

Part B – Health Facility Briefing & Design
205 Mobile Healthcare Unit



*i*HFG

International Health Facility Guidelines

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205 Mobile Healthcare Unit

1 Introduction

Description

A mobile unit may be described as any mobile, transportable or re-locatable structure intended to provide shared medical services to the community on a permanent or temporary basis. Mobile units are usually pre-manufactured and equipped with services and transported to the desired location for operation. The size of the units is restricted by transportation guidelines and therefore usually low occupancy facilities. A mobile unit does not necessarily have to be on wheels as long as it can be de-mounted and transported easily.

2 Planning

Planning Models

- Mobile units generally cater to low occurrence services that may complement services already being provided by a hospital facility. It may also be a service that requires expensive capital investment and thus shared by a community, locality or region. The types of services provided by a mobile unit may depend on the level of services being provided at the main hospital or facility. Some examples of Mobile units are:
- Mobile Hospital/ Dispensary
- Mobile Imaging unit
- Mobile Breast Screening unit

Operational Policies

Operational policies will largely depend on the Operational policies adapted by the related departments or the main hospital facility that the mobile unit is affiliated to. It is important that staff working in the mobile unit have input in its working.

Functional Relationships

Location and Access

Access to and from the unit should be given proper consideration so as to take into account staff and patients. The location of the unit should preferably be in close proximity to its related department or its patient base. Proper consideration needs to be given with respect to turning radius, manoeuvrability of the unit, parking, delivery and service access to the mobile unit.

The unit has to be located on a solid and levelled surface to prevent instability of the structure when in use. Access to the unit should be located where it does not interfere with emergency exits of an adjacent building unless the exits are specifically permitted to serve both buildings.

For mobile MRI units, gauss fields of various strengths generated by the equipment shall be considered; both for the environmental and interference effects. Radio frequency interference shall be considered when planning a site. MRI mobile units shall consider providing adequate access for cryogen-servicing of the magnet.

The location of the Mobile Unit should comply with relevant local environmental laws and regulations.

Parking and Drop-Off Zones

Sites shall provide hazard-free drop-off zones and adequate parking for patients. Wheelchair and stretcher access should be provided.

Functional Areas

Entrance/ Reception

Protection from the elements during transport to and from the mobile unit shall be provided. This can be achieved by providing permanent or temporary patient/ staff walkways. The entrance to the unit is to be well-lit and well sign-posted.

Waiting Areas

The facility shall provide waiting space for patient privacy as close to the unit docking area as possible. The facility shall provide patient/staff toilets as close to the unit docking area as possible.

Clinical Areas

The clinical areas should have easy access to the relevant departments and other critical resources required to provide the services. The internal planning of the unit should provide patient and staff direct access to services located in the mobile unit. Patient access should adhere to disability, privacy and safety guidelines. Adequate hand wash basins should be provided according to infection control guidelines.

3 Design

Environmental Considerations

Mobile units should adhere to relevant local environment laws and regulations as may apply. Natural light may be desirable in patient areas depending on the type of services being provided. Exhaust from mobile units should be directed away from patient areas.

Space Standards and Components

Stairs and landings to and from mobile units should comply with local construction codes. Ramps are required for handicapped access and should comply with Disability guidelines. Depending on the planning of the unit, handrails should be provided for patient safety and comfort.

Construction Standards

The design and construction of mobile units will be according to the applicable construction codes and subject to approval and testing by the relevant authority. The mobile unit will adhere to all patient/ staff safety regulations relating to fire safety, Occupation health and safety and radiation protection.

Safety and Security

Fire Protection

Manual fire extinguishers shall be provided in accordance Life safety codes. Fire detection, alarm, and communications capabilities shall be installed and connected to facility central alarm system on all new units in accordance with relevant Life safety codes.

Finishes

Interior finish materials should be fire retardant or non-combustible. Colours can be used to enhance patient experience. Refer to Part C of these guidelines for restrictions on use of specific colours for specific services.

Building Services Requirements

Electrical & Heating Ventilation Air Conditioning

Main switchboards and panels should be located in accessible location for maintenance but away from high traffic areas. They should be located in dry ventilated areas free from explosive flames and corrosive elements. Receptacles should be water proof if they are located externally and should be sufficient for various tasks to be performed. Air-conditioning, heating, ventilating, ductwork, shall be installed in accordance with local construction codes.

Telecommunication and Information Systems

Locations for terminating telecommunications and information system devices shall be located within easy access to authorized personnel. Special air conditioning and voltage regulation shall be provided when recommended by the manufacturer.

Lighting

Consideration shall be given to the special needs of the elderly. Excessive contrast in lighting levels that makes effective sight adaptation difficult shall be minimized. Approaches to buildings and parking lots and all occupied spaces shall have lighting fixtures that can be illuminated as necessary.

4 Components of the Unit

The components of the Unit will be dependent on the type of mobile services to be provided.

5 Schedule of Accommodation – Mobile Unit

The Schedule of Accommodation for Mobile Unit will be determined by the type of mobile services to be provided. In general, the areas will include:

- Entrance, Reception & Waiting
- Clinical Areas which may include Procedure Room, Treatment Room, Imaging Room, Handwashing/ Scrub Stations, Patient Bays and Recovery Area
- Support Areas which may include Staff Station, Clean Utility/ Drugs Store, Sterile Store, Equipment/ General Store, Disposal Room, Change Rooms (Patient & Staff), Toilets (Patient & Staff) and Staff Areas

6 References and Further Reading

- The Facility Guidelines Institute (US), 2010 Edition. Guidelines for Design and Construction of Health Care Facilities) refer to website www.fgiguideines.org



The International Health Facility Guidelines recommends the use of HFBS “Health Facility Briefing System” to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

HFBS Health Facility Briefing System



Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

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