Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0133 - Psychiatric Emergency Care Centre PECC

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01 INTRODUCTION

01.01 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 during 2016 which included clinical experts and consumers.

This document is intended to support the planning and design process for the design team, project managers and end users.

01.02 Introduction

This Health Planning Unit has been developed as a resource to assist project teams in the planning and design of a Psychiatric Emergency Care Centre (PECC).

Psychiatric Emergency Care Centres are located with acute hospitals and are a component of broader mental health emergency services that includes community mental health teams, emergency department mental health clinicians, consultation liaison psychiatry services and on-site mental health teams.

PECC is a model commonly used in NSW but other jurisdictions have similar services such as Psychiatric Assessment and Planning Unit (PAPU) and Mental Health Assessment Units (MHAU). While the operational arrangements of these services may differ, this HPU can be used as a starting point for planning and design.

This document should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

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

A 'patient' will be referred to as the 'consumer' in this document as this reflects the terminology used within a mental health context.

01.03 Policy Framework

Prior to undertaking a project, planners and project staff should familiarise themselves with individual state and territory specific policies.

New South Wales has recently updated their model of care for this service and information. Refer to NSW Health GL2015_009 Psychiatric Emergency Care Centre Model of Care Guideline (September 2015) for information relating to this service noting that variations will exist between jurisdictions.

Refer to References and Further Reading for additional information relating to individual jurisdictions.

01.04 Description of Unit

DESCRIPTION AND MODELS OF CARE

A PECC is a mental health service providing short term admission for those with low to medium acuity mental health problems who present to an emergency department and do not require admission to an acute mental health inpatient unit. This service option provides the least restrictive hospital-based inpatient care for those requiring a brief hospital stay.

This PECC model is intended for hospitals with:

- Level 4 to 6 emergency departments;

- declared/ designated/ gazetted mental health inpatient units; and

- acute assessment and treatment capacity by the mental health service within the emergency department.

Those who may be considered for admission to a PECC include those:

- with low to medium acuity mental health conditions;

- at low risk of behavioural disturbance and aggression;

- who are medically stable; and

- who require a brief admission up to 72 hours.

In many situations, a short-stay admission can relieve acute episodes related to situational crisis or adjustment disorder, preventing a longer stay inpatient admission.

As those with acute mental health conditions may present to an emergency department, collocating a PECC service with emergency services can promote both access and collaboration between both services. This collocation is not always possible or necessary as local arrangements support alternate locations and service delivery models (e.g. direct admissions).

02 PLANNING

02.01 Operational Models

The operational model will be based on the service model and location. Where PECC beds are collocated with an emergency department, a high level of collaboration and shared responsibility is needed to provide optimal consumer care.

02.02 Operational Policies

GENERAL

The following issues should be considered in the development of the operational model for the Unit, as they will all impact the configuration of the Unit and overall space requirements.

Operational policies should be developed as part of the project planning process. Refer to Part B Section 80 General Requirements for further information.

HOURS OF OPERATION

The PECC will operate 24 hours, seven days a week.

MEDICATIONS

Medications used within the PECC will be stored in accordance with jurisdictional policies. As staffing levels within a PECC are limited, medication storage may be included with a staff station. Storage for imprest medications, a drug safe for S4D and S8 medications and a drug fridge will be needed.

MEDICAL RECORDS

Many mental health services have implemented a fully electronic medical records system. Where hard copy records are still used, files for admitted consumers will be held in the staff station. When the consumer is discharged, medical records will be returned to the health information unit.

SMOKING

Refer to local jurisdictional policies for information.

MANAGEMENT OF DISTURBED AND/ OR aggressive BEHAVIOURS

While consumers managed in a PECC may on occasion exhibit disturbed and aggressive behaviours, most consumers will be at low to medium risk and early interventions strategies can usually be applied to deescalate a situation. For this reason, sedation will rarely be administered and if required, may be given in the emergency department or a mental health inpatient unit. PECC staff may also need to call upon hospital security assistance should additional support be needed.

A seclusion room will not be provided.

SUPPORT PERSONS / VISITORS

The engagement of family and friends is a core component of care. Visiting hours are rarely restricted and involvement is encouraged.

STAFFING

Staff within a PECC may include medical and nursing staff. These staff will also support the assessment and treatment of consumers with mental health conditions in the emergency department when these two services are collocated. Local arrangements will need to be considered. Other staff visiting the Unit may include drug and alcohol workers, social workers, peer support works and carer representatives.

LOCATION

The location can vary but services will ideally be collocated with an emergency department so the short-stay model can be fully realised. Where this is not possible, a collocation with a mental health inpatient unit is an option.

Access to a secure outdoor courtyard is needed.

Where collocated with an emergency department, a dedicated emergency services drop-off point may not be provided.

02.03 Planning Models

LOCATION

The location can vary but services will ideally be collocated with an emergency department so the short-stay model can be fully realised. Where this is not possible, a collocation with a mental health inpatient unit is an option.

Access to a secure outdoor courtyard is needed.

Where collocated with an emergency department, a dedicated emergency services drop-off point may not be provided.

02.04 Functional Areas

The PECC will routinely comprises the following functional zones:

- entry/ waiting;
- consumer areas – overnight accommodation and activity areas;
- clinical support; and
- staff areas.

ENTRY/ WAITING

This zone will include the main entry to the Unit for consumers, their visitors and other staff. Most consumers being admitted to the PECC Unit will walk from the emergency department. A small waiting area may be provided in cases where access to the emergency department is not readily available. An assessment space, including a consult and interview room, be provided adjacent to the entry/ waiting. These rooms should be located so they are observable by staff.

CONSUMER AREAS

Consumer areas will be organised in two distinct zones – overnight accommodation and activity areas. This will allow functional and acoustic separation, especially when consumers wish to rest.

Overnight accommodation will consist of single bed rooms.

The activity areas will consist of a lounge and dining area with a small beverage bay accessible to consumers. This area will open onto an external courtyard. The space should be sufficient to provide private space for consumers and their visitors.

Where possible, both areas should have ready access to a staff station. The staff station will have sight lines to consumer areas

Spatial allocations should consider visitors.

CLINICAL SUPPORT AREAS

This zone will include a range of support spaces including utilities.

In some cases, the service may provide a washer/ dryer, usually located within a dirty utility or dedicated cupboard, so staff can wash the clothing of consumers if required. This will be decided at a local level.

STAFF AREAS

This zone will include staff office space and amenities.

SHARED SPACE

The following may be shared with the emergency department or other adjacent service depending on accessibility:

- dirty utility;
- disposal room;
- cleaner's room; and
- staff amenities, may be necessary/appropriate to locate a staff toilet inside the PECC depending on accessibility.

Consider staff numbers and safety issues when deciding on sharing spaces.

02.05 Functional Relationships

EXTERNAL

Direct internal access is required to/ from the emergency department triage, resuscitation bays and ambulance drop-off.

Ready access to hospital security services.

easy access is required to a mental health inpatient unit.

INTERNAL

Consult and interview rooms should be located so they are available to be used for consumers being admitted to the Unit and those receiving ongoing counselling etc.

03 DESIGN

03.01 Access

EXTERNAL

Direct external access is required from the ambulance drop-off where all consumers are triaged via the emergency department.

Consideration must be given to the means and route for the safe, discreet transfer of consumers to an acute mental health inpatient unit without re-entering the emergency department should a longer stay be needed. External access may be required for visitors to reduce traffic through the emergency department.

03.02 Parking

For staff parking, refer to AusHFG Part C: Section 06, Safety and Security Precautions.

03.03 Disaster Planning

Refer to AusHFG Part B Section 080 General Requirements for planning considerations.

03.04 Infection Prevention and Control

Alcohol based had rub (ABHR) should not be mounted on walls or beds in consumer areas of the PECC. Staff may carry ABHR instead.

Refer to:

- jurisdiction policies relating to infection prevention and control; and
- AusHFG Part D Infection Prevention and Control.

03.05 Environmental Considerations

ACOUSTICS

The management of acoustics is an important consideration within a PECC as a calm and therapeutic environment is needed. It will also allow confidential discussions between consumers and staff to occur. This will in part be achieved through zoning. Acoustics also needs to be managed between the PECC and adjacent units such as the emergency department.

Acoustic isolation/ sound attenuation is required in:

- bedrooms;
- interview and consult rooms;
- shared areas such as the lounge/ dining room; and
- staff areas such as the staff station and office space.

NATURAL LIGHT

Natural light should be maximised throughout the Unit to contribute to a sense of wellbeing and orientation.

INTERIOR DECOR

Many of the consumers accessing PECC services will be low risk so there may be opportunities to create an environment that promotes a caring and trusting environment while reducing stress. Examples may include:

- the use of colour and soft furnishings;

- staff station design that facilitates meaningful interactions between staff and consumers while still providing a retreat space for staff;

- domestic applications where possible (e.g. a standard TV rather than one encased in plastic; and

- ability to accommodate sensory equipment in spaces such as bed rooms and interview rooms. Refer to NSW Health GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services, January 2015 for additional information.

03.06 Space Standards and Components

HUMAN ENGINEERING

Human engineering covers those aspects of design that permit effective safe and dignified use by all people, including those with disabilities. Refer to Part C Section 4.0 for further information.

ERGONOMICS

Refer to Part C Section 4.0 Human Engineering for further information.

ACCESS AND MOBILITY

Refer to Part C Section 3.0 Space Standards and Dimensions for details.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of these Guidelines - Section 3.0 - Space Standards and Dimensions.

Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage or manual handling risks.

The Unit construction should be of the same standard as that specific in an acute mental health inpatient unit (e.g. impact resistant walls and safety glass).

The layout should avoid corners or bends that restrict observation. Security cameras, while not ideal or preferred, may need to be installed where this cannot be achieved convex mirrors may also be used as an alternative.

In consumer areas, all door and window frames should be heavy duty (commercial frame) construction and securely fixed to the wall fabric.

03.07 Safety and Security

SAFETY

Unit design and operational arrangements should ensure there are no dangerous materials accessible to consumers including medications, sharp objects or inappropriate furniture and fittings that may be used for self-harm or harm to another person.

Sexual safety is an issue within mental health inpatient units vulnerable consumers will need to be provided with an environment which supports them such as access to single bed rooms. For this reason, bedrooms should be lockable. Refer to jurisdictional policies regarding gender specific requirements. This approach may vary between jurisdictions. Where ensuites are shared, a privacy latch will also be needed. Staff should be able to gain access when needed using an override function.

Consumers should have access to a beverage bay within the activity areas. The design should allow for access to be restricted by staff when required.

SECURITY

Both fixed and personal duress alarms systems should be installed, consistent with approach used in acute mental health units. .

Consult and interview rooms must have a second point of egress.

Bedroom doors should have a viewing panel to allow for consumer observation. The shape of the room and the location of the door / viewing panel should allow the head of the sleeping consumer to be visible from the door.

CCTV and video intercom is required at entrances to the Unit. Authorised staff should have proximity access cards. Access to the Unit will be controlled by staff.

03.08 Finishes

WALL FINISHES

Wall finishes should be washable, extremely robust and resistant to physical impact. Welding of vinyl joints is required. Corner protection should be securely fixed so it cannot be removed.

Refer to AusHFG Part C Section 3.0 Space Standards and Dimensions.

FLOOR FINISHES

Refer to AusHFG Part C Section 3.0 Space Standards and Dimensions. .

CEILING FINISHES

Construct ceilings from plasterboard rather than ceiling tiles. Air conditioning outlets, lights, fire detectors, sprinklers, WAP devices etc. should be flush mounted, anti-ligature type and tamper proof. Access panels should be lockable and located in shared or staff only areas where possible.

Refer to AusHFG Part C Section 3.0 Space Standards and Dimensions.

03.09 Fixtures, Fittings & Equipment

GENERAL

Refer to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information regarding the design of consumer accommodation and to:

- AusHFG Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions; and
- AusHFG Part F: Section 680 Furniture Fittings and Equipment

All fixtures, fittings and equipment in consumer accessible areas must be of a type specifically manufactured and marketed as anti-ligature type and installed in accordance with the manufacturer's instructions.

BEDSIDE SERVICES

Services will comprise:

- nurse call;

- emergency call;

- GPO (4);

- reading and night lighting; and

- voice/ data outlet.

Oxygen and suction will be generally provided via portable units. Should it be deemed necessary that one or two bed rooms be equipped with gases, these should be concealed behind a lockable, tamper proof panel and not accessible to consumers.

03.10 Building Service Requirements

INFORMATION TECHNOLOGY and COMMUNICATIONS

IT systems will include:

- networked PC to access electronic health records and other hospital systems;

- consideration of wireless system to support staff activities and consumer access; and

- infrastructure to support mobile duress system.

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04 COMPONENTS OF THE UNIT

04.01 Standard Components

Rooms / spaces are defined as:

- standard components (SC) which refer to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed;

- standard components – derived rooms are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement; and

- non-standard components which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: www.healthfacilityguidelines.com.au/standard-components

04.02 Non-Standard Components

There are no Non-Standard Components in this Guideline.

AX APPENDICES

AX.01 Schedule of Accommodation

PSYCHIATRIC EMERGENCY CARE CENTRE (PECC)

PECC services are typically four or six bed units. Both scenarios are outlined in the schedule of accommodation.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room/ Spaces are described as 'Optional' or 'o'. Inclusion of this Room/ Space will be dependent on a range of factors such as operational policies or clinical services planning.

ENTRY/ ASSESSMENT AREAS

Room Code	Room/Space	SC/ SC-D	Qty x m2	Qty x m2	Remarks
			4 Beds	6 Beds	
WCPU-3	Toilet – Public, 3m2	Yes	1 x 3 (o)	1 x 3 (o)	Optional depending on access to ED public amenities
INTF	Interview Room	Yes	1 x 14	1 x 14	Dual agress for staff safety. Accessible also from consumer areas
CONS	Consult Room	Yes		1 x 14	Dual egress for staff safety. Accessible also from consumer areas
	Discounted Circulation		32%	32%	

CONSUMER AREAS

Note 1: The standard component for a mental health bed room should be used as a starting point. These rooms are smaller and will not need to accommodate a desk and large wardrobe units.

Note 2: Many jurisdictions will allocate ensuites on a ratio of one to two bed rooms owing to the reduced length of stay.

Note 3: Selected jurisdictions (e.g. Victoria) provide at a rate of one ensuite to each bed room. Local advice should be sought.

Room Code	Room/Space	SC/ SC-D	Qty x m2	Qty x m2	Remarks
			4 Beds	6 Beds	
1BR-MH-A	1 Bed Room - Mental Health	Yes	4 x 12	6 x 12	Refer Note 1.

ENS-MH-A	Ensuite – Mental Health, 5m2	Yes	2 x 5	3 x 5	Refer Note 2.
WCAC	Toilet – Accessible, 6m2	Yes	1 x 6	1 x 6	Provide near lounge areas
ADLD	Lounge/ Dining - Patient / Visitor	Yes	1 x 20	1 x 30	Access to secure courtyard needed. Includes both lounge and small dining area. Planned at 5m2 per bed which excludes outdoor courtyard allocation.
	Discounted Circulation		32%	32%	

CLINICAL SUPPORT AREAS

Room Code	Room/Space	SC/ SC-D	Qty x m2	Qty x m2	Remarks
			4 Beds	6 Beds	
	Staff Station / Medications		1 x 14	1 x 14	
DTUR-S	Dirty Utility – Sub, 8m2	Yes	1 x 8 (o)	1 x 8 (o)	Unless able to be shared with ED.
STGN-8	Store - General, 8m2	Yes	1 x 8	1 x 8	
BLIN	Bay - Linen	Yes	1 x 2	1 x 2	With lockable doors
BBEV-OP	Bay – Beverage, Open Plan	Yes	1 x 3	1 x 3	May be incorporated into Lounge area so consumers have ready access.
BHWS-B	Bay – Handwashing, Type B	Yes	1 x 1	1 x 1	
	Discounted Circulation		32%	32%	

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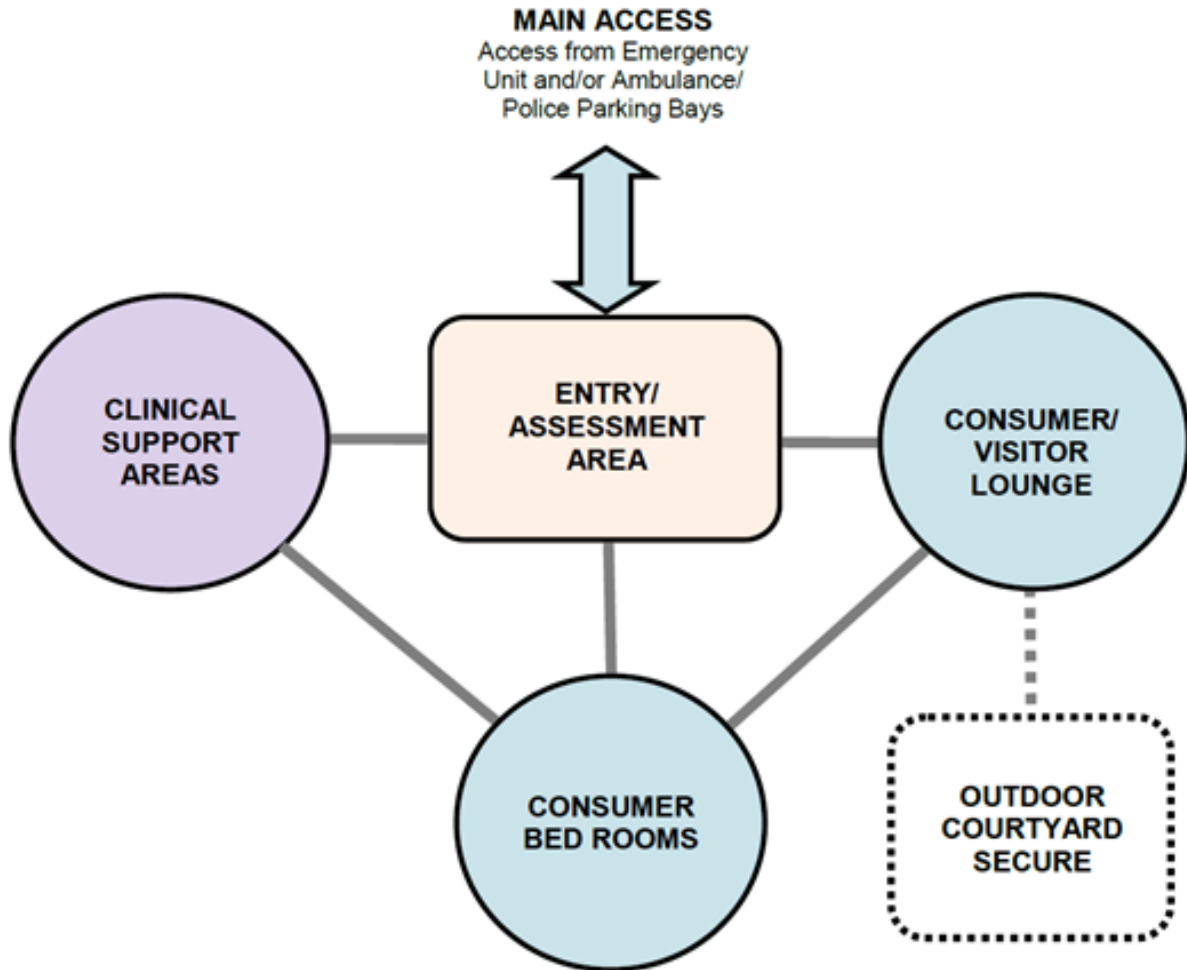Page 15

STAFF AREAS – OFFICES AND AMENITIES

Note 4: It is assumed most staff, including those visiting the PECC will use the staff station. Office space will be provided to support selected staff that are based within the Unit.

Room Code	Room/Space	SC/ SC-D	Qty x m2	Qty x m2	Remarks
			4 Beds	6 Beds	
OFF-S9	Office – Single Person, 9m2	Yes	1 x 9	1 x 9	e.g. Unit manager where provided
	Office – Workstation, 5.5m2		5.5	5.5	e.g. Registrar
PROP-2	Property Bay – Staff, 2m2	Yes	1 x 1	1 x 1	
WCST	Toilet – Staff, 3m2	Yes	1 x 3	1 x 3	May be shared with ED
	Discounted Circulation		32%	32%	

Note: May be shared with emergency department, depending on model and location:

- disposal room;
- cleaner's room;
- staff lounge and amenities;
- meeting rooms;
- pneumatic tube; and
- treatment room

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AX.02 Functional Relationships / Diagrams

AX.04 References

REFERENCES

AHIA, 2016, AusHFG Part C Design for Access, Mobility, OHS and Security

AHIA, 2016, AusHFG Part D Infection Prevention and Control

AHIA, 2016, AusHFG Part F, Section 680 Furniture, Fittings and Equipment.

NSW Health GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services, January 2015

NSW Health GL 2015_009 PECC Model of Care Guideline, 2015

FURTHER READING

Department of Health Victoria, Service Guideline on Gender Sensitivity and safety: Promoting a holistic approach to wellbeing, 2011.

Department of Health Victoria, Psychiatric Assessment and Planning Unit (PAPU) Guidelines, February 2013

Department of Health Victoria, Service Guidelines on Gender Sensitivity and Safety: promoting a holistic approach to wellbeing, 2011.

Final Report to NSW Ministry of Health - External Review of Psychiatric Emergency Care Centres in NSW, JA Projects, 5 December 2012

Mental Health and Drug and Alcohol Office, Mental Health for Emergency Departments – A Reference Guide. NSW Ministry of Health. Amended March 2015.

NSW Health GL2015_007 Management of Patients with Acute Severe Behavioural Disturbance in Emergency Department

NSW Health GL2013_012 Sexual Safety of Mental Health Consumers Guidelines

Victorian Mental Health Act, 2014

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