Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0540 – Paediatric / Adolescent Unit

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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.

Index

01 INTRODUCTION

1.1 PREAMBLE

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA). This revision has been informed by an extensive consultation process that was completed in 2023.

The document is intended to be used by design teams, project managers and end users to facilitate the process of planning and design.

1.2 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 Paediatric / Adolescent Unit as described in the Schedule of Accommodation, may be used as a 'building block' for major centres. Planning for ambulatory care services may require reference to HPU 155 Ambulatory Care and Community Health.

Paediatric intensive care services are described in HPU 360 Intensive Care Unit.

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

The term 'caregiver' 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 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, Safety and Security
- Part D: Infection Prevention and Control.

1.3 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
- Association for the Wellbeing of Children in Healthcare, Policy Relating to the Provision of Play for Children in Hospital, 2002
- Children's Healthcare Australasia
- Charter on The Rights of Children and Young People in Healthcare Services in Australia
- Charter on The Rights of Tamariki Children & Rangatahi Young People in Healthcare Services in Aotearoa New Zealand
- National Action Plan for the Health of Children and Young People 2020 – 2030.
- Play Applications for Clinical Settings, Lego Foundation and Cambridge PEDAL 2021

1.4 DESCRIPTION

1.4.1 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 17 years. Adolescent and Young Adult Medicine is a growing medical specialty focusing on the health and care of young people aged 10 to 24 years, with some units providing care to young people aged in their mid-twenties.

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 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, more dependent, and require higher levels of nursing care and observation.

There has been increasing recognition of the biopsychosocial needs of children in hospital with health services seeking to provide an environment which, as far as possible, normalises their stay and provides a sense of emotional safety and comfort. Children and young people in hospital have a range of abilities and activity levels and require continuing opportunities for self-directed, therapeutic and peer-to-peer engagement, play, creativity and education.

1.4.2 Needs of the Population

For many children and young people this can be their first time away from home. Sleeping in a different bed, eating different food, being with different people and having strange experiences can be difficult. Every attempt to create a welcoming environment where that young person is made to feel welcomed should be made. Arts and play can be a key part of communicating to a young person that they have arrived at a child-safe place or adolescent friendly environment.

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. Consideration should be given to space for the caregiver to be the primary attendant to the young persons' care across the continuum.

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 for the alternate bed / cot / bassinet options.
- bedrooms should be large enough to accommodate:
    - recreation space for the child
    - space for patient equipment such as hoists or mobility aids
    - storage to accommodate the patient's own equipment such as wheelchairs, slings, strollers, sensory items, arts materias, playpens, and mobile toys
    - space for caregivers to remain with the child regardless of the age of the patient, including space for one caregiver to stay overnight with the child.
- patient ensuite / bathroom facilities do not need to be designated as gender specific as long as they accommodate only one patient at a time
- special belongings such as toys and drawings should be readily accessible and visible from the child's bed
- higher proportion of single bed rooms due to a higher incidence of infectious disease among children

- spaces for young people to feel regulated and safe, often one bed rooms support this requirement
- recreational play and diversional spaces to support the developmental needs of differing age groups, will ideally include access to outdoor areas, WiFi, and storage accommodating arts and crafts materials, books, toys and games
- systems and resources to support the ongoing educational needs of school aged children
- the need for observation of patients by nursing staff is greater, especially of infants and toddlers
- the need for caregiver / patient education and counselling
- a separate procedure room so that painful or stressful procedures do not occur in the young person's bed room
- safe spaces to support the regulation of behavioural issues and children and adolescents at risk of self-harm.

02 PLANNING

2.1 OPERATIONAL MODELS

2.1.1 Model of Care

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

Ideally, services for paediatrics and adolescents will be collocated. Collocation provides the opportunity for integrated paediatric services and support the holistic psychosocial needs of inpatients.

These services may include:

- overnight inpatient beds
- short stay beds for monitoring and observation
- ambulatory care and paediatric specific allied health facilities.

The provision of short stay beds is increasing. This model of care allows patients to be monitored over a 4-12-hour period and then discharged home. Where necessary, the patient may return to the unit for follow up.

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). During the COVID-19 pandemic there was a rapid shift to virtual models of care in Australia and New Zealand with current trends indicating that virtual care models are likely to increase further.

Participation of caregivers as the primary attendant is 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, for diverse abilities'. The positive impacts of participating in arts and creative activities on child development have been identified by the World Health Organisation's 2019 Scoping Review on the Role of the Arts in Improving Health and Well-being, citing improved parent–child relationships, improved verbal and nonverbal communication, reduced stress hormone levels, as well as reduced hyperactivity, aggression, and problem behaviours.

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.

2.1.2 Management of Patients with Mental Health Conditions

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

Adolescents with mental health conditions may be cared for in a Paediatric / Adolescent Inpatient 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 Inpatient Unit, they will be cared for 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.

Some inpatient units may consider a space for regulation such as a de-escalation or sensory room. Sensory rooms may include vinyl artworks featuring calming imagery, or creatively designed, interactive audio-visual and tactile elements. Benchmark sensory rooms can be designed by creative teams with a lived experience of mental health. Simpler strategies can use current technology to enable users to create personalised spaces where they can have (temporary) agency over the sound and light in that space.

Operational responses may include removing equipment from the bedroom, locating the patient in a bed room near the staff station, engaging Child Life / Play / Music therapists or 'specialling'.

2.1.3 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, prevents staff isolation and mitigates increase in recurrent operational costs. Additionally, short stay often has a collocated ambulatory function including acute review clinics and Hospital in the Home (HiTH).

An integrated Paediatric / Adolescent Unit with all services collocated is optimal.

2.1.4 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 PD2022_053 The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities, November 2022.

2.2 OPERATIONAL POLICIES

2.2.1 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 are available in AusHFG Part B: Section 80 General Requirements.

2.2.2 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.

2.2.3 Milk Preparation and 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 milk preparation and storage room. This room may be shared with an adjacent service (e.g. neonatal low dependency care unit).

Dedicated monitored refrigeration may also be required if parents are expressing breast milk. This milk will be stored in a secure room. Local jurisdiction requirements are to be considered if unrestricted whanau / family access to milk fridges / freezers is to be provided.

2.2.4 High Observation Care

Sicker patients or patients waiting for specialist retrieval may be cared for in the High Observation Care rooms within the Paediatric / Adolescent Unit. These rooms must be located within direct line of sight by staff from the staff station or a staff base. 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 / close observation 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
- transfer to a higher acuity area of the hospital such as the Emergency Department or Intensive Care Unit.

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
- telemedicine technology (e.g. Vision for Adolescent Life). This is likely to be a mobile solution in a Paediatric Unit, however, a fixed camera may also be provided for some designated rooms.

Refer to local jurisdictional policy for information on caregiver initiated alarms.

2.2.5 Management of Bariatric 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.

2.2.6 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. Workspace and staff amenities will reflect this profile.

2.2.7 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. In recent times education within the Paediatric / Adolescent Unit is being delivered virtually, with a trend to connect patients with their own schools. Alternatively, recreation spaces may be used flexibly across the day to provide both play and education.

2.3 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.

2.4 FUNCTIONAL AREAS

2.4.1 Functional Zones

Functional zones may include:

- ambulatory care - entry / reception / waiting areas
- ambulatory care – patient care areas
- inpatient areas for both paediatrics and adolescents, including recreation areas and caregiver facilities
- clinical support areas
- staff areas including office space, meeting rooms, and staff amenities.

2.4.2 Ambulatory Care - Entry / Reception / Waiting

Where a critical mass of paediatric / adolescent services is provided, a dedicated reception will provide a wayfinding point and a friendly welcome 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. The art should communicate sense of play, welcome and enable engagement between staff and health consumers.

The inclusion of a Changing Places toilet in the unit may be considered on a project-by-project basis. Consider shared use with publicly accessible amenities.

2.4.3 Ambulatory Care – Patient Care Areas

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

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

2.4.4 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 cared for 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.

If High Observation Care rooms are provided within the Paediatric/ Adolescent Unit, consideration for direct line of sight and ease of access by staff is paramount.

The paediatric Short Stay Unit may be collocated with the Inpatient Unit to avoid children being cared for with adults in Short Stay Units attached to emergency departments, prevent staff isolation and make best use of the staff.

Caregivers 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 caregivers can have some separation yet remain close to their child.

2.4.5 Clinical Support Areas

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

Rooms will be arranged so they are easily accessed by staff and travel distances are minimised. Equipment such as resuscitation trolleys may need to be stored in lockable cupboards or a room so they cannot be accessed by children. Resuscitation trolleys with locking tag systems may be used as an alternative to lockable room / cupboard based on jurisdictional policies.

2.4.6 Staff Areas

These areas will include workspaces, meeting rooms, and amenities. The number of spaces and area allocation will depend on staff profile and local jurisdictional policies.

2.5 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

3.1 ACCESS

3.1.1 External

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

3.1.2 Internal

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

3.2 PARKING

For information relating to staff parking, refer to AusHFG Part C: Design for Access, Mobility, Safety and Security for further information.

3.3 DISASTER PLANNING

Each site and unit will have operational plans and policies detailing the response to a range of emergency situations both internal and external.

For further information, refer to:

- jurisdictional disaster management plans
- AusHFG Part B: Section 80 General Requirements.

3.4 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 will 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.

Refer to:

- AusHFG Part D Infection Control and Prevention
- jurisdictional Infection Prevention & Control (IP&C) guidelines
- AusHFG Pandemic Preparedness – Health Infrastructure Planning & Design Guidance

3.5 ENVIRONMENTAL CONSIDERATIONS

3.5.1 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 patient related areas. This may be achieved by acoustic ceiling tiles, absorbent panels, curtains, upholstered furniture, bedding and the selected use of carpet.

The procedure room will require maximum acoustic containment to prevent the sounds of distressed children reaching other patient care areas. Provision of audio devices and adequate WiFi in recreational and play areas may be considered to enable playing music and facilitation of musical activities to regulate mood and reduce anxiety.

3.5.2 Natural Light

Natural light contributes to a sense of wellbeing for all building occupants including patients, staff, caregivers, and other users. Daylight is required to all bed rooms, recreation spaces, and the family lounge.

3.5.3 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 to feel reassured and safe.

The need for observation and the safety of children must be balanced to ensure the privacy of children and their families. This can be achieved using curtains on windows and other glazed panels, and the use of bed screens.

3.5.4 Interior Decor

Art in Paediatric and Adolescent spaces may be more significant to this user group than many other Hospital environments. The art should be open ended and facilitate conversation between patients, staff and families. Consultation is key to successful outcomes as well as identifying any special conditions that may impact how a space is read by the health consumer.

For further information on creating culturally safe environments through arts integration, refer to:

- AusHFG Arts in Health Framework
- AusHFG Culturally Sensitive Planning and Design

Attention should be given to the needs of visiting siblings who may require temporary distraction.

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 playrooms). 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.

Artwork in procedure and/or treatment rooms should consider the needs of the user group carefully. Digital technologies and/or hospital grade wallpapers that incorporate strong narrative imagery and encourage engagement for longer periods of time e.g., animals, (appropriately licenced) cartoon figures or landscapes with ‘hide and seek’ or ‘spot the difference’ elements may entertain and distract young people from pain, boredom or anxiety.

The decor of areas should be age-appropriate, to ensure young adults are not infantalised and alienated through use of imagery intended for early childhood patients. In patient bedrooms, in particular, are encouraged to have limited imagery, but provision for anti-microbial felt boards for young people (or visitors) to display and express their own creativity, personality, family or friends in pictures, stories, photos etc.

Design teams may consider engaging professional creatives experienced in working with young people – e.g. children’s book illustrator or graphic or visual artist to develop artworks, as well as opportunities for children and adolescents to participate in the creation or design of graphic artworks.

Wall decorations should be at a height visible by children lying supine in bed and some low enough for toddlers to see. Ceiling decoration or sensory walls may also be considered.

Include signs and plaques acknowledging traditional custodians / owners, individuals and/or significant events. Display Aboriginal posters, artwork, maps and event calendars in public areas of the health service. For further information, refer to:

- Australian Commission on Safety and Quality in Health Care, “User Guide for Aboriginal and Torres Strait Islander Health”, 2017. Action 1.33: Creating a welcoming environment.

Refer to AusHFG Part C Design for Access, Mobility, Safety and Security and the AusHFG Arts in Health Framework for further details.

3.6 SPACE STANDARDS AND COMPONENTS

3.6.1 Ergonomics

Design and build the unit to ensure that patients, staff, visitors, and maintenance personnel are not exposed to avoidable risks or injury.

Refer to AusHFG Part C Design for Access, Mobility, Safety and Security for further details.

3.6.2 Human Engineering

Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. Refer to AusHFG Part C Section 04 Human Engineering.

3.6.3 Access and Mobility

The facility must comply with the Commonwealth Disability and Discrimination Act (DDA) and the following standards where applicable:

- Disability (Access to Premises – Buildings) Standards 2010
- National Construction Code
- AS1428 – Design for Access and Mobility (set)
- NZS 4121: Design for access and mobility: Buildings and Associated Facilities.

Refer to AusHFG Part C: Design for Access, Mobility, Safety and Security for further information.

3.6.4 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 03 Amenity, Safety and Design Tolerances for further information.

3.6.5 Doors

Refer to AusHFG Part C Section 03 Amenity, Safety and Design Tolerances for information.

3.7 SAFETY AND SECURITY

3.7.1 Safety

The design of the unit should aim to reduce safety risks while facilitating the natural curiosity of children and supporting their social and emotional wellbeing. 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, and linen bays
- resuscitation trolley
- disposal room
- procedure room
- clean store / medication room
- inpatient unit entry / exits.

In order to prevent injury and improve safety:

- surface finishes, furniture, and glazing must be designed using 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-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
- optimise location of services and fixtures such as power points, medical service panels, call systems, hand hygiene products and door handles for safety of small children
- 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.
- collocate paediatric Short Stay Unit with Inpatient Unit to prevent staff isolation and have readily available staff to assist in emergencies and other urgent situations requiring assistance

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

Collocating paediatric Short Stay with the Inpatient Unit will also prevent staff isolation especially in the event of an emergency.

3.7.2 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.
- high level door latches.

Consider capital, operational and maintenance costs related to implementation of surveillance technologies versus potential security risks. Additional workload for staff should also be considered in the event of repeated false alarms for security measures such as baby / toddler 'tagging'.

3.8 FINISHES

Finishes in this context refer to walls, floors, windows and ceilings. Refer to AusHFG Part C Design for Access, Mobility, Safety and Security and the Standard Components for relevant rooms.

If patients with eating disorders are cared for within the Unit care should be taken regarding use of ceiling tiles as they can be used to hide food.

3.9 FIXTURES, FITTINGS & EQUIPMENT

3.9.1 Door Hardware

Door hardware must be designed so as not to trap small fingers. Consider ‘soft’ or ‘quiet’ door closing hardware.

Refer to AusHFG Part C Design for Access, Mobility, Safety and Security and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information.

3.10 BUILDING SERVICE REQUIREMENTS

3.10.1 Information and Communications Technology

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

Communication systems may include:

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

Consultation with the project ICT manager and the health entity’s ICT services are required to assist with planning IT networks that are enabled to support gaming and streaming services and the patient’s own devices for educational or entertainment purposes.

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

3.10.2 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 included in consult and interview rooms.

04 COMPONENTS OF THE UNIT

4.1 STANDARD COMPONENTS

Rooms / spaces are defined as:

- **Standard Components (SC)** refers to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed.
- **Standard Components Derived (SC-D)** refers to 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** refers to 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 Standard Components | AusHFG (healthfacilityguidelines.com.au)

4.2 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.

4.2.1 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 caregiver.

Patient entertainment will be needed at each bedspace including access to a patient entertainment system.

Considerations

Options for an overnight caregiver 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
- a more permanent solution in a children's hospital (day bed, built-in or pull-down unit).

Should a fold away option be used, storage space will be required. Consider life cycle challenges relating to maintenance of caregiver bed options.This approach to planning will be considered for all 1 bed rooms including isolation and bariatric rooms.

Provision of mental health safe bed room will be determined on a project-by project basis depending on the outcome of risk assessment. For further information refer to 2.1.2 Management of Patients with Mental Health Conditions.

4.2.2 Bathroom - Paediatric

Description and Function

The bathroom should have an 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 should also be provided. A mobile baby bath may also be considered which will also allow for flexibility to bathe the baby / toddler in their adjacent ensuite.

Functions include:

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

Unaccompanied patients will 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

Storage is required for:

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

Effective ventilation is needed.

Some facilities may choose to remove the bathroom depending on their patient cohort and service model. The Australian project team will be required to seek an exemption from the Building Code of Australia (BCA).

The BCA requires one island-type plunge bath on each storey containing an inpatient area. However, if the method of bathing patients in inpatient areas is achieved via means other than the use of an island-type plunge bath, a BCA Performance Solution Report prepared by the project architect may be sought to justify its omission. The Performance Solution Report must address BCA Performance Requirement FP2.1 in consultation with the relevant project stakeholders and must be approved by the BCA certifier during the design stage.

4.2.3 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 areas may be provided within the space allocation:

- dining for small children
- television
- reading / playing board games
- arts and crafts stations with lockable cupboards.

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

Functions and activities may include:

- structured and unstructured play activities
- reading
- watching television
- drawing (whiteboards and paper)

- board games
- meals, snacks, drinks for patients
- remedial therapy activities
- education.

The patients may be:

- ambulant / crawling
- in bed / cot / bassinet
- in a stroller / pram
- on crutches or in a wheelchair
- in a playpen
- 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 is required to the outside play area (where provided).

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

Considerations

The following are required:

- natural light
- bright and cheerful décor, preferably including artwork, stories or other creative content created by patients or their siblings
- acoustic absorption
- means of restricted window opening for natural ventilation when required.

Corridor walls and doors should be glazed to allow for observation of patients. Glazing may incorporate elements of artwork or visual motifs to create partial screening and a friendly, cheerful environment for patients, providing distraction from feeling of being observed.

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 and education material
- stackable chairs in several sizes
- high chairs
- tricycles
- playpen (fold-away)
- strollers and prams
- computers
- arts and craft materials.

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.

Include some toys and other play accessories that are representative of local culture e.g. 'people' toys representative of Aboriginal culture, children's books showing Aboriginal cultural backgrounds in typical family situations, play accessories and early learning resources reflective of local tangata whenua community stories and cultural heritage.

4.2.4 Procedure Room - Paediatrics

Description and Function

The procedure room will be used for carrying out procedures away from the patient bedside to ensure that the bedroom continues to be perceived as a safe space. 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.

The design of the space should:

- be child friendly. This may be through the use of artwork.
- have access to patient entertainment and diversional activities
- have closed cupboard storage. Where possible, clinical equipment should be stored in an adjacent space.

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

Options could include:

- virtual skylights and windows
- scanner skins
- wall and floor wraps
- ambient and mood lighting
- VR and AR technology
- music
- projections.

Refer to the AusHFG Arts in Health Infrastructure Framework for further guidance on early arts integration:

AHIA, 2022, AusHFG Resources, Arts in Health Framework

4.2.5 Play Room - External

Description and Function

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

Functions and activities include:

- structured and unstructured play activities
- remedial therapy activities

- 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
- those who have difficulty in walking.

Requires protection from extreme weather conditions including suitably rated sun shade 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 from the inpatient area.

4.2.6 Recreation Room

Description and Function

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

Requirements include:

- TV
- Bluetooth speaker
- other equipment such as an air hockey table or pool table
- 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. Consultation with project and health entity's ICT resources is recommended to discuss how patient's own devices can access wireless services.

Adolescent recreation spaces should seek to incorporate interior décor and artwork that is empowering to the adolescent age group, as distinct from children and infants.

Refer to section 3.5.4 for further information regarding arts integration.

4.2.7 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. General Power Outlets (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).

4.2.8 Milk Preparation and Storage

Description and Function

The Milk Preparation / Storage Room provides storage of EBM and formula including bench space to make up formula and associated storage. Access to refrigerated / frozen storage of EBM must be secure with consideration given to local jurisdictional policies relating to the safe management of breast milk.

This is usually a staff only area and should be a lockable room.

Requirements include:

- refrigerators (with temperature monitoring and alarms)
- freezers (with temperature monitoring and alarms)
- bench space for preparation
- a sink to dispose of unused milk products
- a hand wash basin, Type B
- storage of formula, breast pumps, and associated consumables.

Location and Functional Relationship

Centrally located to bedrooms.

Considerations

All feeds must be clearly labelled and identifiable.

Local operational practices should be confirmed regarding sterilisation and reprocessing requirements relating to the usage of single use items for breast pump accessories and bottles.

4.2.9 Family Lounge

Description and Function

The family lounge provides caregivers and/or other family members the opportunity to have a break from the clinical environment and engage and interact with other families. The room will also be used to rest, prepare food and eat meals away from the clinical area.

Location and Functional Relationship

Located in the family area.

Considerations

The family lounge needs to include or be adjacent to a beverage bay for the preparation of meals and beverages.

Access to a children’s play area and toilets & showers is also essential.

A laundry, if provided, should be easily accessible from the family lounge.

Access to natural light / an external outlook is highly desirable.

Refer to section 3.5.4 for further information regarding arts integration.

05 APPENDICES

5.1 SCHEDULE OF ACCOMMODATION

A Generic Schedule of Accommodation for a Paediatric and Adolescent Unit is provided in the following tables assuming the below scenarios.

- Scenario 1: 6 bed inpatient unit and collocated Ambulatory Care Services incorporating 2 outpatient consult rooms. Clinical support areas are shared with an adjacent unit.
- Scenario 2: 12 bed inpatient unit and collocated Ambulatory Care Services incorporating 5 outpatient (consult and interview) rooms and 2 medical day spaces.
- Scenario 3: 24 bed inpatient unit and collocated Ambulatory Care Services incorporating 7 outpatient (consult and interview) rooms and 4 medical day spaces.

Bed numbers and bed type mix 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.

AMBULATORY CARE - ENTRY / RECEPTION / WAITING

Where outpatient and inpatient services are collocated, a single reception may be shared. A dedicated reception will not routinely be provided for an inpatient unit without a collocated Ambulatory Care service based on typical resourcing arrangements.

Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Scenario 3		Remarks
			2 Rooms		5 Rooms + 2 Medical Day Spaces		7 Rooms + 4 Medical Day Spaces		
			Qty	m2	Qty	m2	Qty	m2	
RECL-10	Reception	Yes	Shared with IPU		1	10 (o)	1	10 (o)	Optional. Where ambulatory and inpatient services are collocated, a single reception may be provided. A dedicated reception will not routinely be provided to a stand-alone inpatient unit owing to recurrent cost implications.
WAIT-10	Waiting	Yes	Shared with IPU		1	10	1	15	Area recommendation is indicative in size and is dependant on the size of the ambulatory care service. 1.2m2 recommended per seat, 1.5m2 per wheelchair space.
PLAY	Play Area - Paediatric	Yes			1	8	1	10	
WCAC	Toilet - Accessible	Yes	Shared		1	6 (o)	1	6 (o)	Optional. To be included if not located nearby.
WCPU	Toilet - Public	Yes	Shared		1	3 (o)	1	3 (o)	Optional. To be included if not located nearby. Number of toilets to align with BCA requirement.
PAR	Parenting Room	Yes	Shared		1	9 (o)	1	9 (o)	Optional. To be included if one not located nearby.
	Discounted Circulation		32%		32%		32%		Note: circulation allowance will vary depending on the scale and complexity of the service.

AMBULATORY CARE – PATIENT CARE AREAS

Refer to HPU 155 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 / Space	SC / SC-D	Scenario 1		Scenario 2		Scenario 3		Remarks
			2 Rooms		5 Rooms + 2 Medical Day Spaces		7 Rooms + 4 Medical Day Spaces		
			Qty	m2	Qty	m2	Qty	m2	
PBTR-H-9	Patient Bay - Holding	Yes			1	9	3	9	Assessment/ Day Stay. May be used for short term holding of children and / or for day stay procedures.
	1 Bed Room - Holding				1	15 (o)	1	15	Similar to PBTR-H-9 but enclosed and includes a handwash basin. Optional for scenario 2. A standard isolation room to manage conditions such as gastroenteritis or oncology cases. Assumes day-only care.
ENS-ST-A1 ENS-ST-A2 ENS-ST-A3 ENS-ST-B ENS-ST-C	Ensuite - Inboard	Yes			1*	5	2	5	* In Scenario 2, if the optional 1 Bed Room is adopted, add a second ensuite. May be provided as alternative ensuite arrangement ENS-ST-A1, ENS-ST-A2, ENS-ST-A3, ENS-ST-B or ENS-ST-C.
CONS	Consult Room	Yes	1	14 (o)	3	14	5	14	Optional size for scenario 1. Larger size to accommodate prams and siblings. Number of rooms will be dependent on anticipated occasions of service. For larger units consider a mix of universal (17m2) and standard (14m2) consult rooms.
CONS-UN	Consult room - Universal Access	Yes	1	17 (o)	1	17	1	17	Optional size for scenario 1. Number of rooms will be dependent on anticipated occasions of service. For larger units consider a mix of universal and standard consult rooms.
INTV	Interview Room	Yes			1	12 (o)	1	12 (o)	Optional
BLIN	Bay - Linen	Yes	Shared		1	2	1	2	Typically enclosed in Paediatric Units.
BMEQ	Bay - Mobile Equipment	Yes					1	4	
BHWS-B	Bay - Handwashing, Type B	Yes			1	1	1	1	
DTUR-S	Dirty Utility, Sub	Yes	Shared		1	8 (o)*	1	8	Optional for scenario 2. Size of Dirty Utility is dependent on the scope of services provided in the Ambulatory Care unit. *May be shared with adjacent inpatient unit.
SSTN-10	Staff Station	Yes			1	10 (o)*	1	10	Optional for scenario 2. * for smaller units may be shared with adjacent inpatient unit.
CLN-10	Clean Store	Yes			1	5 (o)*	1	10	Optional for scenario 2. For storage of consumables used in the Ambulatory Care unit. * for smaller units may be shared with adjacent inpatient unit.
	Discounted Circulation		32%		32%		32%		Note: circulation allowance will vary depending on the scale and complexity of the service.

INPATIENT AREAS

The bed numbers and bed room types / percentage of single bedrooms are indicative only. Numbers and configuration will be based on service planning, the anticipated patient cohort and local jurisdictional policies. Overnight accommodation is assumed.

Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Scenario 3		Remarks
			6 beds		12 beds		24 beds		
			Qty	m2	Qty	m2	Qty	m2	
1BR-ST-A1 1BR-ST-A2 1BR-ST-A3 1BR-ST-B1 1BR-ST-B2 1BR-ST-B3 1BR-ST-D	1 Bed Room	Yes	3	18	7	18	15	18	Bed / chair for parent. Provision for a 20m2 maybe required to accommodate additional equipment or additional staff / services for children presenting with mental health conditions. If using an 8,400mm structural grid refer to 1BR-ST-A2,1BR-ST-A3 (both with inboard ensuite), 1BR-ST-B2 or 1BR-ST-B3 (both with outboard ensuite) or 1BR-ST-D (back to back ensuite). For 1 Bed Rooms on a 7,800mm structural grid, refer to 1BR-ST-A1 or 1BR-ST-B1.
1BR-IS-N1 1BR-IS-N2	1 Bed Room - Isolation Negative Pressure	Yes	1	18	1	18	1	18	Bed/chair for parent. Class N Isolation Rooms
ANRM	Anteroom	Yes	1	6	1	6	1	6	For Class N Isolation Rooms
2BR-ST-A1 2BR-ST-A2	2 Bed Room	Yes	1	31	2	31	4	31	For older children
ENS-ST-A1 ENS-ST-A2 ENS-ST-A3 ENS-ST-B ENS-ST-C	Ensuite	Yes	4	5	9	5	19	5	May be provided as alternative ensuite arrangement ENS-ST-A1, ENS-ST-A2, ENS-ST-A3, ENS-ST-B or ENS-ST-C.
ENS-ACC	Ensuite - Accessible	Yes	1	7	1	7	1	7	Consideration of the patient cohort is required regarding the number of accessible ensuites required.
BHWS-B	Bay - Handwashing - Type B	Yes	1	1	2	1	4	1	
	Discounted Circulation		32%		35%		38%		Note: circulation allowance will vary depending on the scale and complexity of the service.

INPATIENT AREAS – CHILD SPECIFIC SPACE

In a 6 bed and 12 bed scenarios, Paediatric beds may be provided as part of a Maternity Unit or managed in other ways such as Special Care Nursery and Paediatrics being managed together. If Paediatric beds are managed together with another unit, support spaces maybe shared between the two units depending on operational and jurisdictional policies.

Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Scenario 3		Remarks
			6 beds		12 beds		24 beds		
			Qty	m2	Qty	m2	Qty	m2	
	Play Room		1	12 (o)	1	20	1	35	This room may also be used by Play Therapist. Consider opportunity to share with adjacent unit. Room size dependent on patient cohorts.
	Discounted Circulation		32%		35%		38%		

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	Scenario 1		Scenario 2		Scenario 3		Remarks
			6 beds		12 beds		24 beds		
			Qty	m2	Qty	m2	Qty	m2	
	Recreation Room		1	14 (o)	1	25 (o)	1	35 (o)	Computers, patient entertainment systems, music etc. Optional beverage bay.
	Quiet Study Room		1	9 (o)	1	12 (o)	1	15 (o)	
	Discounted Circulation		32%		35%		38%		Note: circulation allowance will vary depending on the scale and complexity of the service.

CLINICAL SUPPORT AREAS

Room Code	Room / Space	SC / SC-D	Scenario 1		Scenario 2		Scenario 3		Remarks
			6 beds		12 beds		24 beds		
			Qty	m2	Qty	m2	Qty	m2	
	Bathroom - Paediatric		1	16 (o)	1	16	1	16	Include a baby bath, change table and low-set toilet for toddlers.
BLIN	Bay - Linen	Yes	1	2	1*	2	2	2	Typically enclosed in Paediatric Units. For scenario 2, assumes 2 linen bays in total with 1 bay in collocated Ambulatory Care.
BRES	Bay - Resuscitation Trolley	Yes	Shared		2	1.5	2	1.5	Assumes one bay for resuscitation trolley and one bay for infant resuscitation & warming device. Lockable resuscitation trolley preferred. Secure location needed.
BPTS	Bay - Pneumatic Tube Station	Yes	Shared		1	1	1	1	
PTRY	Pantry	Yes	Shared		1	8	1	8	This room will also be used to store snacks for children and adolescents.
BMT-4	Bay – Meal Trolley	Yes	Shared		1	4	1	4	
BMEQ	Bay – Mobile Equipment	Yes	Shared		1	4	2	4	For storage of items including workstation on wheels, teleconferencing equipment and observation machines.
	Milk Preparation & Storage		Shared		1	6 (o)	1	10	May be located in Maternity Unit in scenario 1. Includes storage of powdered formula, refrigerated ready-made formula and secure refrigerated storage for EBM. Assumes single use items for breast pump accessories and bottles. Refer to 4.2.8 for further information.
SSTN-14	Staff Station	Yes	Shared		1	14	2*	12	May be provided as one larger staff station.
OFF-CLN	Office - Clinical Workroom	Yes	Shared		1	12	1	15	
BMFD-3	Bay - Multifunction Device	Yes	Shared		1	3	1	7	May be collocated with offices.
CLN-10	Clean Store	Yes	Shared		1	8	1	10	May be provided as a combined Clean Store / Medication Room based on local jurisdictional policies.
MED-14	Medication Room	Yes	Shared		1	12	1	14	May be provided as a combined Clean Store / Medication Room based on local jurisdictional policies. Larger room may be required for scenario 3 depending on staff numbers.
PROC	Procedure Room - Paediatrics	Yes	Shared		1	16	1	20	Procedure Room is used for carrying out procedures away from the patient bedside. For further information refer to notes in 4.2.4. Larger size Procedure Room may be required depending on types of procedures.
DTUR-12 DTUR-14	Dirty Utility	Yes	Shared		1	12	1	14	May need 2 rooms depending on IPU layout.
DISP-10	Disposal Room	Yes	Shared		1	10	1	10	Disposal Room may be shared with adjacent unit. Size will be dependent on local waste management policies.
INTV	Interview Room	Yes	Shared		1	12	1	12	May also be used as a quiet space for breastfeeding.
	Therapy / Multipurpose Room				1	20	1	20	
STEQ-20	Store - Equipment	Yes	Shared		1	20	1	30	For storage of items such as strollers, highchairs, breast pumps and other general & medical equipment.
STEQ-20	Store - Equipment	Yes	1	12	1	20	1	20	Includes storage for beds and cots
STGN	Store - General	Yes	Shared		1	9	1	9	Clinical Consumables
CLRM-5	Cleaner's Room	Yes	Shared		1	5	1	5	May be shared with adjacent unit in 12 and 24 bed scenarios.
	Family Lounge	Yes	1	10 (o)	1	16	1	22	May include sofa bed. Space for caregiver to relax and eat meals away from the bedside. Room size dependent on patient
BBEV-OP	Bay - Beverage, Open Plan	Yes			1	4	1	4	Collocate with Family Lounge.
OVES	Overnight Stay - Ensuite	Yes			1	5	1	5	Provided for caregivers.
LAUN-PT	Laundry	Yes			1	6 (o)	1	6 (o)	Optional. For use by caregivers if cohorts include longer term patients.
	Discounted Circulation		32%		35%		38%		Note: circulation allowance will vary depending on the scale and complexity of the service.

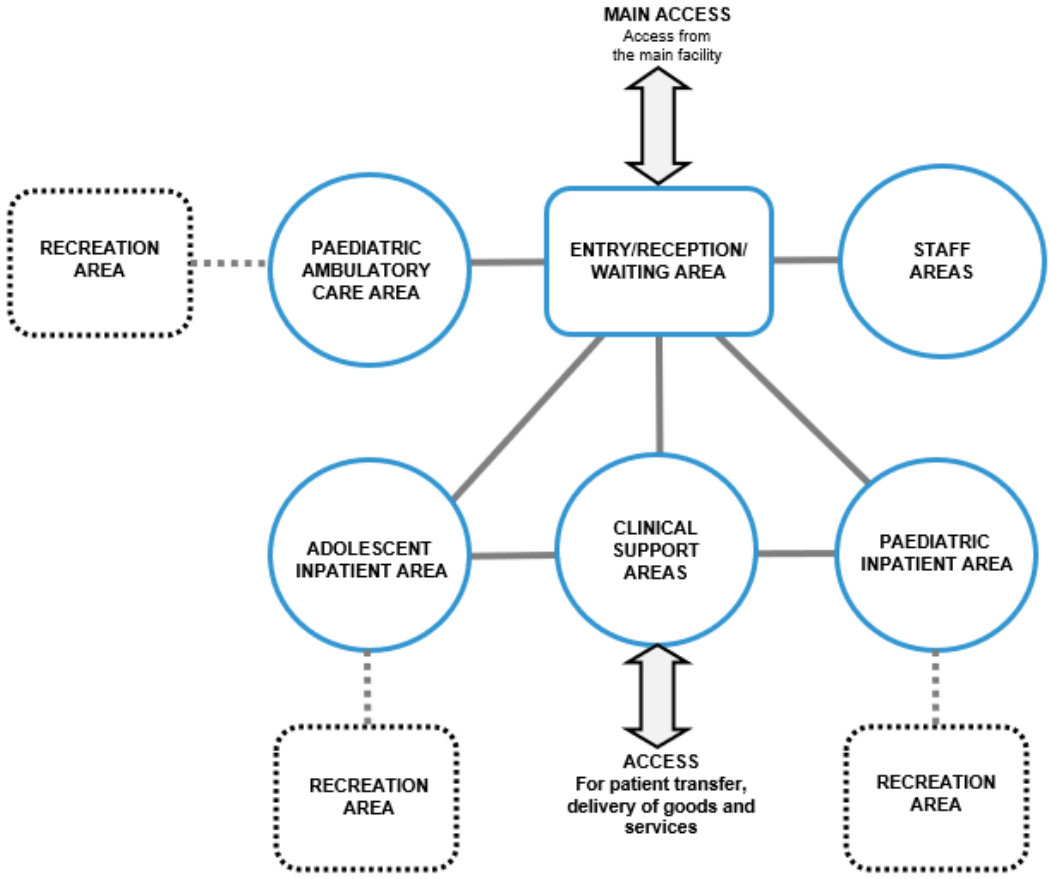
STAFF AREAS

Workspace is indicative only. Requirements will be based on jurisdictional 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	Scenario 1		Scenario 2		Scenario 3		Remarks
			6 beds		12 beds		24 beds		
			Qty	m2	Qty	m2	Qty	m2	
OFF-1P-12	Office - 1 Person, 12m2	Yes				12		12	
OFF-1P-9	Office - 1 Person, 9m2	Yes		9		9		9	Number and area allocation will depend on staff profile and local jurisdictional policies.
OFF-2P	Office - 2 Person	Yes				12		12	
OFF-WS	Office - Workstation	Yes		4.5		4.5		4.5	
MEET-20	Meeting Room	Yes	Shared		1	18	1	20	
SRM-15	Staff Room	Yes	Shared		1	15	1	18	Number and area allocation will depend on staff profile and local jurisdictional policies.
BPROP	Bay - Property, Staff	Yes	Shared		1	2	1	3	Number and area allocation will depend on staff profile and local jurisdictional policies.
WCST	Toilet - Staff	Yes	Shared		2	3	2	3	Number and area allocation will depend on staff profile and local jurisdictional policies.
SHST	Shower - Staff	Yes	Shared		1	3 (o)	1	3 (o)	Optional
	Discounted Circulation		25%		25%		25%		Note: circulation allowance will vary depending on the scale and complexity of the service.

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS

A functional relationship diagram is shown below:



5.3 REFERENCES

- AHIA, 2016, AusHFG Part A: Introduction and Instructions for Use
- AHIA, 2016, AusHFG Part B: Section 80 - General Requirements
- AHIA, 2016, AusHFG Part B: Section 90 - Standard Components
- AHIA, 2018, AusHFG Part C: Design for Access, Mobility, Safety and Security
- AHIA, 2018, AusHFG Part C: Section 04 - Human Engineering
- AHIA, 2018, AusHFG Part C: Section 06 - Security
- AHIA, 2016, AusHFG Part D: Infection Prevention and Control
- AHIA, 2020, HPU 155 Ambulatory Care and Community Health.
- AHIA, 2019, HPU 360 Intensive Care Unit
- AHIA, 2019, HPU 300 Emergency Unit.
- 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
- NSW Health PD2022_053 The Safety and Wellbeing of Children in NSW Acute Health Facilities, November 2022

5.4 FURTHER READING

- 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
- National Safety and Quality Health Service Standards, User Guide for Acute and Community Health Service Organisations that Provide Care for Children, 2018
- NSW Health PD2005_157 Emergency Paediatric Referral – Policy, January 2005
- NSW Health PD2022_042 Same Gender Accommodation – Policy, September 2022
- NSW Health PD2022_053 The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities – Policy, November 2022
- NSW Health Guide to understanding inpatient mental health admissions for children and adolescents, December 2022
- Accessing inpatient mental health care for children and adolescents: A framework, December 2022
- AHIA, 2022, AusHFG Resources, Arts in Health Framework
- AHIA, 2018, AusHFG Resources, Culturally Sensitive Planning and Design

- AHIA, 2023, HPU 430 Front of House Unit
- Australian Commission on Safety and Quality in Health Care, “User Guide for Aboriginal and Torres Strait Islander Health”, 2017. Action 1.33: Creating a welcoming environment.

06 ATTACHMENTS

6.1 SAFETY AND SECURITY

Security issues to be considered in a 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 • Provide video and/or intercom to entry for after-hours access. • Provide controlled access such as swipe cards
SPECIFIC SAFETY AND/OR SECURITY RISKS	**POTENTIAL SOLUTIONS**
Relatives / visitors	• Good visibility from staff stations to patient areas within the inpatient unit • Manage visitor admittance in the area by restricting visiting hours and/or number of visitors.
Furniture, fittings, and equipment	• Implementation of an asset tracking system • Keep equipment in a lockable area.
Staff safety	• Staff working in this area to have knowledge of where the fixed duress buttons are located and/or use a mobile duress pendant • Design shape of interview rooms and location of desks in such a way that minimises risk to staff • 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 to keep small personal effects.
Drug storage	• Drug safe located within clean store / medication room, accessible only 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 how is this access point monitored?	
Do staff have access to both fixed and mobile 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 staff only areas secured during and after hours?	
Are there lockable storage areas 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 of storage for equipment, etc.?	
Has a CCTV system been considered to monitor access to rooms?	