australasian health infrastructure alliance
GOVERNMENTS COLLABORATING TO DELIVER QUALITY HEALTH FACILITIES

Australasian Health Facility Guidelines

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

Revision 6.0
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01 INTRODUCTION

01.01 Preamble

This Health Planning Unit (HPU) has been developed for use by the design team, project mangers and end users to facilitate the process of planning and design.

The Paediatric / Adolescent Unit HPU was originally developed for NSW Health and issued for Australasian use in 2006. This revision has been informed by an exstensive consultation process and included clinical experts and consumers.

01.02 Introduction

This HPU addresses Paediatric / Adolescent Units that are part of a general health service and not those in dedicated children's hospitals. Even so, the components of the Inpatient Unit, as described in the Schedule of Accommodation, may be used as a 'building block' for major centres.

Paediatric intensive care services are only provided in designated children's hospitals and requirements for this service are described in HPU 360 Intensive Care Unit – General.

Paediatric specific facilities in emergency departments are described in HPU 300 Emergency Unit.

The term 'family' has been used throughout this HPU. This term refers to parents, relatives and other carers.

This document should be read in conjunction with AusHFG generic requirements including Standard Components described in:

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

01.03 Policy Framework

Prior to undertaking a project, planners and project staff should familiarise themselves with state and territory specific policies (as detailed in the Further Reading section of the Appendices), and with the following publications:

- Association for the Wellbeing of Children in Healthcare and Children's Hospitals of Australasia, Charter on The Rights of Children and Young People in Healthcare Services in Australia;
- Association for the Wellbeing of Children in Healthcare, Policy Relating to the Provision of Play for Children in Hospital, 2002;
- National Public Health Partnership, Healthy Children – Strengthening Promotion and Prevention Across Australia. National Public Health Strategic Framework for Children 2005 – 2008, 2005; and
- Royal Australasian College of Physicians, Association for the Wellbeing of Children in Healthcare and Children's Hospitals of Australasia, Standards for the Care of Children and Adolescents in Health Services, 2008.

01.04 Description

DEFINITION OF A PAEDIATRIC / ADOLESCENT UNIT

The Paediatric/ Adolescent Unit describes a range of facilities to support the care of babies, toddlers, children and adolescents usually up to 16 years.

The Unit described in this document includes both inpatient and ambulatory/ day stay facilities. The collocation of these service components ensures a critical mass of skilled staff is provided and care environments suit the particular needs of children/ adolescents and their families.

The trend towards ambulatory care and shorter hospital stays for children has impacted on the configuration of Paediatric/ Adolescent Units. Inpatients are generally sicker and more dependent, requiring higher levels of nursing care and observation.

There has been increasing recognition of the physical and psychological needs of children in hospital with health services seeking to provide 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.

NEEDS OF THE POPULATION

The needs of children and adolescents in hospital differs 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 activities such as family centred care and play by and between children.

Factors specific to paediatric/ adolescent care which will influence space utilisation include:

- the mix of beds, cots and bassinets will vary constantly. All rooms must be sized to accommodate a bed. There must be adequate and easily accessible storage;
- bed rooms should be large enough to allow recreation space for the child, space for patient equipment such as walking aids and space for parents to remain with the child. This includes space for one parent to stay overnight with their child;
- special belongings such as toys and drawings should be readily accessible and visible from the child's bed;
- additional single bed rooms due to a higher incidence of infectious disease among children;
- recreational play spaces to support the developmental needs of differing age groups. This will ideally include access to outdoor areas;
- systems and resources to support the ongoing educational needs of school aged children;
- storage to accommodate strollers, playpens and mobile toys;
- the need for observation of patients by nursing staff is greater, especially of infants and toddlers;
- the need for family/patient education and counselling; and
- a separate treatment room so that painful or stressing procedures do not occur in the child’s bed room.

02 PLANNING

02.01 Operational Models

MODEL OF CARE

Children and adolescents should be cared for in environments that support their physical and psychological needs.

Ideally, services for paediatrics and adolescents will be collocated. These services may include overnight inpatient beds, short stay beds for monitoring and observation and ambulatory care facilities. Collocation may promote opportunities for new models of care such as direct referral from a GP. Models will be dependent on the scale of paediatric/ adolescent services and alternate models may be required where service volumes are low (e.g. paediatric safe beds within a general inpatient unit).

Participation of parents is regarded as an important principle of paediatric inpatient care. As described in the Charter on the Rights of Children and Young people in Healthcare Services in Australia, children and adolescents have the opportunity to 'be nurtured by their parents and to have family relationships supported' while receiving care. This model is referred to as family centred care.

The Charter also promotes participation in 'education, play, creative activities and recreation, even if this is difficult due to their illness or disability'.

It is assumed that every Unit will have formal intra-area links as well as a formal relationship with a Children's Hospital within a network.

MANAGEMENT OF PATIENTS WITH MENTAL HEALTH CONDITIONS

Where an admission to manage a mental health condition is needed, children under 12 years of age will routinely be managed in a Paediatric Unit, close to home.

Adolescents with mental health conditions may be managed in a Paediatric/ Adolescent Unit or a specialist Child and Adolescent Mental Health Unit to better manage specific conditions (e.g. early psychosis). The safety of the adolescent, and that of others, will be considered.

Where children and adolescents are admitted to a general Paediatric/ Adolescent Unit, they will be managed in a standard inpatient bed room. Staff should conduct a risk assessment to determine operational responses that will be needed to support the safe care of the patient in the acute inpatient environment. Operational responses may include removing equipment from the bedroom, locating the patient in a bed room near the staff station, or 'specialling'.

MANAGEMENT OF SHORT STAYS

When children, after initial treatment, need a period of observation prior to discharge or a decision to admit is uncertain, the allocation of short-stay/ assessment beds within a Paediatric/ Adolescent Inpatient Unit can support these activities. This avoids children being cared for with adults in short stay units attached to emergency departments.

PROVISION OF SERVICES TO CHILDREN IN HEALTH SERVICES WITHOUT A DEDICATED PAEDIATRIC/ ADOLESCENT UNIT

In many smaller health facilities, a dedicated Paediatric/ Adolescent Unit may not be possible owing to low volumes of activity. In such cases, a paediatric 'safe bed' model may be an alternative. An example of criteria used to provide this type of service is detailed in NSW Health PD2010_033 Safety and Security of Children and Adolescents in NSW Acute Health Facilities, June 2010.

02.02 Operational Policies

GENERAL

Operational policies have a major impact on design requirements as well as capital and recurrent costs for health care facilities. Operational policies should be established at the earliest stages in planning with consideration given to local jurisdictional policies.

Unit specific operational policies are detailed below; a list of general operational policies is available from AHIA, 2010, AusHFG Part B: Section 80 General Requirements.

HOURS OF OPERATION

Inpatient services will operate 24 hours a day, seven days per week. Operating hours for short-stay and ambulatory care services will vary according to local requirements.

FORMULA PREPARATION AND MILK STORAGE

Many health services may provide a central milk preparation service or provide pre-made formula. These products will be delivered and stored on the Unit.

Where formula is prepared on the Unit, this will be undertaken in a formula preparation room. This room may be shared with an adjacent service (e.g. special care nursery).

Dedicated monitored refrigeration may also be needed if mothers are providing expressed breast milk. This milk will be stored in a secure room.

HIGH OBSERVATION CARE

Children requiring a higher level of care acutely will be referred to a clinician in a regional or tertiary hospital. A neonatal/paediatric retrieval coordination service, using ground or air transport, may be used especially if intensive or high dependency care is anticipated. The care of the patient while awaiting transfer should be discussed with the neonatal/paediatric retrieval service and referral hospital clinician. The most suitable interim location for care may not be the room in the paediatric inpatient unit and options for temporary care may include:

- a high-observation area within the Paediatric/ Adolescent Unit; and
- transfer to a higher acuity area of the hospital such as the emergency department.

Each hospital should establish operational policies to manage these situations considering local and regional resources.

To facilitate consultation between hospitals or a retrieval service, the following resources should be provided:

- a telephone with direct access to the retrieval services;
- a hands-free cordless handset to allow clinicians to move between patient and support areas;
- the ability for clinical data and images to be reviewed by networked centre; and
- telemedicine technology (e.g. Vision for Adolescent Life). This is likely to be a mobile solution in a Paediatric Unit.

MANAGEMENT OF BARIATRIC (SEVERELY OBESE) PATIENTS

It is important to ensure that one bedroom and ensuite can accommodate a larger bed if necessary and easy use of lifting equipment for bariatric patients. Space allocations may also need to consider that the parent of a child may be obese.

STAFFING

The Unit will be staffed by a multidisciplinary team including medical, nursing, allied health and other support staff. The staffing profile will be determined by the size and role delineation. Office space and staff amenities will reflect this profile.

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. Education can be provided using a model where the teacher comes to the child and uses a mix of hard copy resources and electronic learning tools. Alternatively, recreation spaces may be used flexibly across the day to provide both play and education. Newer models include online forums so the child can keep connected with their own school.

02.03 Planning Models

LOCATION

The Unit should have direct access to a secure and adequately sized outdoor play area, whether on the ground floor or an upper level of the building.

02.04 Functional Areas

FUNCTIONAL ZONES

Functional zones may include:

- entry/ reception/ waiting areas;
- paediatric ambulatory care areas;
- inpatient areas for both paediatrics and adolescents, including recreation areas and parent facilities;
- clinical support areas; and
- staff areas including office space, meeting rooms and staff amenities

ENTRY/ RECEPTION/ WAITING

Where a critical mass of paediatric/ adolescent services is provided, a dedicated reception will provide a wayfinding point for visitors accessing ambulatory care services and possibly the inpatient unit. This waiting room will also support both services but mainly be used to support ambulatory care services. The reception counter should be able to view the entrance to the Unit and observe those in waiting areas.

AMBULATORY CARE AREA

Ambulatory care areas will be grouped so that clinical support and staffing can be shared with the inpatient unit and easily accessible. Facilities may include consult, interview and treatment rooms.

Families should have direct access to this area from the entry/ reception/ waiting room.

INPATIENT AREAS

Inpatient areas will be organised so the majority of patient rooms can be observed. Depending on the ages of children and adolescents being managed on the Unit, it may be possible to cohort two groups of beds and associated recreation space for children and adolescents. Beds located between these two groups of beds would 'swing' as demand from one group increases or decreases.

Parents and visitors will have direct access to inpatient areas from the entry. A family lounge, and related amenities, will be located within this area so parents can have some separation yet remain close to their child.

CLINICAL SUPPORT AREAS

Clinical support areas will include staff stations, utilities, a formula room, storage (for a range of clinical consumables, equipment, toys and educational resources), beverage room and a cleaners room. Clinical support space may be shared with ambulatory care areas if provided.

Rooms will be arranged so they are easily accessed by staff. Equipment such as resuscitation trolleys may need to be stored in lockable cupboards or a room so they cannot be accessed by children.

STAFF AREAS

These areas will include staff offices, meeting rooms and amenities.

02.05 Functional Relationships

The Paediatric/ Adolescent Unit should be located with ready access to the emergency department 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 Access

EXTERNAL

Parents may need access to nearby drop-off and parking areas so that children with disabilities can safely access clinical services.

INTERNAL

Internal access to the Unit needs to be controlled to prevent unauthorised access.

03.02 Parking

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

03.03 Disaster Planning

Refer to AusHFG Part B Clause 80 General Requirements and Part C Design for Access, Mobility, OHS and Security for further information.

03.04 Infection Prevention and Control

Additional single bed rooms may be required owing to a higher incidence of infectious disease among children. Both standard isolation and negative pressure isolation rooms may be needed.

Alcohol based hand rub dispensers should be fixed in a location that is not accessible to small children.

Toys used within the Unit should be cleanable.

Also refer to AusHFG Part D Infection Control & Prevention 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.

Finishes and materials must be selected to absorb and soften sounds in all patient and related areas. This may be achieved by acoustic ceiling tiles, absorbent panels, curtains, upholstered furniture and the selected use of carpet.

The treatment room will require maximum acoustic containment to prevent the sounds of distressed children reaching other patient care areas.

NATURAL LIGHT

Natural light is required to all bed rooms, recreation spaces and the family lounge.

PRIVACY VERSUS OBSERVATION

Design should allow nursing staff to have optimal observation of all patient areas and for 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 be balanced to ensure that privacy of children and their families. This can be achieved using curtains on windows and other glazed panels and the use of bed screens.

INTERIOR DECOR

It is important within the Paediatric/Adolescent Unit to use decor to create a positive environment that 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 (e.g. tables and chairs in play rooms). Culturally significant images may also provide reassurance.

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, waiting areas, treatment rooms, play room, recreation rooms, bed rooms and lounges. The décor of areas may need to be suitable for differing age groups noting that adolescents generally prefer a very different environment.

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 or sensory walls may also be considered.

Also refer to AusHFG Part C Design for Access, Mobility, OHS and Security.

03.06 Space Standards and Components

ERGONOMICS

Refer to AusHFG Part C Section 730 Human Engineering for information.

HUMAN ENGINEERING

Refer to AusHFG Part C Section 730 Human Engineering for information.

ACCESS AND MOBILITY

Refer to AusHFG Part C Section 730 Human Engineering for information.

WINDOWS

The height of the windows in bed rooms should enable children in their cots/beds to see activity outside. A low and wide internal window ledge will be well used by children.

Refer to AusHFG Part C Section 730 Human Engineering for further information.

DOORS

Refer AusHFG Part C Clause 710 Space Standards and Dimensions for information.

03.07 Safety and Security

SAFETY

The design of the Unit should aim to reduce safety risks while facilitating the natural curiosity of children. This will be informed through risk assessment.

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

- beverage bay and heated food trolleys;

- utility rooms, cleaners rooms, storage rooms, linen bays;
- resuscitation trolley;
- disposal room;
- treatment room;
- clean utility medication room; and
- inpatient unit exits.

In order to prevent injury and improve safety:

- surface finishes, furniture and glazing must be designed and materials appropriate to their use (e.g. rounded edges on furniture at low levels, safety glass in patient areas);
- cupboards should be designed to be out of reach of small children or fitted with child-proof locks;
- barriers and balustrades will be designed so they are non-non-scalable but can be seen through by toddlers;
- non-scalable safety fencing of adequate height around external play areas should be provided especially where this is not located at ground level;
- locate services and fixtures such as power points, medical service panels, call systems, hand hygiene products and door handles out of reach of small children; and
- bed rooms to have doors with high and low vision panels and handles. These will be sized and positioned so staff can see a small child on the other side.

As far as possible, safety measures should not cause avoidable inconvenience nor impair efficiency.

SECURITY

Egress points must be secured and should be monitored 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:

- video intercoms and access control at the entrance to the Unit;
- direct staff observation;
- restricted window openings;
- ‘tagging’ of babies and toddlers so they can be tracked; and
- high level door latches.

03.08 Finishes

WALL PROTECTION

Refer to AusHFG Part C Design for Access, Mobility, OHS and Security for information.

FLOOR FINISHES

Refer to AusHFG Part C Design for Access, Mobility, OHS and Security for information.

CEILING FINISHES

If patients with eating disorders are managed within the Unit care should be taken with regard to use of ceiling tiles as hide food.

03.09 Fixtures, Fittings & Equipment

DOOR HARDWARE

Door hardware must be designed so as not to trap small fingers.

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 COMMUNICATIONS TECHNOLOGY

In addition to the usual hospital communication systems (such as point of care systems), the Paediatric/ Adolescent Unit has particular needs.

Communication systems may include:

- closed-circuit television monitoring where this is necessary to ensure adequate observation of access/egress points;
- televisions in all bedrooms;
- dedicated Wi-Fi internet access children and their families to support their own devices; and
- staff to staff communication devices such as DECT phones.

Increasingly IT system may support a patient's own devices providing access to the internet via wireless arrangements.

In addition, smaller health care facilities may need to communicate with their networked service regarding urgent patient care issues. To facilitate this communication the following equipment may be needed:

telephone with direct access to a retrieval service;

- an office area equipped with a hands-free cordless phone and PC for viewing/ sharing images and clinical data; and
- telemedicine technology. In most inpatient environments, a mobile solution is suitable.

DURESS ALARM SYSTEM

Duress alarms will be located at receptions and staff stations. Should a paediatric / adolescent ambulatory care service be collocated, fixed duress points are usually included in consult and interview rooms.

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;
- 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/standardcomponents

04.02 Non-Standard Components

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. These non-standard components for a Paediatric/ Adolescent Unit are detailed below.

1 BED ROOM – PAEDIATRIC

Description and Function

The 1 Bed Room will be broadly consistent with the standard component for a 1 Bed Room. In the paediatric inpatient context, the bed room will be sized to accommodate an overnight bed to be used by a parent. Patient entertainment will be needed at each bedspace including access to a patient entertainment system.

Considerations

Options for an overnight parent bed may include:

- a sofa chair that can be converted to a bed or mobile fold-away bed in the case of general paediatric services; or
- a more permanent solution in a children's hospital (built-in or pull down unit).

Should a fold away option be used, storage space will be needed. This approach to planning will be considered for all 1 bed rooms including isolation and bariatric rooms.

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.

A baby bath is required and should be bench-set, a baby change bench / table and baby and adult scales.

Functions include:

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

- Unaccompanied patients may not have access to this room.

Location and Relationships

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

Considerations

Space may also store:

- mobile patient lifter;
- baby clothes and nappies;
- baby care supplies;
- bath cleaning equipment; and
- Effective ventilation is needed.

The room may be designed for use by more than one small child at a time while preserving visual privacy.

PLAY ROOM - INTERNAL

Description and Function

The play room provides an area where children may go for play, recreation, education and remedial activities. The following designated area may be provided within the space allocation:

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

It is envisaged that parents and siblings will accompany their children at times.

Functions and activities will include:

- structured and unstructured play activities;
- reading;
- watching television;
- drawing (whiteboards and 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 crutches or in a wheelchair;
- in a playpen; and
- needing therapy or treatment such as oxygen, IV therapy or traction.

Location and Relationships

Access must allow for a bed with orthopaedic fittings.

Direct access to the outside play area (where provided).

Good observation from staff station and general nursing circulation areas required.

Considerations

The following are required:

- natural light;
- bright and cheerful décor;
- 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 hand basin for use before and after meals / snacks.

TREATMENT ROOM

Description and Function

This room will generally be consistent with the standard component. Procedures may include inhalation sedation.

Location and Relationships

Centrally located to bed rooms.

Considerations

The space should be planned to accommodate procedural sedation as staff will move the bed away from the wall and supervise sedation at the bedhead. Staff will still need to move around the foot of the bed.

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 Functional 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 including suitably rated sun shared and other protected undercover area.

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 inpatient area.

RECREATION ROOM

Description and Function

An indoor area where adolescents can use to meet with their peers/ friends, watch TV, listen to music or play games. Requirements include:

- TV;
- docking station for MP3 players;
- other equipment such as an air hockey table or pool table; and
- lounge chairs, beanbags and sofas.

Location and Functional Relationships

Locate near adolescent bed rooms, where designated.

Considerations

Wireless internet will allow adolescents to use their own devices within this area.

QUIET STUDY ROOM

Description and Function

An indoor area used by adolescents to undertake study or other quiet activities.

Considerations

Locate away from noisy rooms but nearby adolescent bed rooms.

Options may include desk space and /or lounge chairs. GPOs and wireless internet will allow adolescents to use hospital provided PCs or their own devices.

It will be possible to use this room for alternate uses when not in use by adolescents (e.g. small meetings).

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. Bed numbers are indicative only.

Where a dedicated unit is not provided, paediatric 'safe' beds may be provided with another service (e.g. maternity unit). This configuration is not depicted in the Schedule of Accommodation below.

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.

ENTRY/ RECEPTION/ WAITING

Where outpatient and inpatient services are collocated, a single reception may be shared. A dedicated reception will not routinely be provided to a stand-alone inpatient unit owing to recurrent cost implications.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
WCAC	Waiting, 10m2	Yes	Share	1 x 10	0	
WAIT-10	Toilet –-Accessible, 6m2	Yes	Share	Share	0	
	Discounted Circulation		32%	32%	32%	

AMBULATORY CARE

Space allocations assume a centralised outpatient services for tertiary children's hospitals.

Refer to HPU155 Ambulatory Care Unit for information relating to outpatient clinic space allocations. An additional 2m2 should be added to consult rooms to accommodate a child and two family members.

Alternatively, assessment/ day stay beds and associated isolation rooms may instead be collocated with other inpatient beds. This will be dependent on critical mass and the most efficient use of nursing staff across the two areas.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
4BR-ST-A	4 Bed Room, 42m2	Yes	1 x 42 (o)	42	0	Assessment/ Day Stay. May be used for short term holding of children and / or for day stay procedures
1BR-ST-A	1 Bed Room, 15m2	Yes		1 x 15 (o)		A standard isolation room to manage conditions such as gastroenteritis or oncology cases. Assumes day-only care
ENS-ST-A1	Ensuite, 5m2	Yes	1 x 5 (o)	2 x 5	0	Include second ensuite if single bedroom is provided.
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	Yes	1 x 12 (o)	1 x 12	0	
BLIN	Bay - Linen	Yes	Shared with IPU	1 x 2	0	
	Staff Base / Clean Utility		1 x 5	1 x 10	0	
	Discounted Circulation		32%	32%	32%	

INPATIENT AREAS

The bed numbers and bed room types are indicative only. Numbers and configuration will be based on service planning and jurisdictional policies. Overnight accommodation is assumed.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
1BR-ST-A	1 Bed Room	Yes	4 x 18	8 x 18	15 x 20	Bed/chair for parent. For management of airborne infections such as chickenpox.
1BR-IS-N	1 Bed Room - Isolation Negative Pressure	Yes	0	1 x 18	1 x 18	Bed/chair for parent. Class N Isolation Rooms
2BR-ST-A	2 Bed Room	Yes	3 x 31	2 x 31	4 x 31	For older children
4BR-ST-A	4 Bed Room	Yes	0	1 x 42	1 x 42	For babies and toddlers. May also be used for high observation at Levels 4 / 5
ENS-ST-A1	Ensuite, 5m2	Yes	4 x 5	12 x 5	22 x 5	
WCPT	Toilet – Patient, 4m2	Yes	0	1 x 4	1 x 4	Assumes each 4 bed room has an ensuite and toilet
ANRM	Anteroom	Yes	0	1 x 6	2 x 6	For Class N Isolation Rooms
BHWS-B	Bay - Handwashing - Type B	Yes	2 x 1	4 x 1	6 x 1	
	Discounted Circulation		32%	32%	32%	

INPATIENT AREAS – CHILD SPECIFIC SPACE

At Levels 2/ 3, Paediatric beds may be provided as part of a Maternity Unit.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
	Play Room		1 x 12 (o)	1 x 35	1 x 60	This room may also be used by Play Therapist
	Discounted Circulation		32%	35%	35%	

INPATIENT AREAS - ADOLESCENT SPECIFIC SPACE

Inclusion of space will be dependent on the profile of ages of children using the service.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
	Recreation Room		1 x 14 (o)	1 x 25 (o)	1 x 35 (o)	Computers, patient entertainment systems, music etc. Optional beverage bay
	Quiet Study Room		1 x 9 (o)	1 x 12 (o)	1 x 15 (o)	
	Discounted Circulation		32%	35%	35%	

CLINICAL SUPPORT AREAS

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
	Bathroom - Paediatric		1 x 16 (o)	1 x 17	1 x 17	Include a baby bath, change table and low-set toilet for toddlers
BLIN	Bay - Linen	Yes	1 x 2	2 x 2	2 x 2	May be enclosed

BRES	Bay - Resuscitation Trolley	Yes	Shared	2 x 1.5	2 x 1.5	Assumes one for infants, one for adolescents. Secure location needed.
PTRY	Pantry	Yes	Shared	1 x 8	1 x 8	This room will also be used to store snacks for children and adolescents.
BMT-4	Bay – Meal Trolley	Yes	Shared	1 x 4	1 x 4	
BMEQ-4	Bay – Mobile Equipment, 4m2	Yes	Shared	1 x 4	2 x 4	
FORM	Formula Room	Yes	1 x 7 (o)	1 x 7 (o)	1 x 7 (o)	May be located in NICU/SCN or Maternity Unit in Level 2/3.
SSTN-14	Staff Station, 14m2	Yes	Shared	1 x 14	1 x 14	
OFF-CLN	Office - Clinical Workroom	Yes	Shared	1 x 12	1 x 15	
STPS-8	Store - Photocopy / Stationery, 8m2	Yes	Shared	1 x 8	1 x 8	May be collocated with offices
CLUR-12	Clean Utility/ Medication Room	Yes	Shared	1 x 12	1 x 14	Includes medication storage
PROC-16	Procedure Room, 16m2		Shared	1 x 16	1 x 16	
DTUR-10	Dirty Utility	Yes	Shared	1 x 10	1 x 12	May need 2 rooms depending on IPU layout
DISP-8	Disposal Room, 8m2	Yes	Shared	1 x 8	1 x 8	
INTF	Interview Room	Yes	Shared	1 x 12	1 x 12	May also be used as a quiet space for breastfeeding
	Therapy / Multipurpose Room		0	1 x 20	1 x 20	
ST-EQ-14	Store - Equipment	Yes	1 x 12	1 x 20	1 x 30	Beds and cots
STEQ-20	Store - Equipment	Yes	Shared	1 x 20	1 x 25	General equipment
STGN-9	Store – General, 9m2	Yes	Shared	1 x 9	1 x 9	Clinical consumables

CLRM-5	Cleaner's Room, 5m2	Yes	Shared	1 x 5	1 x 5	
LNPA-12	Lounge - Parent	Yes	1 x 9 (o)	1 x 12	1 x 18	May include sofa bed
BBEV-OP	Bay – Beverage, Open Plan	Yes	0	1 x 3	1 x 3	Collocate with Parent Lounge
OVES	Overnight Stay - Ensuite	Yes	0	1 x 4	1 x 4	Provided for parents
	Discounted Circulation		32%	35%	35%	

STAFF AREAS

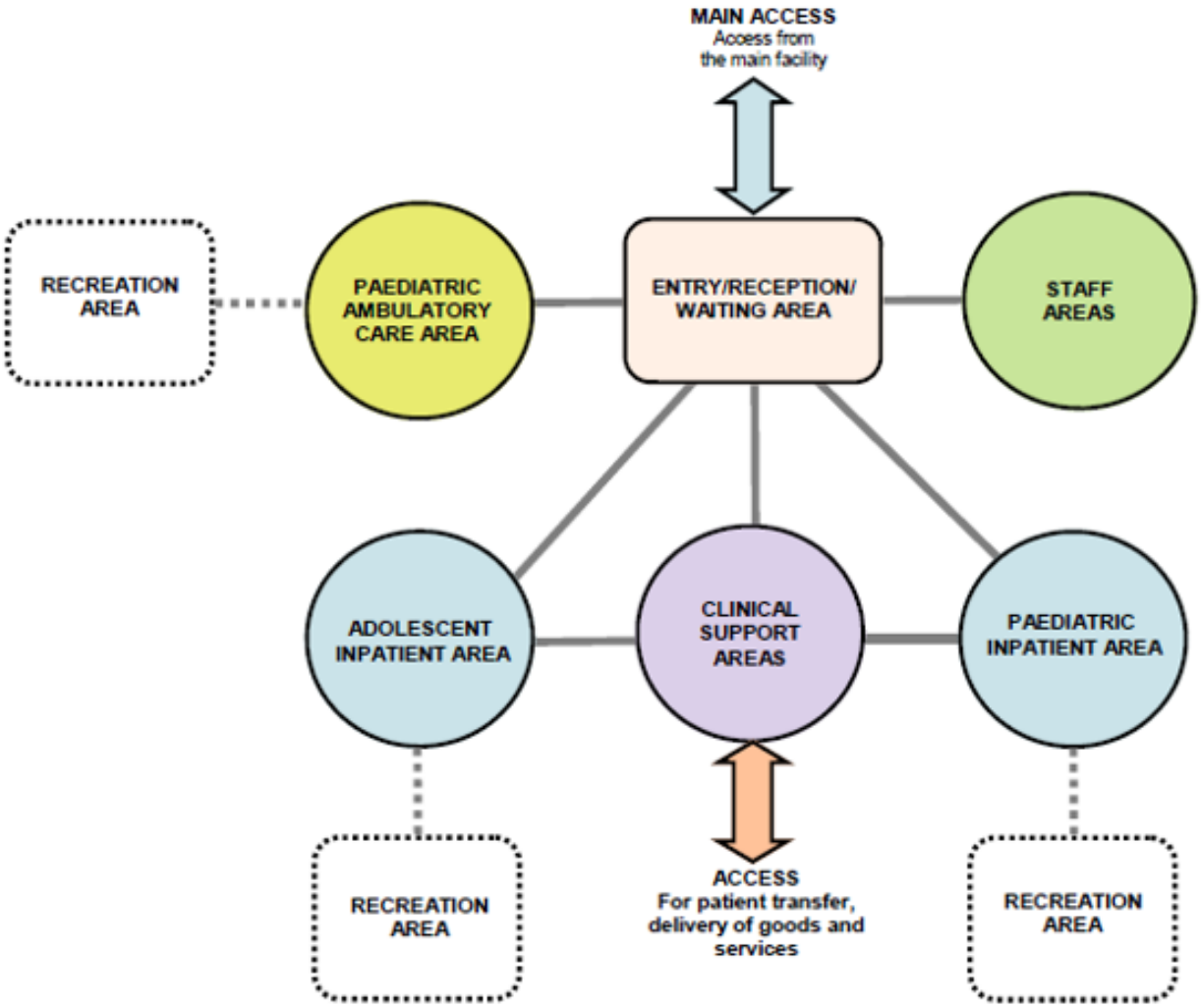
Office space is indicative only. Requirements will be based on jurisdictional office policies and staffing profiles. Where outpatient services are collocated, it is likely that additional clerical support may be needed.

ROOM CODE	ROOM/ SPACE	SC/ SC-D	Qty x m2	Qty x m2	Qty x m2	REMARKS
Level			**2/3**	**4/5**	**6**	
OFF-S12	Office – Single Person, 12m2	Yes		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		1 x 12	1 x 12	
	Office – Workstation-		0	5.5	5.5	No. dependent on local arrangements and office policies. May include education, administration and research staff
MEET-L-15	Meeting Room	Yes	Share	1 x 18	1 x 20	
SRM-15	Staff Room	Yes	Share	1 x 15	1 x 18	
PROP-2	Property Bay - Staff	Yes	Share	1 x 2	1 x 3	
WCST	Toilet – Staff, 3m2	Yes	Share	2 x 3	2 x 3	

SHST	Shower – Staff, 3m2	Yes	Share	1 x 3 (o)	1 x 3 (o)	
	Discounted Circulation		20%	30%	30%	

AX.02 Functional Relationships / Diagrams

A functional relationship diagram is shown below.



AX.03 Checklists

A Security Checklist is contained below. Refer also to Part C of these Guidelines for general requirements.

AX.04 References

- Association or the Wellbeing of Children in Healthcare and Children's Hospitals of Australia, Charter on the Rights of Children and Young People in Healthcare Services in Australia;
- Association for the Wellbeing of Children in Healthcare, Policy Relating to the Provision of Play for Children in Hospital, 2002;
- National Public Health Partnership, Healthy Children – Strengthening Promotion and Prevention Across Australia. National Public Health Strategic Framework for Children 2005 – 2008, 2005;
- Royal Australasian College of Physicians, Association for the Wellbeing of Children in Healthcare and Children's Hospitals of Australasia, Standards for the Care of Children and Adolescents in Health Services, 2008; and
- NSW Health PD2010_033 Children and Adolescents – Safety and Security in Acute Care Settings, June 2010.

FURTHER READING

- NSW Health Guidelines for Networking of Paediatric Services in NSW, 2002
- NSW Health PD2005_157 Emergency Paediatric Referral – Policy, January 2005
- NSW Health PD2010_034 Children and Adolescents – Guidelines for Care in Acute Care Settings, June 2010
- NSW Health PD2010_030 Critical Care Tertiary Referral Networks, June 2010
- NSW Health PD2011_016 Children and Adolescents with Mental Health Problems Requiring Inpatient Care, March 2011

ATTACHMENTS

Attachments

SECURITY ISSUES TO BE CONSIDERED IN PAEDIATRIC AND ADOLESCENT UNIT

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
Entry by all relevant hospital personnel visiting or working within the health service.	CCTV monitoring of inpatient entry and exit doorways After-hours remote switch and intercom installed at entry Use of reed switches on all external doors and entries. Swipe card readers may be required to both sides of internal doors to allow accessed by authorised staff.
SPECIFIC SAFETY AND/OR SECURITY RISKS	**POTENTIAL SOLUTIONS**
Relatives/ visitors	Good visibility from staff stations to patient areas within the inpatient unit Manage relative/ visitor admittance in the area by restricting visiting hours and/or number, of visitors
Furniture fittings and equipment including computers, office and medical equipment	Non-removable 'Asset No.' on all equipment above a predetermined value. Keep equipment in lockable areas
Hospital personnel safety	Staff working in this area to have knowledge of where the fixed duress system is located and/or uses a mobile duress pendant. Design shape of interview rooms and location of desks in such a way that minimises risk to health personnel. Provide storage and store items not in constant use that could be used as weapons. (Operational Policy). Minimise furniture that can be used as a weapon.
Staff personal effects	Provision for lockers in staff areas and lockable desk drawer to keep small personal effects.
Drug storage	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**
How is 'after hours' access provided for patients and parents and how is this access point monitored?	
Do staff have access to both fixed duress systems?	
Is access to patient records restricted to staff entitled to that access?	
Is a system implemented to prevent theft of equipment, files, personal possessions, etc?	
Are drug safes installed in accordance with current regulations?	
How is after-hours access provided for staff?	
How are offices secured during and after hours?	
Is there a lockable storage area available for specialised equipment?	
Is lockable furniture provided for storage of staff personal effects?	
What system has been implemented to prevent the illegal removal of children?	
Are interview rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	
What surveillance/monitoring system will be implemented to monitor access to rooms?	
DESIGN COMMENTARY I NOTES	**DESIGN SIGN-OFF**
	Name:_____ Position:_____ Signature:_____ Date:_____
	Name:_____ Position:_____ Signature:_____ Date:_____
	Name:_____ Position:_____ Signature:_____ Date:_____