Part B – Health Facility Briefing & Design
115 Inpatient Unit - Long Term Care (LTC)

iHFG

International Health Facility Guidelines

Version 6, November 2022

Table of Contents

115 Inpatient Unit - Long Term Care (LTC)

1 Introduction

The prime function of the Long Term Care Unit (LTC) is to provide appropriate accommodation and continues care and treatment for inpatients whose stay is expected to be extended.

The LTC may also be referred to as “Slow Stream Rehabilitation”. A form of Long Term Care for ventilated patients is also referred to as Long Term Ventilated or LTV.

Patients requiring Long Term Care may include medical, surgical or rehabilitation patients who are not independent enough to return home and as well as palliative care patients. Long Term Care units provide the following services:

- Accommodation-related services including meals, cleaning and laundry
- Personal care services such as daily living activities
- Rehabilitation and Allied Health services
- Medical and therapy services as required health services

Services provided within the Unit may include Occupational Therapy, Physiotherapy, Psychology, Speech Pathology, and Social Work in conjunction with general medical treatment, depending on the Service Plan.

Extended care stay period will depend on the facility's Service Plan and patient condition. However, “extended care” typically refers to a stay beyond the average length of stay in an acute Inpatient Unit or acute Rehabilitation Unit setting (which may be 2 to 4 days). Most LTC facilities cater for patients staying between 2 weeks to several years.

The LTC must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff. Patients requiring long-term care may include a wide range of ages, although the majority may be an older persons.

2 Functional and Planning Considerations

Operational Models

The LTC Unit will operate on a 24-hour basis. The delivery of clinical care and personal care services will be dependent on the Scope of Services and Operational Policy, including the patient mix, number of beds and the Models of Care to be adopted.

Models of Care

The Model of Care will reflect the range and acuity of patients.

The focus of care is on maintaining the patient’s autonomy within their recognized abilities and functions. Self care and self management is promoted, with clinical care and continuous therapy as needed.

A multidisciplinary assessment and goal-setting process is usually employed, including treatment, medical and surgical intervention, and assistance with Activities of Daily Living (ADL). This is to maximise the patient's independence, function and chances for wholistic improvement.

A typical Model of Care involves arrangements for patient transfers from other Hospitals’ acute settings to a more appropriate LTC setting, Typically patients may stay in a Hospital environment during their acute treatment period, including any acute Rehabilitation. Then, under a contractual agreement, they may be transferred to an LTC facility for the long term care.

LTC may include patients who are very similar to those of Rehabilitation Inpatient Unit but for a much longer period of stay. Another point of differentiation with a typical Rehabilitation Inpatient Unit is that LTC can also accommodate patients who may not have a significant chance of recovery due to their age or condition or a particular type of disability.

Levels *of Care*

The levels of care will range from ongoing rehabilitation nursing with specialist care, either a progression to intermediate care and partial self-care prior to discharge or transfer to other facilities.

The LTC Unit also caters for patients who may never fully recover or improve, with compromised bodily functions such as breathing, eating, etc. This may include “End of Life” care for severely disabled patients.

3 Unit Planning Models

Within the context of the broader health system, the LTC Unit may be provided as a standalone facility within a community or part of a larger facility.

Here are the typical permutations:

- A Unit of a Hospital (General or Specialised or Rehabilitation Hospital)
- A Unit of a Nursing Home
- A stand-alone facility

This FPU only describes the Unit’s requirements. If LTC is provided as a stand-alone facility, it will require all other supporting facilities similar to a Hospital, at a minimum RDL3.

The catchment population and scope of services of the LTC will determine its size and relationships with other hospitals.

The recommend manageable size of the Unit is 25 beds. But no more than 30 plus/minus 2 (similar to IPU). Considering the type of patients admitted to an LTC, it should include a minimum of 20% single bedrooms, although a higher percentage will be preferred. Shared rooms, if any can only accommodate up to 2 beds.

Functional Areas

The LTC Unit will consist of a number of functional areas as listed below:

- Entrance/ Reception which may be shared with adjoining Units
  - Reception
  - Waiting Areas
  - Consult/ Examination Room/s
- Patient/ Activities/ Therapy Areas
  - Patient Bedrooms and Ensuites
  - Dining Area which could also be used for therapy activities
  - Pantry/ Servery, co-located with Dining facilities
  - Lounge and Activities areas with access to outdoor areas
  - Gymnasium, (optional)
  - Activity Daily Living (ADL) rooms such as ADL Bathroom, Kitchen (optional)
  - Treatment Room
  - Patient Laundry
  - Stores for patient belongings, activity materials, linen
  - Sitting alcoves along corridors for patients to rest

  These will be dependent on the Service Plan and customised for the patient conditions being treated.
- Clinical Support Areas
  - Cleaner’s Room
  - Clean Utilities/ Medication Room
  - Dirty Utilities
  - Disposal Room
  - Staff Station
  - Stores for equipment, consumable stock, files, stationery and patient property
- Staff Areas

- Offices for administration, management and clinical staff
- Staff Handover room which may be collocated with the Staff Station
- Meeting Room/s
- Staff Room
- Staff Toilets, Shower and Lockers

The above areas are briefly described below.

Entrance/ Reception

Patients, family, and visitors have direct access to the Facility through the Entrance. It should be easily enabled access and transfer from a private or patient transport vehicle with weather protection sufficient to provide shelter for a minibus.

There should be provision for an intercom and CCTV that is viewable between the Entrance and the Reception and Staff Station. The Entry should include gender-separated waiting areas for visitors either outside or inside the Unit.

A Consult/ Examination Room at the entry allows medical, nursing, allied health, and support staff to interview patients, relatives or carers and examine patients as necessary.

Patient Areas

Patient areas will include:

Bedrooms

Two types of patient bedrooms should be provided in a LTC Unit. For non-ventilated patients requiring long term medical care or those going through long term rehabilitation, regular bedrooms similar to those in a standard inpatient unit will be sufficient. For ventilated patients, bedrooms should be set up similar to a high dependency patient room with ceiling mounted pendants. A 50:50 split of these two types of patients bedrooms are recommended but the final configuration is subject to the facility's services plan.

Patient bedrooms could be single or maximum double occupancy; the ratio of these types will vary based on the scope of services plan. However no less than 20% of beds should be provided in a single inpatient bedrooms. A higher percentage is preferred. Double occupancy is best suited for long-term ventilated patients or LTV.

Just as in any Inpatient Unit a minimum of 1 negative pressure isolation room is required for up to 30 beds (or part thereof) or 2 per 60 (co-located).

Given the long stay nature, regular patient rooms should be equipped and fitted out to enable functionality of an 'at home' space, including opportunities for patients to personalise space such as a notice board and display shelves. An external outlook is necessary from each room.

Ensuites/ Toilets

Each Bedroom is to have access to an Ensuite including a toilet, shower and hand basin. Ensuites shall provide sufficient space for the manoeuvring of a wheelchair and various types of mobility devices. Considerations must be made to enable assistance aids to be fitted permanently or according to patient needs including transfer benches, commodes, grab rails and shower stools.

For facilities which cater for patients, who are permanently bed-ridden, the minimum provision of ensuites is 2 per 25 beds, and 1 in each isolation room. For other patient types, the minimum provision is 1 per bedroom.

Toilets must also be located throughout the Facility near communal areas and close to outdoor spaces. General toilets may have doors which slide for ease of use by patients and prevention of obstruction in either direction, in or out of the toilet.

Dining Area and Servery/ Kitchen

Patients who are not permanently bed-ridden will generally be encouraged to have meals in a common Dining Area. The room Dining Room should be sized to accommodate all patients. Tables should be height adjustable and movable to accommodate for patients in wheelchairs and using other mobility aids.

A Servery/ Kitchen should be located adjacent to the Dining Area for serving of meals. A beverage bay accessible to patients should be collocated to the meal service area. Hand washing and toilet facilities must be located near the entry/ exit point of the Dining Area. Wall and floor surfaces of the Dining Area and Servery/ Kitchen should be impervious and easy to clean.

The Dining Area may be used for other activities when not in use for meals, such as painting or craft work.

Lounge/ Activity Areas

Lounge and Activity Areas may be located adjacent to Dining Areas to provide a larger space when required. At least two separate social spaces are required, one for quiet activities and one for noisier recreational activities. Activity Rooms may be provided as multi-function spaces for flexible use. Access to the external areas from these Rooms is desirable, as well as floor to ceiling windows and doors to facilitate the transition. Activity Areas should have hard impervious, easy to clean flooring.

Lounge Areas may have carpeted flooring for comfort and to assist with noise dispersion. Lounge Areas should be fitted and equipped to enable a range of indoor and relaxing activities, including a television set, music player, bookshelves, storage for indoor card and board games.

Depending on cultural preferences and operational policies separate lounges may be provided for Male and Female patients.

Multifunction Activities Rooms

Separate social spaces shall be provided for quiet and noisy activities. Activities Rooms may be provided as multi-function spaces for flexibility of use including arts and craft activities, music and TV areas. Access to an external area for use in all types of weather from at least one Activities Room is desirable. The spaces involving wet activities shall include:

- Handwashing
- Workbenches/ Tables (movable)
- Storage and Displays
- Bench and sink

Gymnasium

The Gymnasium is a space for patients to undertake indoor exercise activities or ongoing rehabilitation therapy under staff supervision. The room may include a range of exercise equipment, suitable for the therapy needs of the patients.

Courtyard/ Garden Areas

External Courtyard, secure Terrace and Garden Areas for long-term patients are recommended, for both mental and physical health. External Areas should provide covered space for shade and patient use in inclement weather. Secure storage for activities equipment and access to toilet facilities near the Courtyard/ Garden Areas should be considered.

Garden beds may be elevated to a suitable height for patients and be surrounded by comfortable and adequate seating to enable close enjoyment and increased functionality.

Staff Station

Staff Station should be located with direct visual supervision of the bedrooms for patients who are long-term ventilated (LTV). Alternatively, write-up stations, located directly outside LTV patient rooms are also acceptable. One nurse per two patient rooms (either single or double occupancy) should be provided as in the case of HDU.

For standard bedrooms for non-LTV patients, visibility down the inpatient corridors is required.

The Staff Station should also have good visibility of common areas (Activity, Lounge, Dining, Gymnasium (etc.) of other Long-Term Care (LTC) patients. Patient information should be secured, and records may be electronic. View to the courtyards and gardens should be provided either directly or via the Lounge or Dining areas.

Clinical Support Areas

Support Areas include:

- Cleaner's Room
- Clean and Dirty Utilities
- Disposal Room
- Medication Room
- Storage for linen, consumable supplies, equipment for activities, daily living aids, files, patient property stationery, and a resuscitation trolley

Staff Areas

Staff Areas will consist of:

- Offices and workstations for the Unit manager and senior personnel required for administrative as well as clinical functions
- Staff Room
- Staff Station and handover room
- Toilets, Shower and Lockers

Access to workstations for support staff, visiting medical and allied health staff should be considered in an area discreet from the Staff Station.

4 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

External Relationships

The LTC Unit has close links to other support units or clinical units as follows:

- Mandatory Service Units including Inpatient Pharmacy, Catering, Linen Service, Waste Management and Administration.
- Optional Rehabilitation Unit services including Physiotherapy, Occupational Therapy, Hydrotherapy and Allied Health Services
- Optional diagnostic facilities such as Medical Imaging
- Optional Day Surgery/ Procedures Unit for minor procedures
- Optional clinical Laboratory (or may be outsourced)

Internal Relationships

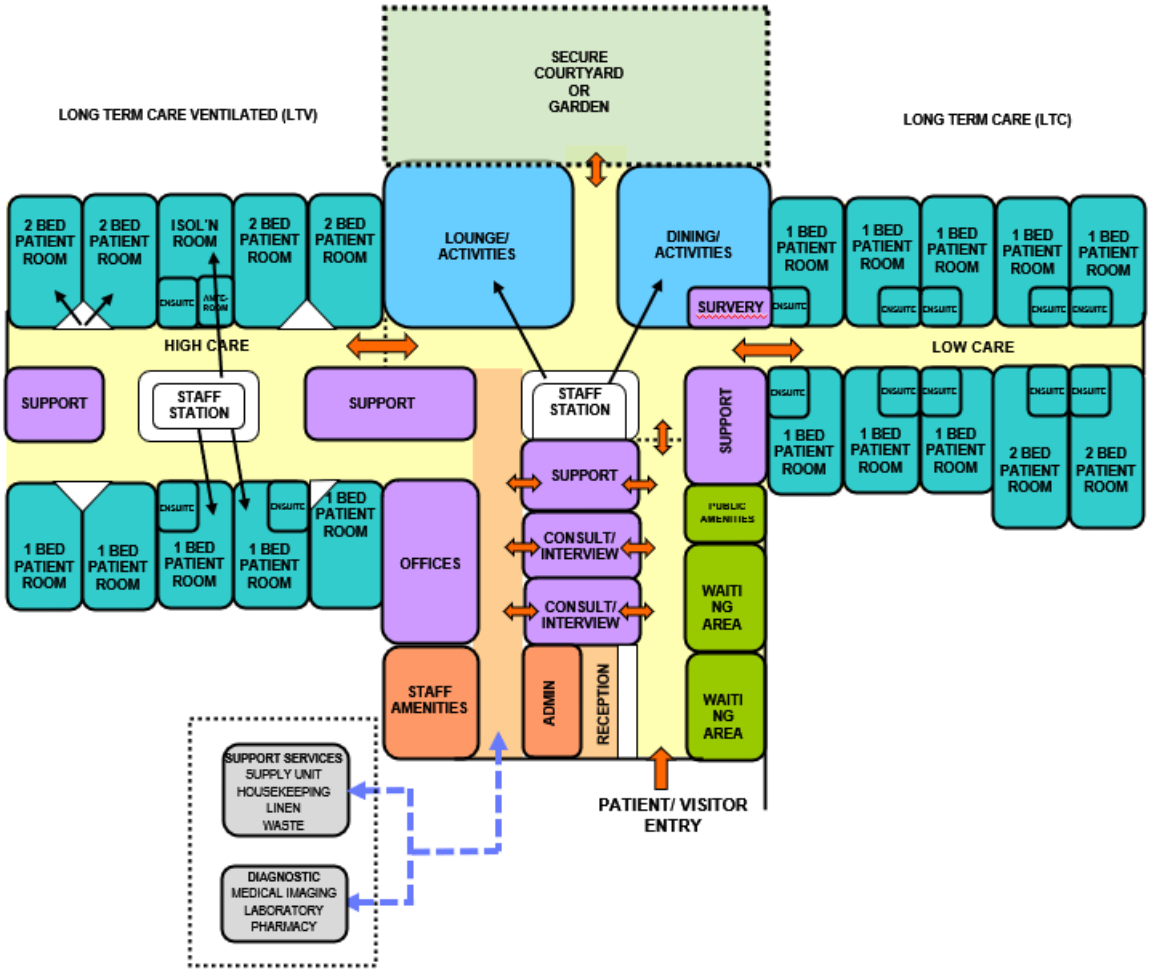
Optimum internal relationships include:

- Reception at the entrance with Waiting areas and access to Consult rooms
- Patient occupied areas on the perimeter with 100% access to windows
- Dining, Lounge and Activities located on one edge, preferably against a Courtyard or Garden
- The Staff Station and support areas with good observation of patient bedrooms and activity areas
- Utility and storage areas with ready access to both patient and staff work areas
- Staff Offices and amenities located away from patient areas
- Public Areas should be on the outer edge of the Unit

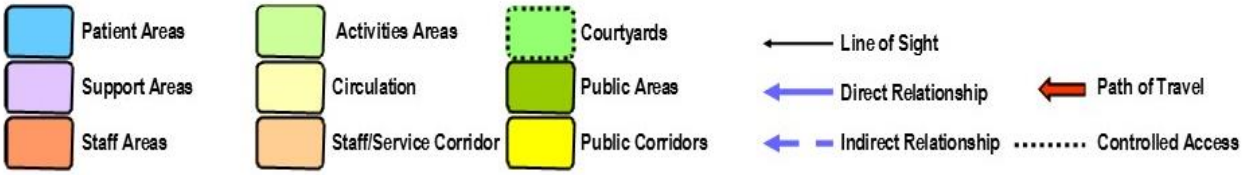
Functional Relationship Diagram

These relationships between the various components within the Long-term Care Unit are best described by the Functional Relationships Diagram below.

Long Term Care Unit



LEGEND



5 Design Considerations

The design philosophy of the LTC Unit should convey a friendly and inviting environment and should encourage community members to participate in the care of the patients, if possible. At the same time a safe environment needs to be promoted without compromise. Building design must be flexible and adaptable to enable the Unit to cater for varying client and service needs.

The design of the LTC should reflect the Scope of Services and Operational Policy of the Facility, considering the levels and types of care to be provided. For example some facilities may be optimised for very old and frail patients whilst others may be optimised for particular disabilities for young or old patients.

The design of the Unit and external spaces should be domestic in nature rather than formal or clinical. The LTC Unit will need to provide enough space for recreation and treatment of patients. The design should:

- Create a therapeutic environment for patients which provide privacy, opportunities for recreation and self-expression
- Provide for patient activities both indoors and outdoors
- Provide staff with opportunities to discreetly monitor and observe patients
- Provide a safe and secure environment for patients and staff including a minimum number of entry points and non-intrusive safety provisions
- Provide clear directional signage around the facility both internally and externally

Environmental Considerations

Acoustics

The LTCU should be designed to minimise the ambient noise level within the Unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms.

Acoustic treatment will be required to the following:

- Patient Bedrooms
- Interview and Meeting rooms
- Lounge/ Dining and Activities rooms
- Therapy and treatment rooms
- Staff rooms
- Toilets and showers

Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. A window in patient rooms is required. Natural light must be available in all bedrooms and is desirable in other patient areas such as Lounge/ Activity rooms. An open and pleasant outlook, preferably to a landscaped area is highly desirable.

Rooms may be organised to face internal courtyards (open to the sky). However, care should be taken to prevent privacy issues (also see below).

Privacy

The design of the LTC Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations will offer varying degrees of visibility and privacy and will be dependent on the patient acuity.

Each bed shall be provided with bed screens to ensure privacy of patients undergoing treatment in both private and shared inpatient rooms. Refer to the Standard Components for examples.

Other factors for consideration include:

- Use of windows in internal walls and/ or doors, provision of privacy blinds
- Location of sanitary facilities to provide privacy for patients while not preventing observation by staff
- Location of external courtyards or atriums facing bedroom windows to prevent others from looking into the bedrooms
- The location of doors to avoid patient exposure in Consult Rooms
- Discreet discussion spaces and non-public access to medical records

Space Standards and Components

In new facilities, maximum room capacity shall be two patients per room.

Bed Spacing/ Clearances

The room sizes specified in these Guidelines are minimums and do not exclude the usage of larger rooms when necessary.

Standard components for fittings, furniture, mechanical and electrical services, and nurse call systems, as well as the clearances that they imply, must be met by all patient beds.

In single bedrooms there shall be a clearance of 1200 mm available at one side and the foot of each bed and a minimum of 900mm clear on one side to allow for easy movement of equipment and beds. In multiple-bed rooms such as 2 bedded rooms, the minimum distance between beds shall be 2900 mm between centrelines of beds and 1200 mm at the foot of each bed.

Accessibility

All Waiting Areas, Meeting Rooms, Consult/ Examination and patient areas shall accommodate patients and visitors in a wheelchair.

The provision of at least one fully accessible Patient Bedroom with Ensuite in the general unit should be considered. Accessible bedrooms and Ensuites should enable normal activity for wheelchair dependant patients, as opposed to patients who are in a wheelchair because of their hospitalisation.

Doors

Door openings to inpatient bedrooms shall have a minimum of 1350mm clear opening (1400mm recommended) to allow for easy movement of beds and equipment.

Ergonomics / OH&S

Ergonomic and Occupational Safety and Health (OSH) requirements must be considered in the design process and the selection of fittings and equipment in the Facility to ensure optimal operation of the LTCU and the health and safety of the staff, patients and visitors. Patients of the Unit are likely to have assisted care requirements with a high demand on staff and mobility equipment.

Safety and Security

The LTCU must provide a safe and secure environment for patients, employees, and visitors while remaining a non-threatening and supportive atmosphere to recovery. Long-term patients may require access to lockable storage for personal belongings as well as a lockable room for property.

The facility, furniture, fixtures, and equipment must be designed and constructed in a such a way that all users of the facility are not exposed to avoidable risk of injury.

Due to the rising occurrence of violence and theft in health care facilities, security issues are important.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications.

The perimeter of the Unit should be secured, and consideration given to electronic access. Zones within the Unit may need to be lockable when not in use. After-hours access control requires consideration if areas are used by the public for classes, e.g. Gyms. Internally within the Unit all offices require lockable doors and all Storerooms for files, records and equipment should be lockable.

Drug Storage

Drugs prescribed at the hospital must not be stored in the patient bedrooms. Each Inpatient Accommodation Unit shall have a dedicated lockable storage room with restricted staff access. This room could either be a Clean Utility room incorporating medication storage or in a stand-alone Medication Room.

In both scenarios, the room must contain:

- Benches and shelving
- Lockable cupboards for the manual storage of restricted substances or provision of an automated Medication Management Systems
- A lockable steel cabinet for the storage of drugs of addiction
- A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area
- Controlled access by staff only with CCTV surveillance camera/s
- Space for a medication trolley

Note: Storage for dangerous and controlled drugs must be in accordance with the relevant legislation and not stored in a patient bedroom.

Finishes

Finishes including fabrics, floors, walls, and ceilings should be non-institutional as far as possible and promote a relaxing atmosphere. Surface finishes should be impact resistant and easily cleaned. It is essential that floor finishes are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

The following factors should be considered when selecting finishes:

- Purpose of rooms
- Aesthetic appearance
- Acoustic properties
- Durability
- Ease of cleaning and infection control
- Fire safety
- Movement of equipment

In areas where clinical observation is critical such as bedrooms and treatment areas, lighting and colour selected must not impede the accurate assessment of skin tones.

Walls to be painted with lead free paint and wall protection shall be provided where bed and trolley movement occurs such as corridors, patients bedrooms, equipment and linen storage, and treatment areas.

Refer also to Part C of these Guidelines.

Fittings, Fixtures & Equipment

The height of light switches should comply with accessibility codes. Handrails on both sides of corridors are recommended.

Refer also to Part C – Access, Mobility and OH&S of these Guidelines.

Curtain/ Blinds

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime. Similar to bed screens, window curtains shall be fireproof, waterproof and be cleaned often.

Compliance with the MOH for the required level of fire resistance should be ensured.

If blinds are preferred over curtains, the following applies:

- Vertical or roller blinds are better alternatives than horizontal blinds as horizontal blinds have more surfaces for collecting dust
- Horizontal blinds can be fitted within a double-glazed window assembly with a knob control on the one side (commonly the bedroom side) or with a dual control (both sides) depending on the location of the window (this option is preferrable in rooms used for isolation)

Building Services Requirements

This section only identifies unit specific services briefing requirements and must be read in conjunction with Part E - Engineering Services for a complete list of applicable parameters and standards.

Information and Communication Technology (ICT)

Unit design should address the following Information Technology/ Communications issues:

- Health Information System (HIS)
- Electronic Health Records (EHR)
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies, and X-rays/ Records if physical copies are still being used
- Data and communication outlets, servers and communication room requirements
- Wi-Fi availability for staff, patients and/or visitors

Staff Call

Hospitals must provide an electronic call system that allows patients and staff to alert nurses and other allied healthcare in a discreet manner at all times. Patient calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the call priority. The Nurse Call system may also use mobile paging systems or SMS to notify staff of a call.

Patient Entertainment Systems

Patients may be provided with entertainment/ communications systems according to the Operational Policy of the facility including television, bedside telephone and internet (Wi-Fi) access. A single patient handset may combine the entertainment system, Staff Call System and lighting control all in one.

Pneumatic Tube Systems

The Inpatient Unit may include a pneumatic tube station, as determined by the facility's operational policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision. When required, a second PTS station may be provided within the medication storage area.

Hydraulics

Warm water and cold-water supply to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Temperature of warm water should be maintained at 38 ^{o}C and not exceeding 43 ^{o}C.

Sinks in Staff Areas may be provided with hot and cold-water services.

Refer to Part E – Engineering Services in these Guidelines.

Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with adjustable temperature and humidity in all Therapy Areas, Bedrooms, Consult and Interview/ Meeting Rooms for patient and staff comfort.

All HVAC requirements are to comply with services identified in Standard Components and Part E – Engineering Services.

Medical Gases

Medical gas is used for administration to a patient in anaesthesia, therapy, diagnosis, or resuscitation.

Medical gases shall be installed, readily available and dedicate for each patient and they must not be shared between two patients even in a shared inpatient room.

Oxygen, medical air and suction must be provided to all inpatient beds. For patients requiring high dependency care, medical gases provision should be in accordance with the Standard Component for High Dependency Room/ Bay in these Guidelines.

Medical gases will be provided for each bed according to the quantities noted in the Standard Components - Room Data Sheets.

Infection Control

Hand Basins

Handwashing facilities shall be provided in Therapy areas, Gymnasiums, Consult/Examination Rooms and located conveniently inside the patient Bedrooms. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room, as specified by the Standard Components. Where a handbasin is provided, there shall also be antiseptic liquid soap, disposable paper towels and waste bins provided.

Handwashing facilities shall not impact on minimum clear corridor widths.

At least one Handwashing Bay is to be conveniently accessible to the Staff Station.

Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Control in these Guidelines.

Hand Basins in patient bedrooms are provided for the exclusive use by staff for infection control considerations. Hand basins are available in the ensuites for patients and their visitors which shall not be used by Staff.

Antiseptic Hand Sanitisers

Antiseptic Hand Sanitisers should be located so they are readily available for use at points of care, at the end of patient examination couches and in high traffic areas. The placement of

antiseptic hand sanitisers should be consistent and reliable throughout facilities.

Antiseptic Hand Sanitisers are always welcome and useful, but they shall be provided in addition to Hand Wash Bays and not as a substitute.

Antiseptic Hand Sanitisers are to comply with Part D - Infection Control, in these Guidelines.

6 Standard Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements).
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/ Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Long-term Care Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

Non-Standard Components

Non-standard rooms are those which have not yet been standardised within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Bay - Pneumatic Tube

The Bay - Pneumatic Tube should be located at the Staff Station/s under the direct supervision of staff for urgent arrivals. The location should not be accessible by external staff or visitors.

Requirements include:

- The bay should not impede access within staff station areas
- Racks should be provided for pneumatic tube canisters
- Wall protection should be installed to prevent wall damage from canisters

Occupational Therapy Room/s

The Occupational Therapy Rooms are large rooms or workshops for a range of activities including table based, arts, crafts, and woodworking. The Occupational Therapy rooms may be located adjacent to rehabilitation therapy areas, with ready access to waiting and amenities areas.

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height
- Hand-washing basin with liquid soap and paper towel fittings
- Pin board and whiteboard for displays
- Sufficient power outlets for equipment or tools to be used in activity areas

Sitting Alcove

The sitting alcove is a small recess along the corridor for the patient to rest quietly and for staff to conduct informal discussions. The Sitting Alcove should consider and include the following:

- Seating suitable with bariatric capacity
- Readily accessible Nurse Call system
- Suitably reinforced heavy-duty grab rail

Appropriate depth to ensure Sitting Alcove does not encroach on corridor space.

7 Schedule of Equipment & Furniture

The Schedule of Equipment and Furniture below lists the major equipment required for the key rooms in this FPU.

Room/ Space	Standard Room Code	Item Description	Qty	Remarks
1 Bed Room	1br-st-18-i	Air flowmeter	1	
		Bed: inpatient, electric	1	with mattress
		Locker: bedside	1	
		Oxygen flowmeter	1	
		Suction adapter	1	with bracket & suction bottle
		Table: overbed	1	
1 Bed Room - Isolation	1br-is-p-28-i 1br-is-n-28-i	Air flowmeter	1	
		Bed: inpatient, electric	1	with mattress
		Infusion pump: single channel	1	optional
		Locker: bedside	1	
		Oxygen flowmeter	1	
		Suction adapter	1	with bracket & suction bottle
		Table: overbed	1	
1 Bed Room - Large	1br-lg-28-i	Air flowmeter	1	
		Bed: inpatient, electric	1	with mattress
		Locker: bedside	1	
		Oxygen flowmeter	1	
		Suction adapter	1	with bracket & suction bottle
		Table: overbed	1	

8 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities such as the total number of beds and Treatment areas. Therefore, the SOA provided represents a limited sample based on an assumed unit size. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The table below demonstrates the SOA for a 25 bed Long-term Care Unit for role delineations (RDL) 3 to 6 including typical rehabilitation and communal living areas.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

Long Term Care Unit with 25 Beds

In the sample SOA below, provision of Long-Term Care (LTC) beds to Long Term Care, ventilated (LTV), beds is based on a 50/50 split with a minimum of 20% single bed rooms. Qty and mix of LTC and LTV beds, single and double occupancy are subject to the Service Plan of the facility.

ROOM/ SPACE	Standard Component	RDL 3 - 6			Remarks
	Room Codes	Qty x m^2			
Unit Size		25 Beds			
Entrance/ Reception					
Entry Lobby/Airlock	airle-10-i	1	x	10	Required for a stand-alone Unit
Reception/ Clerical	recl-10-i	1	x	10	
Waiting (Male/ Female)	wait-10-i	2	x	10	Separate Male and Female
Meeting Room - Small	meet-9-i similar	1	x	10	Interviews with family
Toilet - Public	wcpu-3-i	2	x	3	Separate Male and Female
Toilet - Accessible	wcac-i	1	x	6	
Consult/ Exam Room	cons-i	1	x	14	Required for a stand-alone Unit
Patient/ Activities/ Therapy Areas					
1 Bed Room - Standard	1br-st-18-i	13	x	18	Mix and number depend on service demand. Standard up to but not including HDU level
1 Bed Room - Large	1br-lg-28-i	1	x	28	May be used for special needs patients
2 Bed Room	2br-st-28-i	2	x	28	Mix and number depend on service demand
1 Bed Room -HDU	1br-icu-25-i	6	x	25	Optional
Ensuite - Standard	ens-st-i or ens-st-c-i	21	x	5	Directly accessible from each 1 Bed & 2 Bed rooms
1 Bed Room - Isolation - Negative Pressure	1br-isn-18-i	1	x	18	Class N rooms are mandatory according to the ratios nominated in this FPU. Minimum size is 18m2. Any isolation room may be combined with the mandatory Bariatric room to form and Isolation Bariatric room at 28m2 (1br-isn-28-i).
Anteroom	anrm-i	1	x	6	
Ensuite - Super	ens-sp-i	2	x	6	For 1 Bed Room - Large. Special fittings required for bariatrics
Reporting Station	sstn-5-i	3	x	5	Reporting stations should be at a ratio of 1 per 2 HDU beds
ADL Kitchen	adlk-enc-i	1	x	12	Optional
ADL Bathroom	adlb-i	1	x	12	Optional
Dining / Activities Room	dinr-i similar	1	x	50	Based on 2m2 per patient

ROOM/ SPACE	Standard Component	RDL 3 - 6			Remarks
	Room Codes	Qty x m^2			
Unit Size		25 Beds			
Pantry/ Servery	ptry-i similar	1	x	15	With serving counter
Gymnasium/ Multi-purpose Room	gyah-45-i	1	x	45	Optional, Size to suit service
Laundry - Patient	laun-pt-i	1	x	6	Depending on Service Plan and Patient types. Not required for HDU level patients
Lounge - Activities	lnac-30-i similar	1	x	50	Depending on Service Plan and Patient types. Not required for HDU level patients
Multi-function Activities Room	mac-20-i	1	x	20	Quiet activities
Occupational Therapy Room	NS	1	x	20	Optional
Sitting Alcove	NS	3		2	Optional, locate along Corridors
Toilet - Patient	wcpt-i	1	x	4	Optional; locate adjacent to communal areas
Bathroom - Assisted	bath-i	1	x	16	
Treatment Room	trmt-14-i	1	x	14	Optional, Provide according to service demand
Support Areas					
Bay - Beverage, Enclosed	bbev-enc-i	1	x	5	
Bay - Handwashing, Type B	bhws-b-i	4	x	1	1 per 4 beds; 1 at entry, 1 near staff station; Refer to Part D
Bay - PPE	bppe-i	1	x	1.5	In addition to those required for isolation rooms. Refer to Part D - Infection Control
Bay - Linen	blin-i	2	x	2	Quantity and location to suit each facility
Bay - Meal Trolley	bmeq-4-i similar	1	x	4	Optional; depends on catering/ operational policies
Bay - Mobile Equipment	bmeq-4-i or bmeqe-4-i	1	x	4	Quantity, size dependent on equipment to be stored; opened or enclosed bay
Bay - Resuscitation Trolley	bres-i	1	x	1.5	
Bay - Pneumatic Tube	NS	1	x	1	Optional, Locate at Staff Station or under staff supervision
Clean Utility	clur-12-i similar	1	x	12	May be Interconnected with Medication Room
Medication Room	medr-10-i	1	x	10	May be Interconnected with Clean Utility
Clean Utility / Medication	clum-14-i	1	x	14	Optional if Clean Utility and Medication Room provided.
Dirty Utility	dtur-14-i	1	x	14	2 may be required to minimise travel distances
Disposal Room	disp-8-i	1	x	8	
Store - Equipment	steq-20-i	1	x	20	Size dependent on equipment to be stored
Store - General	stgn-14-i similar	1	x	14	Size as per service demand and operational policies

ROOM/ SPACE	Standard Component	RDL 3 - 6			Remarks
	Room Codes	Qty x m^2			
Unit Size		**25 Beds**			
Store – Patient Property	stpp-i	1	x	8	
Cleaner's Room	clrm-6-i	1	x	6	Includes storage for dry goods
Staff Areas					
Staff Station	sstn-14-i	1	x	14	May include ward clerk; size dependant on qty of staff
Office - Clinical / Handover	off-cln-i	1	x	15	May be collocated with Staff Station
Office - Single Person	off-s9-i	2	x	9	Unit Manager and clinical personnel as needed
Office – 2 Person, Shared	off-2p-i	2	x	12	Medical, Nursing, Allied Health, as needed
Store – Photocopy/Stationery	stps-8-i	1	x	8	
Store – Files	stfs-10-i	1	x	10	May be combined with Photocopy/ stationery
Meeting Room - Medium / Large	meet-l-15-i similar	1	x	15	Meetings, Tutorials; shared between 2 units
Staff Lounge (Male/ Female)	srm-15-i	2	x	15	Includes food preparation area
Property Bay - Staff	prop-3-i similar	2	x	2	Separated for male and female. Number of lockers depends on staff complement per shift
Toilet - Staff	wcst-i	2	x	3	Separate Male and Female
Sub Total		**963**			
Circulation %		**35**			
Total Areas		**1300.05**			

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.
- Class N Isolation rooms are subject to Clinical Services Plan or demand and it is recommended one Class N Isolation room is provided per every 25 beds.

9 References and Further Reading

In addition to Sections referenced in this FPU, i.e., Part C- Access, Mobility, OH&S, Part D - Infection Control, and Part E - Engineering Services, readers may find the following helpful:

- The Remedial model of care for older people: http://www. nursingtimes. net/a-new-model-of-care-for-the-older-person/5042747. article 2014
- Guidelines for Design and Construction of Residential Health, Care and Support Facilities; The Facility Guidelines Institute, 2018 Edition; refer to website: www.fgiguidelines.org