAFFING

The staffing assumptions made in this guideline are that there will be:

- a designated Director of Paediatric Services;
- a Nurse Unit Manager (NUM) with at least three years experience in paediatrics (with no combined adult/paediatric roles);
- access to a Paediatric CNC;
- majority of registered nursing staff who have paediatric qualifications or equivalent experience; and
- service provided by a specialist paediatrician on 24 hour call supported by a designated resident medical officer.

There may also be a Paediatric Registrar. Also refer to the Service Plan.

SCHOOLING

The average age of the unit’s occupants and average length of stay should be carefully assessed when determining the need - if any - of facilities for education - whether a dedicated space or bedside laptops etc.

02.03 Planning Models

LOCATION

Where possible, the Unit should be located on the ground floor to achieve direct access to an Outside Play Area, and to reduce the use of lifts and staircases. Where ground floor location is not possible, every attempt should be made to provide a secure open play area.

FLEXIBILITY

It is perhaps worth considering possible future use for adults with regard to room sizes etc.

02.04 Functional Areas

FUNCTIONAL ZONES

The Paediatric/ Adolescent Unit will comprise the following functional areas:

- inpatient areas including bed rooms, isolation rooms, play areas, multipurpose activities area, nursery and feeding areas, ensuites and bathrooms
- day stay / assessment and clinic areas - if required by the Service Plan
- parent / carer facilities
- support areas including staff station, utilities, formula, store, pantry, cleaner's and disposal rooms. Support rooms may be shared with adjacent units if appropriate

- staff areas including offices, meeting rooms, staff change and toilets may also be shared with adjacent units if design permits.

RECEPTION

Provision of a Reception if separate from the Staff Station and not intended for the Ward Clerk is not recommended as there is rarely the recurrent funding to staff and these spaces remain either inhospitably vacant or converted to other uses.

SANITARY ARRANGEMENTS

- ensuites are recommended for every single bed room, with hand basin, shower and toilet to provide total flexibility in the use of each room for isolation, very ill (high dependency) patients or care-by-parent patients;
- a general bathroom containing a bath, shower, two toilets (1 low set), hand basin (low set) and baby bathing facilities provides for the babies, toddlers and younger children. The bath may be used for regular or burns (to Level 4 management) bathing. The low set toilet and hand basin are to encourage the independence of small children. However, such a multiple occupancy space may be problematic and should to be carefully considered. There needs to be space for a wheelchair and to operate a hoist;
- separate unisex shower and toilet are recommended for older children / adolescents; and
- all toilets must allow sanichair access and one toilet should provide for wheelchair access.

The use of mobile baby baths is not recommended for occupational health and safety reasons.

HANDBASINS

Hand basins are provided to facilitate the frequent handwashing required to minimise cross infection in the ward. They are located in all single bedrooms, at the entry to the 1-bed rooms (at a ratio of 1 hand basin to 2 rooms), and between each pair of two bed rooms, in the Staff Station, in the treatment room and in the clean and dirty utility rooms.

TREATMENT ROOM

Where children share a room or even if in a single bedroom, it is preferable to carry out more complex and potentially painful treatments / procedures away from the bedside so that the child does not a) associate their bedroom with distressing activities and b) crying does not disturb other children. A parent often accompanies the child.

A Treatment Room should be provided in a zone away from the bed rooms and may be designed in conjunction with the Clean Utility Room where the supplies will be located. The child may be brought into the room on the treatment room trolley but if transferred on their bed/cot, extra space will be required in the room for transfer to the treatment trolley and space to park the bed/cot outside the room. Decor should help to distract the child and allay fears - ceiling and wall graphics may be considered.

CLEAN UTILITY ROOM

In addition to its normal functions, for safety's sake, it may be appropriate to locate the resuscitation trolley and the blanket warmer if provided in this room. In the latter instance, care should be taken to ensure the cabinet is not installed near the drug storage area where heat may adversely affect the drugs. The resuscitation trolley must however be readiliy accessible. If this is the decision, additional space will need to be added to the size of the room.

STORAGE

Storage will be required for toys and educational and recreational equipment. TVs where provided at the bedside should be ceiling-mounted. Storage space should be provided to permit exchange of cribs, cots and adult beds. Provisions should also be made for storage of equipment and supplies such as patient cots and recliners for parents and extra linen for parents who stay with the patient overnight.

02.05 Functional Relationships

The Paediatric/ Adolescent Unit should be located with ready access to the Emergency Unit, Operating Unit, Critical Care areas and Medical Imaging. It should be located to avoid the need for through traffic.

In small units, collocation with an adult ward with swing beds may facilitate management in times of high occupancy.

03 DESIGN

03.01 Accessibility

EXTERNAL

Entrances to the hospital and routes to the Paediatric/Adolescent Unit should ensure minimal contact with sick or injured adult patients

INTERNAL

Internal access to the Unit needs to be controlled by either human or physical means at all times to prevent unauthorised access or patient egress. This may be by appropriate location of Staff Station or Reception or by video surveillance and electronic door controls, particularly after hours. However the Staff Station is not always occupied and in the absence of a ward clerk, the impact of monitoring video monitors on staffing levels needs to be considered.

03.02 Parking

For staff parking, refer to Part C, Clause 790 of these Guidelines for further information.

03.03 Disaster Planning

Refer to Part B Clause 80 and Part C of these Guidelines for further information.

03.04 Infection Control

The infectious status of many patients admitted to the Unit may be unknown. All body fluids should be treated as potentially infectious and adequate precautions should be taken particularly with small children.

Linen trolley bays must have doors to prevent contamination. Refer to Part D of these Guidelines for further information.

03.05 Environmental Considerations

ACOUSTICS

Babies, toddlers and children are naturally boisterous at play and noisy when distressed. The sounds of children crying or in pain, the noise of unfamiliar equipment or, conversely, extreme quiet are all anxiety-provoking.

Ceiling acoustic tiles, absorbent panels, curtains, upholstered furniture and carpets can be used to absorb and soften sounds in all patient and most other areas.

The treatment room will require maximum acoustic containment to prevent the sounds of distressed children reaching those in the other patient areas. (In paediatric units, painful procedures are performed in the treatment room rather than at the bedside). Auditory privacy will be required in the interview room and NUM office.

NATURAL LIGHT

Natural light to all bedrooms and to rooms such as playrooms, parent lounge.

PRIVACY VERSUS OBSERVATION

Design should allow nursing staff to have optimal observation of all patient areas and for the children to be able to see the staff in order to feel reassured and safe. The need for observation and the safety of children must, however, be balanced against the need to protect the privacy, personal dignity of patients and their parents.. This can be achieved by curtains on windows and other glazed panels and the use of bed screens.

There is a particular need for privacy for children and adolescents during:

- examinations;
- treatment;
- bathing;
- dressing; and
- times of distress.

INTERIOR DESIGN

In the Paediatric/Adolescent Unit it is important to use decor to positively create an environment which is as non-institutional as possible. Psychological reassurance will be provided by scaling the environment to the size of the child as far as possible. Graphics provide distraction for children and visitors and can make areas more interesting and inviting. They can be used in all patient and common areas including corridors, treatment rooms, play room (inside) bed rooms and lounges.

Wall decorations should be at a height visible by children lying supine in bed and also some low enough for toddlers to see. Ceiling decoration should also be considered. Display panels should be provided in bedrooms for the child to decorate in his/her own way. However, swallowed pins is a real issue with children so boards that do not need pins should be provided (velcrose-type material). Also refer to Part C of these Guidelines.

03.06 Space Standards and Components

ERGONOMICS

Refer Part C of these Guidelines for information.

HUMAN ENGINEERING

Refer Part C of these Guidelines for information.

ACCESS AND MOBILITY

Refer Part C of these Guidelines for information.

WINDOWS

Considerations include:

- the height of the windows should enable children in their cots/beds to see outside;
- natural ventilation to all patient bed rooms (with means of restricted opening for patient safety) provides fresh air, cross-ventilation and enables the children to hear and smell the outdoors. However, insect screen must be provided to all external doors and openable windows and glass must comply with AS/NZS 2208: 1996 - Safety glazing material in buildings;
- a low and wide internal window ledge will be well used by children; and
- the treatment and tutorial rooms will require provision for blackout.

Also refer to Part C of these Guidelines for further information.

DOORS

Door swings must be planned and arranged so that there is no danger of hitting a small child on other side.

Refer Part C of these Guidelines for information.

03.07 Safety and Security

SAFETY

The design of the unit environment should be such that all possible risks to the safety of the children are minimised including risks of abduction, and take into account the natural curiosity of children.

Design and layout must prevent access by children to areas containing equipment or material likely to be harmful to them, including:

- beverage pantry and heated food trolleys;
- utility rooms, cleaners rooms, storage rooms, linen bay;
- resuscitation trolley;
- disposal room;
- treatment room;
- medication room; and
- ward exits.

In order to prevent injury whilst patients undertake their normal daily activities in the ward area, surface finishes, furniture and glazing must be of design and material appropriate to their use (e.g. rounded edges on furniture at low levels, safety glass in patient areas). These include:

- provision of warm (thermostatically controlled) water to all areas;
- fitting of child-proof locks to all cupboards;
- designing barriers and balustrades so they are non-climbable but can be seen through by toddlers;
- provision of non-scalable safety fencing of adequate height around external play areas especially where this is not located at ground level;
- service panels must be out of reach of small children;
- Similarly, nurse and emergency call buttons must be sited out of the reach of curious or mischievous hands;
- door handles out of the reach of small children;
- bedrooms to have doors with high and low vision panels and handles;
- power points in child-occupied areas must be above child height and shuttered;
- consider the use of convex mirrors to blind corners;
- care with location of main access door so that if not at the ward perimeter, it does not impede access to rooms outside;
- glass observation panels in doors need to be sized so as to enable staff to see in and low enough to be able to see a small child on the other side; and,
- as far as possible, safety measures should not cause avoidable inconvenience nor impair efficiency.

SECURITY

Security issues are of increasing importance due to the prevalence of violence and theft in the hospital environment. In designing the unit, consideration should be given to:

- personal security of patients, parents and staff;

- security of property of patients, visitors and staff;
- security of hospital equipment and stores items;
- drug security;
- access and egress/unauthorised intrusion;
- night staffing conditions; and
- security lighting.

Egress points must be secured and should be monitored wherever possible to minimise and contain the risk of a child's unaccompanied egress or abduction from the unit and prevent interference from unauthorised persons. Security measures may include:

- direct staff observation;
- closed circuit TV;
- restricted window openings;
- high level door latches;
- stable doors; and
- locked doors. And monitoring unit access to.

Security and safety issues need to be considered in conjunction to ensure that they do not conflict.

Also refer to NSW Health Manual - Protecting People and Property, Section Two, Core Security Risk Controls.

03.08 Finishes

WALL PROTECTION

Refer to Part C of these Guidelines

FLOOR FINISHES

Carpet in corridors not suitable for children. Refer to Part C of these Guidelines

CEILING FINISHES

If patients with mental health conditions such as anorexia are included in the patient population, care should be taken with regard to use of ceiling tiles that can be pushed up by a patient standing on the bed and where food can be secreted. Refer to Part C of these Guidelines

03.09 Fixtures, Fittings & Equipment

DOOR HARDWARE

Door hardware must be designed so as not to trap small fingers or be located out of reach. Refer to Part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information

03.10 Building Service Requirements

INFORMATION TECHNOLOGY / COMMUNICATIONS

In addition to the usual hospital communication systems, the Paediatric/Adolescent Unit has particular needs. These include the need for close observation of patient areas and meeting the psychological needs of children in maintaining contact with family members and friends. Communication systems may include:

- staff call and emergency assistance. Operational policy should cover such matters as whether or not a patient call can be cancelled from the staff station;
- closed-circuit television monitoring where this is necessary to ensure adequate observation of patient areas and access/egress points;
- telephone services for staff, patients, parents and visitors. The extent of provision, location, type (i.e. fixed or portable) and charging will need to be addressed by the operational policies;
- television in all single bedrooms, particularly isolation rooms;
- Internet access for older children and adolescents is very important; and
- alarm systems where necessary (e.g. dangerous drug cupboard opening).

Also refer to Part A, Section 80 of these Guidelines.

DURESS ALARM SYSTEM

Locate at Receptions and Staff Stations. Refer to NSW Health Manual - Protecting People and Property, Chapter 11 - Alarm Systems and Chapter - Duress Response Arrangements.

CHILD MONITORING / TAGGING

May need to be considered especially for infants and toddlers.

CALL SYSTEMS

Non-scrolling annunciator panels with the ability to display all beds on one panel are preferred and must be easily visible in corridors.

04 COMPONENTS OF THE UNIT

04.01 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 rooms* are rooms, 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; and
- *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

04.02 Non-Standard Components

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

BATHROOM - PAEDIATRIC

Description and Function

The bathroom has adjustable height paediatric peninsula bath, shower, hand basin and toilet facilities to attend the hygiene and treatment needs of

babies, toddlers and older children. (NOT adolescents)

A baby bath is required and should be bench-set, a baby change bench / table and baby and adult scales. Mobile baby baths are not recommended.

Functions include:

- bathing of patients for treatment purposes; and
- weighing and height measuring on admission

Unaccompanied patients may not have access to this room (refer Operational Policy).

Location and Relationships

Centrally located to the bed rooms, with good visual observation and quick access from the Staff Station.

Considerations

Storage of:

- mobile patient lifter;
- baby clothes and nappies;
- baby care supplies; and
- bath cleaning equipment.

Effective ventilation, Warm water. It must be designed for use by more than one child at a time whilst preserving acoustic and visual privacy. Consideration should be given to providing an extra room for admission procedures

PLAY ROOM - INTERNAL

Description and Function

The Inside Play Room provides an area where children may go for play, recreation, education and remedial activities. The following designated area may be provided:

- dining for small children;
- television; and
- reading / playing board games.

It is envisaged that parents and siblings will accompany their children at times. Occupancy: Up to 10 - including the Play Therapist - at 3m2 per person plus storage. Functions and activities will include:

- structured and unstructured play activities;
- reading;
- watching television;
- drawing (chalkboard, paper);
- board games;
- meals, snacks, drinks for patients;
- remedial therapy activities; and
- education.

The patients may be:

- ambulant / crawling;
- in bed / cot / bassinet;
- in a stroller / pram;
- on a tricycle;
- on crutches;
- in a wheelchair;
- in a playpen;
- oxygen-dependent;
- on IV therapy; and
- in traction.

Location and Relationships

Access must allow for a bed with orthopaedic fittings. Direct access to the Outside Play Area. Good observation from Staff Station and general nursing circulation areas required.

Considerations

The following are required:

- natural light (northerly aspect where possible);
- bright and cheerful decor;
- acoustic absorption; and

- means of restricted window opening for natural ventilation when required.

Corridor wall and door to be glazed to allow observation of patients. Dividing walls may be glazed to a height suitable to allow observation of patients.

Storage (not necessarily within the Play Area) required for:

- hospital-provided toys and games;
- books, education material and CDs / DVDs;
- chairs - stacking - several sizes;
- high chairs;
- tricycles;
- playpen (fold-away);
- strollers and prams; and
- computers.

If paints are to be used, a small sink should be fitted. Consider a toddler-height handbasin for use before and after meals / snacks.

PLAY ROOM - EXTERNAL

Description and Function

An outdoor area where children may go for play, recreation, remedial activities and family visiting.

Functions and Activities include:

- structured and unstructured play activities;
- remedial therapy activities; and
- family interaction and quiet time.

Location and Relationships

Observation from the Staff Station. Direct access to / from Inside Play Area. Consideration should be given to external access for maintenance purposes.

Considerations

Threshold should facilitate ease of manoeuvring for:

- patients in wheelchairs;
- patient beds/cots/bassinet; and
- those who have difficulty in walking.

Requires protection from extreme weather conditions. Ground area may be covered with outdoor carpet or pavers but not loose materials such as gravel or woodchips. Non-scalable safety fence high enough to prevent removal of children is required for the surrounding area. Access and egress should only be form the ward area.

AX APPENDICES

AX.01 Schedule of Accommodation

A Generic Schedule of Accommodation for a Paediatric and Adolescent Unit. at Level 2, 3, 4, 5, and 6 follows.

The 'Room/ Space' column describes each room or space within the Unit. 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 'SD/SD-C' 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.

BEDROOMS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
1BR-ST	1 Bed Room, 15m2	yes	3 x 15	19 x 15	23 x 15	Bed/chair for parent. For mangement of airborne infections such as chickenpox.
BHWS-B	Bay - Handwashing, Type B	yes	1 x 1	2 x 1	2 x 1	Outside 2 pairs of Standard Isolation Rooms
BPPE	Bay - PPE	yes	1 x 2	2 x 2	2 x 2	Collocate with Handwash Bays
1BR-IS-N	1 Bed Room - Isolation Negative Pressure, 15m2	yes	0	2 x 15	2 x 15	Bed/chair for parent. Class N Isolation Rooms
ANRM	Anteroom	yes	0	2 x 6	2 x 6	For Class N Isolation Rooms
1BR-SP	1 Bed Room - Special, 18m2	yes	1 x 18	1 x 18	1 x 18	For bariatric patients
2BR-ST	2 Bed Room, 25m2	yes	1 x 25	2 x 25	2 x 25 (o)	For older children
ENS-ST	Ensuite - Standard, 5m2	yes	4 x 5	25 x 5	27 x 5	To 1 & 2 bed rooms
ENS-SP	Ensuite - Special, 6m2	yes	1 x 7	1 x 7	1 x 7	For bariatric patients
4BR-ST	4 Bed Room, 42m2	yes	1 x 42	1 x 42	0	For babies and toddlers. May also be used for high dependency at Levels 4 / 5
SHPT	Shower - Patient, 4m2	yes	1 x 4 (o)	1 x 4 (o)	0	To 4 Bed Room. If used exclusively for babies, may not be needed
WCPT	Toilet - Patient, 4m2	yes	1 x 4 (o)	1 x 4 (o)	0	To 4 Bed Room. If used exclusively for babies, may not be needed
BLIN	Bay - Linen		1 x 3	2 x 3	2 x 3	Also includes Blanket / Fluid Warmer

CHILD-SPECIFIC AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
FEED	Feeding Room	yes	1 x 9	1 x 9	1 x 9	Also for use of breast pump if necessary. NSW HFG recommended 9m2.
FORM	Formula Room	yes	1 x 7	1 x 7 (o)	1 x 7(o)	May be located in NICU
	Play Room		1 x 12 (o)	1 x 60	1 x 60	4 patients & 20 patients respectively at 3m2 per patient; adjust as required. Also used by Play

(At Levels 2 & 3, may be part of a Maternity Unit)

OLDER CHILDREN-SPECIFIC AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
	Recreation Room		1 x 14 (o)	1 x 35 (o)	1 x 35 (o)	4 patients & 10 patients respectively @ 3.5m2 per patient. Computers, TV, music etc. Optional
	Quiet Study Room		1 x 9 (o)	1 x 15 (o)	1 x 15 (o)	2 and 4 patients respectively

ASSESSMENT / DAY STAY / AMBULATORY CARE

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
	Assessment / Day Stay / Ambulatory Care					Assumes dedicated ED; Day Ward and Clinics @ level 6 Unit
RECL-10	Reception, 10m2	yes	0	1 x 10	0	
WAIT-20	Waiting	yes	Share	1 x 20	0	16 people including 2 wheelchairs at 1.2 sqm and 1.5 sqm per person
	Play Area - Paediatric		Share	1 x 10	0	
WCAC	Toilet - Accessible, 6m2	yes	Share	1 x 6	0	Day Stay / Assessment
4BR-ST	4 Bed Room, 42m2	yes	1 x 42 (o)	42	42 (o)	4 beds. Unless there is a dedicated paediatric area in Emergency Unit, may be used for short stay
SHPT	Shower - Patient, 4m2	yes	1 x 4 (o)	1 x 4	0	
WCPT	Toilet - Patient, 4m2	yes	1 x 4 (o)	1 x 4	0	
CONS	Consult Room		1 x 14 (o)	14	0	. Larger size for children. Number of rooms will be dependent on anticipated occasions of service
INTF	Interview Room		1 x 9 (o)	1 x 12	0	
BLIN	Bay - Linen	yes	Shared with ward	1 x 2	0	
	Staff Base / Clean Utility		1 x 4	1 x 10	0	
DTUR-S	Dirty Utility - Sub,8m2	yes	Shared with ward	1 x 8	0	

SHARED SUPPORT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
INTF	Interview Room	Yes	Shared	1 x 9	1 x 9	2-3 people
INTF	Interview Room	Yes	0	0	1 x 12	4-6 people
LNPA-12	Lounge - Parent	Yes	1 x 9 (o)	1 x 15	1 x 15	May include Beverage Bay & sofa bed
	Bathroom - Paediatric		1 x 16 (o)	1 x 16	1 x 16	Include a baby bath, change table and low-set toilet for toddlers
SSTN-14	Staff Station, 14m2	yes	Shared	1 x 14	1 x 14	
OFF-CLW	Office - Clinical Workroom	yes	Shared	1 x 15	1 x 15	
STPS-8	Store - Photocopy / Stationery, 8m2	yes	Shared	1 x 8	1 x 8	May be collocated with offices
BWC	Bay - Wheelchair Parking	yes	1 x 4	2 x 4	2 x 4	
BRES	Bay Resuscitation	yes	Shared	2 x 2	2 x 2	Assumes one for infants, one for adolescents
CLUR-12	Clean Utility / Medication Room, 12m2	yes	Shared	1 x 12	1 x 12	
TRMT	Treatment Room	yes	Shared	1 x 14	1 x 14	Interconnecting door with Clean Utility if required
DTUR-10	Dirty Utility, 10m2	yes	Shared	1 x 10	1 x 10	May need 2 rooms depending on ward layout
DISP-8	Disposal Room, 8m2	yes	Shared	1 x 8	1 x 8	
PTRY	Pantry	yes	Shared	1 x 8	1 x 8	Parent Access
	Therapy / Multipurpose Room		0	1 x 20	1 x 20	
	Store - Beds / Cots		1 x 12	1 x 25	1 x 25	Total storage at 1.5 sqm per bed
STEQ-20	Store - Equipment, 20m2	yes	Shared	1 x 20	1 x 20	Total storage at 1.5 sqm per bed
STGN-9	Store - General, 9m2	yes	Shared	1 x 9	1 x 9	
CLRM-5	Cleaner's Room, 5m2	yes	Shared	1 x 5	1 x 5	
	Discounted Circulation %		32%	35%	35%	

STAFF OFFICES & AMENITIES

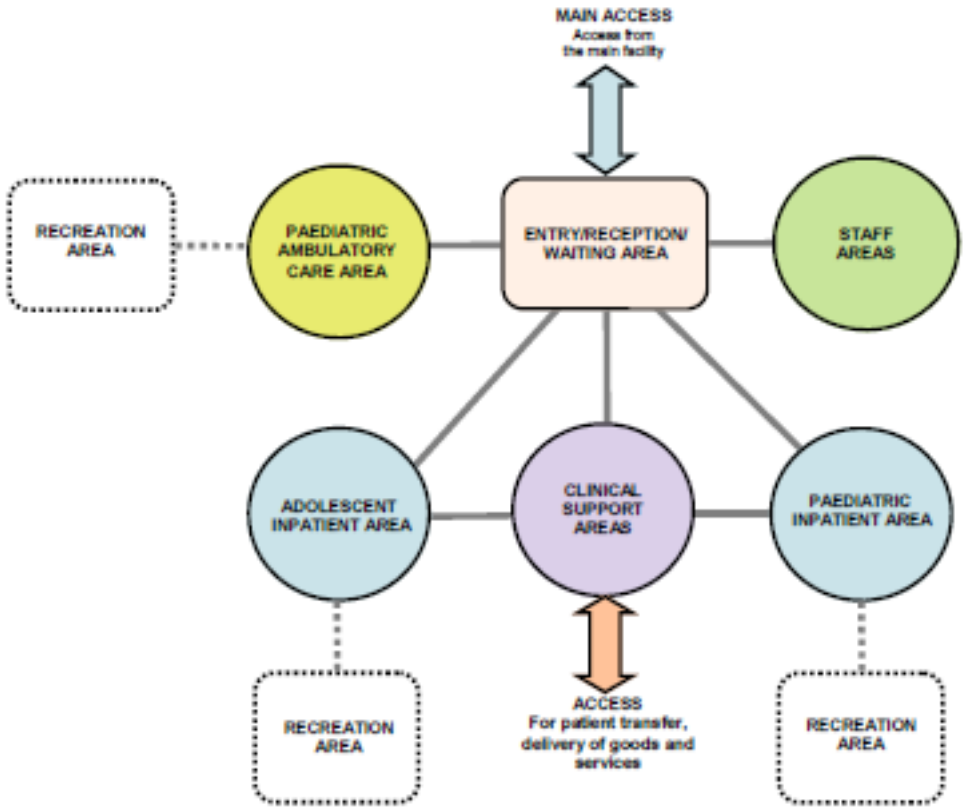
AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 Levels 2/3	Qty x m2 Levels 4/5	Qty x m2 Level 6	Remarks
	BEDROOMS		**10 Beds**	**30 Beds**	**30 Beds**	**Bed numbers are nominal and "mix" may be adjusted**
OFF-S12	Office - Single Person, 12m2	yes	0	1 x 12	1 x 12	Director
OFF-S9	Office - Single Person, 9m2	yes	1 x 9	1 x 9	1 x 9	NUM
OFF-2P	Office - 2 Person Shared, 12m2	yes	0	2 x 12	1 x 12	Refer to staff establishment for numbers. May be mix of offices and open plan. Nursing + Medical
	Office - Workstation, 5.5m2	yes	3 x 5.5	3 x 5.5	3 x 5.5	Refer to staff establishment for numbers. May be mix of offices and open plan.
MEET-L-20	Meeting Room, 20m2	yes	Share	1 x 20	1 x 20	
SRM-15	Staff Room, 15m2	yes	Share	1 x 15	1 x 15	
PROP-2	Property Bay - Staff	yes	Share	1 x 2	1 x 2	
WCST	Toilet - Staff	yes	Share	2x 3	2 x 3	
SHST	Shower - Staff	yes	Share	1 x 2 (o)	1 x 2 (o)	
	Discounted Circulation %		20%	30%	30%	

Note :

Office/workstation and meeting room sizes are in accordance with NSW Health Policy Directive PD2005-576 - Office Accommodation Policy - Public Health Organisations and Ambulance Service.

AX.02 Functional Relationships / Diagrams

The following diagram sets out the relationships between zones in a Paediatric and Adolescent Unit:



AX.03 Checklists

A Security Checklist is appended to this document. Refer also to Part C of these Guidelines for general requirements.

AX.04 References

- DS-22 HBG Paediatric / Adolescent Inpatient Unit, NSW Health, Capital Works Branch, August 1992.
- NH Estates Schedules of Accommodation v2.0 - HBN23 - Hospital Accommodation for Children and Young People, April 2005.
- 540 Paediatric / Adolescent Unit, Department of Human Services, Victoria, November 2005.
- Guidelines for Networking of Paediatric Services in NSW, NSW Health, Department 2002.
- NSW Health Post Occupancy Evaluation Program 2 - Paediatric Units, February 2005.
- Maud Meates. “Ambulatory Paediatrics - Making A Difference”, Archives of Disease in Childhood 1997, 76:468-476.

ATTACHMENTS

Attachments

SECURITY ISSUES TO BE CONSIDERED IN PAEDIATRIC AND ADOLESCENT UNIT

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Entry by all relevant personnel visiting or working within the Hospital.	1. CCTV monitoring of Ward entry and exit doorways. 2. After hours remote switch and intercom on entry doors. 3. Use of reed switches on all external doors and entries. Swipe card readers may be required to both sides of internal doors, to allow access for authorized staff.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Relatives / Visitors	1. Good visibility from staff station to ward. 2. Manage relatives/visitors admittance in the area by restricting visiting hours and/or number of visitors.
2. Furniture fittings and equipment including Computers, Office and Medical Equipment	1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
3. Hospital personnel safety	1. Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. 2. Design shape of interview rooms and location of desks, etc, in such a way that minimises risk to health personnel. 3. Provide storage and store items not in constant use that could be used as weapons. (Operational Policy). 4. Minimise furniture that can be used as a weapon, ie, picked up and thrown.
4. Staff personal effects	1. Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.
5. Drugs storage	1. Drugs safe to be located in area that can be monitored by staff.

SECURITY CHECKLIST – PAEDIATRIC AND ADOLESCENT UNIT

FACILITY:	DEPARTMENT: Paediatric and Adolescent Unit
RISK ISSUE	**DESIGN RESPONSE**
1. How is 'after hours' access provided for patients and how is this access point monitored?	
2. Do staff have access to both fixed and mobile duress systems?	
3. Is access to patient records restricted to staff entitled to that access?	
4. Is a system implemented to prevent theft of equipment, files, personal possessions, etc ?	
5. Are drug safes installed in accordance with current regulations?	
6. How is after hours access provided for staff?	
7. How are the offices secured during and after hours?	
8. Are there lockable storage areas available for specialised equipment?	
9. Is lockable furniture provided for storage of staff personal effects?	
10. What system has been implemented to prevent the illegal removal of children?	
11. Are interview rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
12. What surveillance/monitoring system will be implemented to monitor access to rooms/wards?	

DESIGN COMMENTARY / NOTES	DESIGN SIGN-OFF
	Name: ..... Position: ..... Signature: ..... Date: .....
	Name: ..... Position: ..... Signature: ..... Date: .....
	Name: ..... Position: ..... Signature: ..... Date: .....