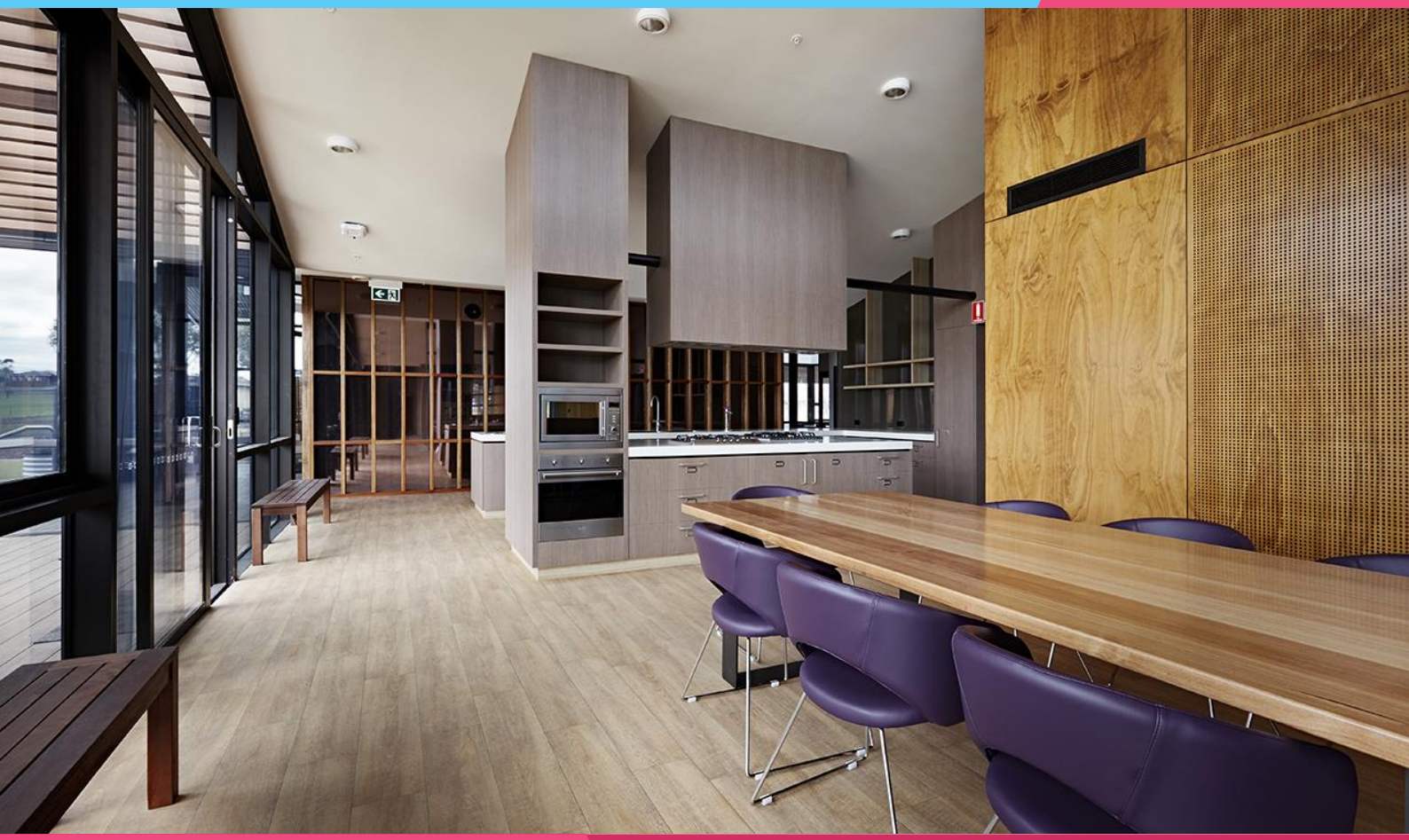
MENTAL HEALTH PREVENTION AND RECOVERY CARE UNIT

Part B: Health facility briefing and planning



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1 Introduction

1.1 Preamble

This guideline has been developed for use by project staff, architects, planners, engineers, project managers and other consultants, and for end users. It is intended to assist with the planning and design of a unit that will be fit for purpose in accordance with its designated service role and defined catchment population.

1.2 General

This document outlines requirements for the planning and design of a Mental Health Prevention and Recovery Care service and must be read in conjunction with generic requirements and Standard Components as described in Parts A, B, C and D of the *Australasian Health Facility Guidelines*.

1.3 Terminology

In the mental health context, the 'consumer' is the term used to refer to the patient receiving treatment and support.

1.4 Therapeutic environment

The environment should be conducive to the management of complex behaviours. However, this should be achieved with a therapeutic focus so that necessary measures for safety and security are non-intrusive and do not convey a custodial ambience.

2 Policy framework

2.1 Background

Public mental health services in Victoria operate across the health system spectrum, ranging from health promotion and ill health prevention, to primary and secondary care into tertiary care. To provide context, this section provides an overview of the service system and the component parts.

The service system is primarily made up of:

- ambulatory and bed-based clinical services delivered by health services, and
- ambulatory and bed-based services managed by non-government organisations

More than 67,000 people accessed Victoria's public clinical mental health services as registered clients during 2015–16. The total number of people accessing mental health community support services during 2015–16 was 12,354.

The Victorian Government invested $1.14 billion in clinical mental health services in 2015–16 and $128 million in mental health community support services.

Refer Table 1 for summary of the Victorian mental health service delivery system.

Table 1: Victorian mental health service delivery system

Service and service sub-model
Clinical extended care services • Community care units (i.e. CCU) • Prevention and recovery care (i.e. PARC) • Secure extended care unit (i.e. SECU) • Residential aged care
Forensicare • Forensic acute and extended care
Clinical (community) ambulatory • Case management, treatment and therapy
Acute in-patient services • Children (0–12) • Adolescents (13–17) • Orygen youth (16-24) • Adults (16–64) • Aged (65+) • Specialist services - neuropsychiatry, eating disorder, mother-baby, brain disorder and Koori access
Non-government organisation (mental health community support services) • Intake Assessment • Individual consumer support packages • Residential rehabilitation – youth and adult • Koori mental health community support services • Mutual support and self help

2.2 Mental Health Act

Mental health services in Victoria are underpinned by the *Mental Health Act* which came into effect on 1 July 2014 and the *Mental Health Regulations 2014*.

Prevention and recovery care (PARC) services are a sub-acute service continuum of care, sitting between acute and the provision of intensive community clinical treatment in a consumer's usual place of residence.

Consistent with the *Mental Health Act 2014,* PARC services aim to provide consumers with the best possible care and treatment, appropriate to their needs, in the least restrictive environment possible.

2.3 Consumer rights

Consumer rights include:

- the right to receive care in the least possible restrictive environment
- the right to privacy and dignity, and appropriate control over their environment, i.e. ability to lock bedroom doors, and to access quiet spaces
- the right to complain and to expect a response to their complaint
- access to external influences i.e. email, internet, newspaper, etc.
- access to local community facilities such as shops, banks and other local amenities.

Consumer/carer groups should be involved in the briefing process. An official 'visitor box' should be provided in an appropriate location to enable consumers, families and friends to provide feedback in a safe and discreet manner.

2.4 Operational guidelines

The *Adult PARC services framework and operational guidelines* set the framework for the implementation of Adult PARC services in Victoria.[1]

2.5 Gender sensitivity and safety

Following *The Gender Sensitivity and Safety in Adult Acute Inpatient Units Project Report,*[2] Victoria adopted a policy of providing choice for patients to be treated in single-sex environments. This requirement is incorporated into this design guideline for PARC facilities.

The requirements regarding gender safety are set out in a Chief Psychiatrist's Guideline.[3]

2.6 Description of unit

2.6.1 Description of a PARC unit

PARC services are typically located in a community residential setting and provide an option for people who are becoming unwell, or who are in the early stages of recovery from an acute illness and need a short period of additional support to strengthen their gains from spending time in an inpatient setting and to consolidate their community transition and treatment plans.

The pathways to enter a PARC can be described as *step up* from the person's place of residence or a *step down* from an inpatient unit. In this context, 'prevention' refers to the capacity to intervene early in an episode of illness or relapse to reduce the risk of escalation, to have positive impact on the pattern of illness and to minimise the harmful impact on individuals, their families and carers. PARC services accommodate people in a residential setting to receive typically short term, intensive support, treatment and interventions to address severe mental health issues and prevent avoidable admissions to acute mental health inpatient units or support the person recovering from an acute episode post discharge from an inpatient unit.

The design should support the needs of consumers, families, carers and staff.

2.6.2 Bed number

The size of a PARC unit will reflect the proposed consumer profile and operational models.

Units typically range from eight bedrooms up to 10 bedrooms for adult PARCS, youth PARCS and extended care PARCS.

The typical bed numbers for the various types of PARC service are set out in Table 3.

2.6.3 Consumer profile

The ages of consumers will vary depending on the type of PARC facility.

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[1] Department of Health, 2010

[2] *The gender sensitivity and safety in adult acute inpatient units project: Final report*, Department of Human Services, Victoria (2008).

[3] *Responding to sexual activity, and managing allegations of sexual assault in adult acute inpatient units: Chief Psychiatrist's guideline*

Table 2: Typical client age by PARC type

PARC type	Age
Adult PARC	16 – 64 years
Youth PARC	16 – 24 years
Extended care PARC	16 – 64 years

Table 3: Typical number of beds by service type

PARC type	No. of beds
Adult PARC	10
Youth PARC	10
Extended care PARC	10

2.7 Planning

2.7.1 Operational models

A number of types of PARC services currently operate in Victoria, although different models may be developed to meet specific needs. The existing types are:

- Adult PARC service (PARC)
- Youth PARC service (YPARC)
- Extended PARC (EPARC)

2.7.2 Adult PARC service (PARC)

The aims of adult PARC services are:

- to improve mental health outcomes of people with a severe mental illness, who become acutely unwell, and
- to prevent avoidable admissions to acute units and avoidable re-admissions following an acute episode.

The objectives of adult PARC services are:

- to provide a service option for people with a severe mental illness, both in the inpatient setting and in the community, whose treatment and recovery is better suited to an intensive, short-term treatment and support in a residential setting
- to provide a mix of clinical, psychosocial and other support that enables gains from the period in the inpatient setting to be strengthened, community transition and treatment plans to be consolidated and minimises the trauma and disruption for consumers and carers that may arise from a first episode or relapse of mental illness
- to supplement crisis intervention and enhance access to inpatient services through the prevention of unnecessary inpatient admissions and the provision of an intensively-supported early discharge alternative.

An adult PARC facility may contain up to 10 beds. Facilities may be located in metropolitan and rural locations. The service provides a 24-hour, 7 days a week, fully staffed, short stay residential and limited day care support program.

The average length of stay will be 7–14 days with a maximum of 28 days.

2.7.3 Youth PARC Service (YPARC)

The aims of YPARC services are to:

- support young people aged 16-25 years inclusive in the critical life transitions that occur across this age range
- improve clinical care for young people aged 16 – 25 years who are at risk of experiencing or recovering from an acute mental health episode, and
- provide a 'step up' option for young people at risk of an acute inpatient admission, as well as a 'step down' option to assist the early and seamless transition of young people re-entering the community following an inpatient admission.

The operational objectives of the YPARC service are as follows:

- to provide short term intensive residential community based treatment to young people aged 16 to 25 years who are experiencing a serious mental illness or who are at risk of deterioration in their mental health but are assessed as not yet requiring an acute inpatient admission
- to provide a 'step down' option to assist the transition of young people re-entering the community following an inpatient admission
- to improve integration of youth orientated care and support across relevant sectors
- to provide a holistic treatment program, comprising a range of treatment and support interventions that aim to improve the consumer's mental health
- to improve the ability of young people to remain connected to developmentally appropriate supports in their local environment during treatment and care, and
- support parents and family members/carers in care options and thereby reduce family and carer stress.

A YPARC facility will cater for up to ten young people and operate on a 24-hour, 7 days a week, fully staffed, short stay residential and limited day care support program. It is envisaged that the facility will be in an accessible community setting local to the community that it serves. The average length of stay will be 28 days.

The facility should be able to support the provision of consumer and family/carer centred care, tailored to suit local service arrangements.

2.7.4 Extended PARC service

The aims of an extended PARC (EPARC) service are to:

- promote consumer recovery and independence with the aim of supporting consumers requiring longer periods of sub-acute clinical treatment with rehabilitation and recovery support to transition to community based living options, and
- provide step down/step up care for individuals in a safe and supportive environment. the residents will be people who, while not needing hospital care for mental illness, need temporary support to help them prepare to continue their lives with their homes and communities.

The objectives of an EPARC service are to:

- maximise wellbeing despite constraints imposed by symptoms of mental illness
- reduce disability associated with mental health problems
- provide a stable interim environment to develop links with services and community
- assist people to acquire and use strengths, skills, supports and resources for successful and satisfying living learning and working in their preferred environment, and
- incorporate partnerships between specialist mental health services, primarily clinical psychiatric services and the psychosocial disability rehabilitation and recovery service (PDRSS) sector.

An EPARC facility will cater for up to ten individuals and operate on a 24-hour, 7 days a week, fully-staffed program with residents assisted to participate in structured on and off site activities to meet personal goals identified in their individual plan. This will be a mixture of on-site skill development and community based activities.

An EPARC services is targeted at individuals:

- exiting clinical bed-based services including secure extended care units and community care units, and
- existing community based consumers assessed as likely to benefit from an extended residential recovery treatment program.

2.7.5 Hours of operation

PARC facilities are generally staffed 24 hours per day, seven days per week.

2.7.6 Models of care

Models of care may address:

- numbers of bedrooms per pod
- providing consumers with a range of spaces so they can choose to sit alone or participate in small or larger group activities, and
- structured activity programs provided on site or in other community settings.

2.8 Operational policies

2.8.1 General

Operational policies for adult PARC facilities are as set out in the Victorian Department of Health and Human Services *Adult prevention and recovery care (PARC) services framework and operational guidelines 2010*.

2.8.2 Catering arrangements

As facilities are generally located in the community rather than on a hospital campus meals are prepared in the facility. The preparation of meals is typically part of a program of activities designed to assist residents to transition back to the community. Consumers and carers should have access to facilities to prepare drinks and snacks outside of meal times.

2.8.3 Emergencies

Medical emergencies will be managed in accordance with the service provider's standard guidelines, procedures and protocols.

Services should consider whether there is a requirement for a resuscitation trolley and portable oxygen and suction within the facility. If so they should be readily available in a secure area not accessible to consumers.

2.8.4 Consumer records

If hard copy files are stored in the facility, consideration needs to be given to secure storage and fire protection.

2.8.5 Staffing

Staff work as a multidisciplinary team and may include, in a permanent and/or visiting capacity:

- psychiatrists
- nursing staff
- allied health staff
- administrative and clerical staff, and
- housekeeping staff.

Staffing levels and skill mix will vary depending on the size and configuration of the service and the service profile.

Unit design should consider the needs of visiting staff including community case managers, support workers, students etc.

2.9 Planning models

2.9.1 Location

Services are typically located in a residential setting that provides good links to other services and community facilities. They should be close to shops, public transport and public amenities. They should generally not be located on a hospital campus.

The location should be easily accessible to the local crisis assessment team (CAT), mobile support team (MST) and continuing care or equivalent services.

Services should also be in reasonable proximity to an acute inpatient unit.

2.9.2 Bed configuration

Bedrooms should be grouped into clusters or pods for distinct consumer groups e.g. based on gender (for sexual safety), age and/or diagnosis. However, the configuration should not reduce flexibility of use nor compromise the ability of staff to supervise consumers.

At least one bedroom should be designed to AS1428 (BCA and Standards Australia, 2009) for independent wheelchair users and at least one bedroom should be large enough to cater for bariatric consumers.

2.9.3 Configuration/layout

The plan for the PARC facilities should reflect specific operational polices, guidelines and procedures related to the endorsed model of care.

Unobtrusive observation of consumer areas by staff is essential but needs to be balanced with consumer privacy. Good sight lines from staff areas to consumer areas are important. Dead-end corridors and recesses where consumers may be out of view should be avoided.

All corridors and exits are required to comply with the current *BCA* requirements (Australian Building Codes Board, 2009) and the department's *Fire Risk Management Guidelines*. In developing the layout, consider emergency access/egress of consumers, police and other emergency services.

2.10 Design requirements

2.10.1 General

Individual spaces combine to form functional zones or clusters with a similar purpose. Services are typically comprised of the following functional zones:

- main entry area
- staff and support areas
- clinical areas
- private residential areas
- shared residential areas.

2.10.2 Additional space requirements

The following methods should be used to determine space allocation for communal areas used by consumers.

Table 4: Additional area allocations

Space	m2
Main lounge/dining/activity areas	7.5m2 per person
Outdoor areas	7.5m2 per person
Examination/assessment rooms	Minimum 1 per unit

2.10.3 Main entry area

2.10.3.1 Entry

The main entry is the public face for arrival, reception and waiting for all persons entering the services. This area should function as an airlock/entry lobby so staff can control access to the facility.

No visitor should be able to directly access other parts of the service unless admitted by staff. This requires visitors to have a means of communicating with staff inside the service. Options include locating the office – workstations area for staff so that it can also function as a reception point, or provision of an intercom/CCTV at the main door.

2.10.3.2 Consult/interview room

A consult/interview room should be provided in close proximity to the main public entry. This room may be used for admitting booked consumers, by visiting clinicians as well as for interviews with visitors/carers.

The consult/interview room should be a mental health type with two exit doors and a fixed duress alarm. Furniture should be arranged to encourage informal discussion whilst not obstructing staff exit routes should the need arise. The room should be acoustically treated to protect consumer privacy.

Refer *Australasian Health Facility Guidelines – Consulting Room, Mental Health*

2.10.3.3 Toilet – visitor (accessible)

An accessible toilet should be provided from the main entry/waiting area.

2.11 Staff and support areas

PARC service staff are typically a combination of clinical and mental health community support services (MHCSS) staff who deliver different service components and interventions at different times.

PARC units are staffed 24 hours per day.

2.11.1 Staff work zone

The staff work zone contains workstations for unit staff undertaking administrative activities, making phone calls etc. It typically also functions as the reception point for people arriving at the unit.

2.11.2 Office – single person

A single person office is required for the unit manager.

2.11.3 Meeting room

A meeting room is required for:

- staff meetings
- staff education/training
- case conferences with visiting community staff
- meetings with family/carers, and
- group therapy sessions.

2.11.4 Clean utility/medication room

A combined store/clean utility/medication room with a drug safe should be incorporated within the secured staff area for the safe storage and management of medications.

2.11.5 Staff amenities

A combined accessible staff toilet/shower is required in the secured staff area. The number of staff toilets required will be determined by the proposed number of staff.

2.11.6 Staff room/kitchenette

A staff room/kitchenette is required for staff breaks. This room may also include provision of staff lockers for safe storage of personal items while staff are on duty.

2.11.7 Staff external area

A separate external area for staff should be provided from the staff room/kitchenette.

2.11.8 Staff sleep over

In most instances, overnight staff stand-up. However, the design should enable conversion to enable sleep-over staff in future should the model of care or consumer profile change.

2.12 Consumer residential areas

2.12.1 Single bedrooms

Consumers accessing the service should be provided with a single bedroom with a dedicated ensuite for each room. Facilities must also meet the department's requirements for sexual safety in mental health facilities.[4]

Bedrooms must be designed to the same anti-ligature standard as acute mental health inpatient unit bedroom, utilising only hardware, fixtures and fittings that are specifically marketed and manufactured as 'anti-ligature' type and installed in accordance with manufacturer's instructions.

Bedrooms must be provided in clusters or pods with keyed access to each pod to enable gender separation and cohorting of consumers according to need. There should be no blind spots in the rooms, particularly any created behind open doors or by ensuite placement.

Bedrooms should be acoustically treated to minimise transference of noise between adjoining bedrooms.

Consumers should be able to lock their bedroom door. Where an electronic rather than mechanical locking mechanism is used it must not require a power transfer cable from the door frame to the door.

The bedroom door should be fitted with an anti-ligature type door closer.

Bedroom doors must also provide staff with rapid access in the event of an emergency. In Victoria, the preference is for bedroom doors to be fitted with a double swing, full length geared hinge and removable stop that enables the door to swing inwards through 90 degrees under normal operations but allows staff to also swing the door outwards through 90 degrees in an emergency.

Where outward opening doors are provided, these should be recessed to prevent obstruction of corridors.

Refer *Australasian Health Facility Guidelines - single bedroom mental health.*

2.12.2 Ensuite shower/toilets

Each bedroom should have its own ensuite shower and toilet. There are a number of configurations: inboard, outboard and nested between rooms.

Ensuites must be designed to the same anti-ligature standard as an acute mental health inpatient unit ensuite, utilising only hardware, fixtures and fittings that are specifically marketed and manufactured as 'anti-ligature' type, installed in accordance with manufactures instructions.

All ensuite doors should open outwards.

Ensuite doors should be cut down at the top and bottom to reduce opportunity for self-harm.

Shower curtains may not be required if shower cubicles have good floor-to-fall. Narrow shower heads and controlled water flows may also remove the need for shower curtains and tracks whilst also minimising splash contamination of the surrounding area.

Solid surfaces to vanity benches should be resistant to damage by water spray. Joint welded vinyl should be used for wall and floor surfaces.

All possible ligature points should be avoided. Considerations for ensuites, showers and toilets include:

- recessed area for garbage bins
- recessed and durable toilet roll holders
- C type toilet seats that resist breakage and removal

[4] *The gender sensitivity and safety in adult acute inpatient units project: Final report 2008*

- shelves (rather than collapsible hooks) for clothing and towels in a dry area
- in-fill moulded hand rails
- separate waste access to toilet, and
- recessed soap and shampoo shelf.

Anti-ligature type collapsible hooks are not to be installed in ensuites.[5]

Also refer to section – Plumbing fixtures.

Refer *Australasian Health Facility Guidelines - ensuite mental health.*

2.12.3 Shared living, dining room and kitchen areas

The kitchen, dining and living areas should be adjacent to each other to provide a domestic hub that encourages consumers and staff to interact in a natural way and provides sufficient space for all consumers and staff to participate in combined activities.

These areas may be used 24 hours a day, catering for a variety of activities and may be categorised as follows:

- designated lounge/s for special groups based on age, gender and other characteristics as appropriate
- television/music room with TV, multimedia players etc. in fixed cabinetry
- multifunction recreation area used by all consumers in the zone (a secondary use of the dining room).

A lockable pantry/utility area should be adjacent to the kitchen to enable food or other items to be secured as and when required.

A small beverage bay may also be located in the dining room or separate alcove for general use by consumers outside of mealtimes.

The dining room provides a defined space for consumers to eat at tables, seated as small groups or individually. The use of square tables that may be joined together and used for general activities outside of meal times is preferable to round tables.

There should be ready access to an accessible toilet that is not an ensuite to a bedroom.

2.12.4 Activity program areas

Space should be provided for group activities. The type of activities undertaken will depend on the consumer profile e.g. art, group discussion.

Activities of daily living may also occur in the kitchen and patient laundry.

2.12.5 Outdoor areas

Access should be provided from the shared lounge/dining area to a shared outdoor space with weather protection appropriate to the location. Covered verandas should have a width of at least 2.5m width to provide weather protection.

The design of outdoor areas should be domestic in nature and should:

- provide opportunities for activities of daily living in addition to recreational and leisure activities
- provide ready access to a toilet that is not an ensuite to a patient bedroom
- attention should be given to detailing roof overhangs, soffit linings, guttering and drain pipes to minimise opportunities for self-harm to prevent access to the roof structure
- subtle, motion activated night lighting

[5] No hooks to ensuite further to Chief Psychiatrist findings May 2016

- secure outdoor storage

2.13 Support area

Support areas comprise:

- storage – consumer property
- storage – general
- consumer laundry
- dirty utility
- cleaner's room
- communications room.

2.14 Functional relationships

Refer To Attachment 2: Functional relationships diagram

3 Design

High-quality design enhances quality of life – uplifting communities and influencing how people feel and behave – and uses resources effectively and imaginatively. Good design is about inclusive, delightful and inspiring places, creating more sustainable outcomes, and contributing to a sense of place and belonging.

The Office of the Victorian Government Architect (OVGA) believes that good design plays a significant role in the efficient delivery of high-quality health care. Well-documented research shows that better buildings lead to better health outcomes. Well-designed spaces have been able to demonstrate improved patient recovery times, improved morale, increased staff efficiency and reduced staff turnover. The design process can be a catalyst for change, encouraging fresh approaches to both the organisation of health care and the design of the environments in which it takes place. Intelligent, sensitive, and innovative design approaches can make a significant contribution to the quality of life of patients and the working lives of hospital staff.[6]

3.1 General

The facility should be located within a mixed residential area whenever possible and its external appearance should be appropriate to the neighbourhood character.

3.2 Building strategies

Architects, designers, engineers and builders should be aware that while a PARC facility is intended to be residential in character, the fabric must be considerably more robust than is typical for domestic construction. Particular attention should be paid to walls, doors, ceilings and glazing, both in terms of acoustic management and the potential for damage by consumers and for consumers to self-harm.

3.3 Access

The residence must be accessible, safe and conducive to providing support and treatment. Adult PARC services also need to provide a suitable environment for different age groups and a mixed gender consumer group, with due consideration given to issues of privacy, personal space, safety and carer and consumer preferences.

An air-lock should be provided to enable staff to better supervise and manage arrivals and departures.

3.4 Parking requirements

Parking is required for on-site staff, visiting staff and other visitors. The number of on-site car parking spaces provided will be determined in accordance with local authority planning requirements, the number of staff at the residence at any one time and the availability of on-street parking.

It is expected that minimum requirements for on-site parking will allow for two staff and three visitors.

Wherever possible, avoid providing a single, large asphalted area for car parking immediately at the front of the facility as this will detract from its residential appearance. On larger sites consider placing car parks along the side of the facility or provide two or more smaller parking areas with landscape buffers.

[6] The Office of the Victorian Government Architect

3.5 Disaster planning

Evacuation plans are required in the event of a fire or other emergency to ensure the safety of staff and consumers. Unit layout needs to identify secure assembly areas should evacuation be required.

Essential services such as minimum lighting to allow consumers observation, telephones, duress alarm system the central computer, lighting and electronic locks should be connected to the emergency power supply.

3.6 Infection control

3.6.1 Hand basins

Hand basins are required in treatment and medication rooms dependent on jurisdictional infection prevention and control requirements. Staff should still have ready access to a hand basin in staff only area.

3.7 Environmental considerations

3.7.1 Acoustics

The design of the unit should seek to minimise disturbance to residents through unwanted noise from external sources. Strategies include:

- selecting a location that is not subject to noise from incompatible adjoining uses
- positioning the facility on the site so it has adequate setbacks from any potential noise sources
- locating resident bedrooms furthest from any potential noise sources e.g. away from the street frontage and any traffic noise.

The siting of the facility should also seek to minimise the impact on neighbours of any noise originating from within the facility. Strategies include:

- avoiding locating outdoor recreation areas along a property boundary where neighbours windows are in close proximity.

The design of the unit should also seek to minimise disturbance to residents from any internal noise. Strategies include:

- acoustically treating walls between bedrooms
- avoiding extensive use of hard surfacing in communal areas where groups of residents gather
- providing doors to corridors that connect communal areas to bedroom pods providing sight lines are not obstructed.

3.7.2 Natural light

The design should maximise natural light within the facility, particularly to communal areas that are used most frequently during the daytime.

3.7.3 Interior decor

All furniture, fixtures and fittings used in private resident areas e.g. bedrooms and ensuites must be of a type specifically manufactured and marketed as ‘anti-ligature’ type and installed to manufacturer’s instructions.

Shared communal areas can be of a more residential type but should avoid any obvious potential risks of resident self-harm.

3.7.4 Statutory compliance

All premises used to deliver PARC services will be compliant with the Building Code of Australia as specified in Part A3 Classification of Buildings and Structures and Australian Standards.

BCA Part A3 Classification states:

“Class 3: a residential building, other than a building of Class 1 or 2, which is a common place of long term or transient living for a number of unrelated persons, including …d) accommodation for the aged, children or people with disabilities”

An electronic communication system that is specified in the Victorian appendix to the BCA is only required to be installed in residential aged care buildings. A PARC service is not a residential aged care building as defined in the BCA and therefore this provisions is not applicable. PARC services have a specific requirement that such a communication system is not installed. This is consistent with the BCA.

Hot water temperature to showers and baths must also be compliant with the BCA.

3.7.5 Building form/character

The primary goal of the facility is the provision of a safe and secure environment in which consumers can continue to progress in their treatment and rehabilitation. The basic concept is to maintain a domestic like design/layout, as far as possible promoting a sense of continuity with everyday life in the community.

The building should:

- be of residential scale and character, not just in terms of external appearance but in the way internal and external spaces are arranged relative to each other e.g. the kitchen, dining and living area should be designed to enable comfortable conversation between occupants of those spaces
- be arranged on the site so that there are well-proportioned, accessible outdoor areas
- be arranged on the site and designed to prevent oversight from adjoining properties as far as practicable
- provide a variety and hierarchy of spaces to meet the range of consumer needs for personal and shared spaces e.g. that allow opportunities for consumers to have quiet, individual reflection, to participate in small group activities and to come together as a full group of all residents and staff and possible visitors
- provide clear lines of sight to internal and external areas that enable staff to have a sense of where residents are at any particular time e.g. avoid locating facilities at such a distance from central areas that staff feel compelled to only allow supervised access and close the area off at other times
- reduce travel distances for staff and provide clear lines of sight so they can remain aware of the location of other staff and residents and can respond in the event of any incidents
- clearly differentiate between consumer areas and staff only areas
- enable consumers to feel safe in the environment e.g. avoid hidden nooks, provide consumers with a key to their room, ensure staff can observe when residents are accessing or exiting their rooms
- enable consumers to move freely between indoor and outdoor spaces
- provide outdoor spaces that flow logically from shared internal areas, provide shelter during different seasons of the year and minimise clashes between quiet, passive recreation areas and more active recreation areas
- enable gender separation and/or separation of different cohorts of consumers
- be designed to minimise energy and water consumption and non-renewable resources.

3.8 Space standards and components

3.8.1 Human engineering

Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, furniture, fittings and equipment (FF&E) and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of occupational health and safety and antidiscrimination legislation will apply, this section must be read in conjunction with the section on safety and security below, in addition to other OH&S related guidelines.

3.8.2 Ergonomics

The build and design of the Unit should not expose consumers, staff, visitors and maintenance personnel to risks or injury.

3.8.3 Access and mobility

In line with the *Commonwealth Disability Discrimination Act 1992* (Commonwealth of Australia, 1992), at least one bedroom and ensuite should be provided for independent wheelchair users.

Reception desks should be designed so that at least one place is wheelchair accessible on both sides.

Ramps and turning circles need to address anticipated traffic including movement of independent wheelchair users.

3.8.4 Building elements

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C Section 710 - Space Standards and Dimensions.

Carefully consider the fabric of the building, particularly wall construction, to ensure it is robust enough to withstand abuse and appropriate use of materials such as impact-resistant glass and low maintenance/resilient surfaces.

Minimise opportunities for self-harm. In particular, consumer bedrooms and ensuites must be designed to the same anti-ligature standards as an acute mental health inpatient unit. Communal areas shared by consumers

3.8.5 Doors

Provide solid core doors and door frames that meet all relevant BCA and fire regulation standards.

All doors to consumer bedrooms, ensuites and toilets are lockable by consumers, and must be able to be easily opened by staff to gain access in an emergency.

All hardware to bedroom doors, including hinges, door knobs and hinges must be of a type specifically manufactured and marketed as ‘anti-ligature’ type and installed to manufacturer’s instructions.

3.8.6 Windows and glazing

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

In areas where damage to glass may be anticipated, larger pane sizes should be avoided as smaller panes are inherently stronger for a given thickness than larger panes. Impact-resistant and shatter-proof Grade A safety glass to comply with AS/NZS 2208 Safety Glazing Materials in Buildings

(Standards Australia, 1996) is the recommended choice. Polycarbonate is not recommended as it suffers from surface scratching and deteriorates, thus reducing vision.

If openable windows are specified to resident bedrooms, these should be of a type that has all required safety features integrated within the unit rather than a combination of elements that try to achieve the required performance standard i.e. they should be a type specifically manufactured and marketed as ‘anti-ligature;, prevent passing of contraband, prevent consumers exiting via the window (particularly if the window is above ground floor level), robust, and attractive and comply to BCA and the department’s *Fire Risk Management Guidelines.*

3.9 Safety and security

3.9.1 Risk management and harm minimisation

Safety and security risks should be considered during the planning and design phases and continue to be addressed and reviewed during the construction, commissioning and post occupancy stages.

3.9.2 General principles

A safe environment is more likely to be achieved when good design is allied with appropriate staffing levels and operational policies.

The service should not only be safe but feel safe. Security may be physical or psychological and barriers may be real or symbolic, but all should be unobtrusive. The aim should be to provide the least restrictive environment that still provides a safe environment.

The design layout should assist staff to carry out their duties safely and to supervise consumers by allowing or restricting access to areas in a manner which is consistent with consumers' needs/abilities. Staff should be able to view consumer movements and activities as naturally as possible, whenever necessary.

3.9.3 Access control

Consumers will attend the PARC unit on a voluntary basis. However, the facilities should be designed so that staff can monitor consumer arrivals and departures.

Security features should also be provided to prevent unauthorised entry.

There should be ‘staff-only’ administrative and support areas that staff access via swipe card.

All rooms should be lockable including all corridor cupboard doors including fire hose reel cabinets.

All meeting rooms used by consumers, including counselling/examination rooms require two means of egress and duress alarms – fixed, personal or a combination of these.

3.9.4 Closed circuit television (CCTV) surveillance

The use of closed circuit TV (CCTV) for consumer surveillance is not supported within these facilities.

3.9.5 Duress alarm system

A system of personal duress alarms with location finders should operate throughout the services and in all outdoor areas, so that there is limited need for fixed duress alarm points with a (5m2 radius of position.)

The optimum approach is a combination of personal alarms with location finders linked to a real time monitor facility and some fixed alarms particularly in areas where staff work in a relatively fixed position such as reception, to ensure there is a back-up system if one system fails.

Visiting staff should be provided with, and trained in, the use of personal duress alarms.

An appropriate response mechanism should be in place. There should be sufficient number of personal alarms to ensure all staff and relevant visiting staff can carry one while in the unit. The charger for personal alarms should be located in a staff-only area accessible 24 hours per day.

Location of fixed duress call points is critical to ensure that:

- staff can actually reach them without having to cross the path of the consumer or distressed family member
- they cannot be activated by consumers or children
- they cannot be activated accidentally e.g. by a chair being pushed back.

3.9.6 Perimeter fencing and security

Residential type fencing only is required to the service although consideration should be given to:

- preventing any children who may be visiting the site from wandering
- encouraging consumers to enter and exit the unit through the main entry
- protecting privacy of consumers, particularly in outdoor areas
- discouraging unauthorised intruders.

Avoid blind spots to facilitate good observation of consumers by staff and vice versa.

3.10 Finishes

3.10.1 Ceiling finishes

Ceiling linings to consumer bedrooms and ensuites should be constructed from solid sheet.

Pay attention to detailing of ceiling air conditioning outlets, lights and fire detectors in consumer bedrooms and ensuites to ensure they are tamper-proof and meet anti-ligature requirements.

3.10.2 Flooring

Non-slip flooring is required in wet areas and all flooring should be easily cleaned.

Consider the use of cushioned vinyl in corridors, activity rooms and areas where groups gather.

Flooring in consumer bedrooms may include carpet to hospital standards but careful consideration should be given to cleaning and replacement.

3.10.3 Wall finishes

Ensure that wall linings are washable, robust and resistant to physical impact.

Vinyl joints should be welded.

3.11 Fixtures and fittings

3.11.1 Definitions

Fixtures and fittings are defined as follows:

- **fixtures:** fixed items that require service connection (e.g. electrical, hydraulic, and mechanical) and includes hand basins, light fittings, etc. They should not be confused with serviced equipment such as CCTV cameras
- **fittings:** fixed items attached to walls, floors or ceilings that do not require service connections such as curtain tracks, hooks, mirrors, blinds, joinery, pin boards, etc.

Good design can provide resident bedrooms and ensuites that are attractive yet safe, without an overly ‘institutional’ feel.

All fixtures, fittings and furnishings used in the resident bedrooms and ensuites must be of a type specifically manufactured and marketed as ‘anti-ligature’ type and installed to manufactures instructions. Where the project team cannot identify an anti-ligature item for a specific use, they must seek advice from the department’s Mental Health program and the Design Services unit of the Victorian Health and Human Services Building Authority.

3.11.2 Ensuites

Refer *Australasian Health Facility Guidelines Ensuite – mental health*

Specific requirements for resident ensuites are:

- an outward opening door
- anti-ligature hardware to the ensuite door
- an anti-ligature privacy snib to the ensuite door that staff can over-ride from the exterior to gain entry in the event of an emergency
- continuous anti-ligature hinge to the ensuite door
- the top and bottom of the ensuite door should each be cut down by approximately 200mm with the top sloped down
- mirror to be acrylic securely glue fixed to a backing board
- anti-ligature tapware to the vanity
- anti-ligature shower and tapware
- no exposed waste or other pipes
- tamper proof lighting fixtures
- tamper proof closures to ceiling access hatches
- recessed, tamper proof type fire sprinkler
- anti-ligature shower curtain and track (if required by the design)
- toilet with concealed cistern inspection hatch for waste
- tamper proof RPZD and TMV access.

3.11.3 Consumer bedroom

Refer *Australasian Health Facility Guidelines Bedroom – mental health*

The project team must ensure that the resident bedroom is an attractive space that also meets required safety standards. Specific requirements for resident bedrooms include:

- bedroom door fitted with a removable stop that staff can unlock with a key to enable the door to open outwards in the event that emergency access is required to the room
- anti-ligature door hardware
- anti-ligature continuous door hinge
- residents are to be able to lock their bedroom doors. electronic keyless systems must be anti-ligature type and must not require power transfer cables between the door and the doorframe.
- recessed, tamper proof light fittings
- panel heaters must be avoided unless installed correctly and fitted with anti-ligature shrouding
- recessed, tamper proof type fire sprinkler
- openable windows where specified must be anti-ligature, sliding type. Awning windows are not to be used
- wardrobes are to be a doorless, built in joinery item with anti-ligature rail for hanging clothes and open shelves fitted with cloth or other baskets for storage of other items of clothing

- air conditioning registers should be installed in a bulkhead and designed so that no anchor points are available if the grille is removed
- ceiling fans must not be utilised
- direct access to an outdoor area should not be provided from a resident bedroom as this removes the capacity for staff to know who is in the building at any given time.

3.11.4 Furniture

Furniture should promote a domestic, home-like atmosphere but loose furniture should be sturdy enough to prevent use as a weapon.

Built-in furniture should be considered wherever possible.

In consumer bedrooms, open shelved joinery units should be provided rather than wardrobes with doors.

The type of bed provided to consumer bedrooms should be selected carefully taking into consideration anti-ligature requirements and OH&S issues for staff.

Mattresses should have a high fire resistance rating and should not be inner sprung.

3.11.5 Artwork, signage and mirrors

Artwork, mirrors and signage should be rigidly fixed to walls with concealed, flush, tamper-proof mountings. Artwork based on non-tear able fabric may be considered. Consideration should be given to involving the consumer and carers in the selection of art works.

Ensure that mirrors are made from safety glass or other appropriate impact-resistant and shatterproof construction, are scratch proof and free from distortion. Fully glue mirrors to a backing to prevent loose fragments of broken glass.

3.11.6 Plumbing fixtures

All exposed plumbing fixtures including shower heads, taps and waste pipes should be anti-ligature type, tamper-proof and resistant to breakage and removal. This should apply to consumer toilets and to all staff and visitor toilets that may be accessible to consumers. An inspection hatch must be provided for each consumer toilet in ensuites.

Services such as sink and basin wastes which may be easily damaged or used as ligature points should be concealed.

Toilet cisterns should be enclosed behind the wall with ease of access for maintenance.

3.11.7 Rails, hooks and handles

Grab rails and hand rails should be anti-ligature type. When selecting the anti-ligature grab rails to be used for toilets and showers consider the means of water drainage to prevent build-up of mould.

No collapsible hooks should be provided anywhere in the facility.

All door and cupboard handles/knobs and hinges are to be anti-ligature type. Fittings moulded to incorporate hand pulls are preferred.

3.11.8 Shower curtains and tracks

The design of ensuites should seek to remove the need for shower curtains and tracks. This can be achieved if the shower cubicle is appropriately sited, floors graded appropriately and water rate is controlled to prevent excessive splashing.

Where installed, shower tracks must be anti-ligature type, plastic and mounted flush to the ceiling to prevent the possibility of attaching anything such as cords or belts. It is critical to ensure that the entire track plus hooks has a fifteen kilogram breaking strain to ensure that if curtains are gathered into a single cluster the aggregate does not exceed fifteen kilograms.

3.11.9 Window treatments

Curtains, Holland blinds or any other type of blinds or curtains with cords should not be used in consumer bedrooms. However, alternative means of providing privacy should be considered.

Where curtains or blinds are provided in areas accessible to patients these must be anti-ligature type.

Enclosed integral venetian blinds with flush controls or electronic controls are an option where privacy and sun shading are required, venetian blinds must be fully retractable.

Ideally external shading of windows (eaves, awnings, etc.) addressing environmental considerations should be the preferred option while applying the same safety principles for fittings and fixtures.

If curtains are selected for use in consumer recreational areas, provide tracks flush to the ceiling with a breaking strain of fifteen kilograms (as for shower curtains). Consideration should also be given to fabric type, with respect to weight/thickness and ease of tearing.

3.11.10 Other

Light fittings, smoke and thermal detectors and CCTV cameras should be tamper- proof, anti-ligature and incapable of supporting a consumer's weight.

3.12 Building services requirements

3.12.1 Electrical services

Power outlets in consumer bedrooms should be fitted with residual current devices.

3.12.2 Fire safety

In general, fire requirements are covered by the Building Code of Australia and the New Zealand equivalent, and AS1603 Automatic Fire detection and Alarm Systems (Standards Australia, 1997) and the *Fire Risk Management Guidelines*.

Despite no smoking rules, consumers will often try to smoke in secret. Smoke detectors should therefore be installed in ensuites. Detectors should be tamper-proof or located so as to be inaccessible to consumers.

Detectors should be anti-ligature type and tamper proof or located as to be inaccessible to consumers.

Fire mimic panels should be installed in staff stations.

Fire hose reels should be located in recessed cabinets with lockable doors (no exposed fire hose reels).

Locking of fire services will require consultation with local fire services and involve staff in managing an evacuation situation.

All fabrics, soft furnishings and items such as mattresses should have a low flame index.

3.12.3 Information and communication systems

Communication systems may provide for:

- alarm systems where necessary
- duress alarms – personal and fixed
- telephone services for staff, patients and visitors. The extent of provision, location, and type i.e. fixed or portable with charging docking stations will need to be addressed in the planning stage to identify space for attaching of charging docking stations
- fixed and cordless telephones for use by patients should be considered
- computer and internet access for patients and staff - teleconferencing, videoconferencing and tele-psychiatry facilities that are used for staff education, management and patient services.

Make adequate provision for cabling and power outlets for computers and consideration for wireless technology.

3.12.4 Staff and emergency call system

The need for a consumer call system in bedrooms and ensuites should be assessed. Call buttons may not always be in easy reach of the consumer, systems can be abused and most consumers are ambulant and capable of asking for assistance. If installed, the system should allow staff override.

Staff assistance and psychiatric emergencies can be handled via personal duress alarms.

3.12.5 Ventilation and air handling

Consideration should be given to the type of heating and cooling units, ventilation outlets and equipment installed in private, resident areas of the service. Special purpose equipment designed for psychiatric use should be used to minimise opportunities for self-harm.

The following is applicable:

- use air grilles and diffusers that are anti-ligature type and tamper resistant
- provide tamper-resistant fasteners where these are exposed
- construct all convector or heating, ventilation, and air conditioning (HVAC) enclosures exposed in the room with rounded corners and with closures fastened with tamper-resistant screws
- use HVAC equipment that minimises the need for maintenance within the room
- air conditioning vents should be fixed to the ceiling to prevent access to the roof cavity
- avoid panel heaters in resident bedrooms areas.

4 Components of the unit

4.1 Standard components

Rooms/spaces are defined as standard and Non-standard components. Standard components (SC) refer to rooms/spaces for which room data sheets, room layout sheets (drawings) have been developed. Their availability in the guideline is indicated by 'Y' in the SC column of the Schedule of Accommodation.

Standard components are provided to assist with the development of a project, they indicate a compliant layout but other layouts are acceptable as long as they achieve all required performance standards. Refer to Part B, Section 90 and to room data and room layout sheets of the *Australasian Health Facility Guidelines.*

4.2 Non-standard components

Non-standard components are unit-specific and are listed and described below:

- kitchen
- meeting room
- multifunctional activity space
- secure entry zone and airlocks
- store – clean linen.

4.2.1 Kitchen

4.2.1.1 Description and function

The kitchen is used for the preparation of meals and snacks for residents. Residents may participate in meal preparation so the kitchen should be sized to enable multiple users at the one time.

Food preparation and consumption is a key component of social interaction and group communication. The preparation and provision of food is a critical feature in creating and maintaining a domestic atmosphere within the service and it is also a major life role.

In keeping with the domestic feel of the residence and the requirement that service prepares consumers for life within the community, the following are of key importance in the provision of food and meals:

- flexibility/availability of food, hot and cold drinks and access to food preparation facilities outside of meal times
- choice of different foods
- ability to prepare food in a culturally-relevant way
- adherence to the Australia and New Zealand food standards code, Standard 3.3.1 Food safety programs for food services to vulnerable persons

4.2.1.2 Location and relationships

The kitchen should be co-located with the shared dining and living areas.

4.2.1.3 Considerations

It is desirable for the kitchen to be open plan type to facilitate easy communication between staff and residents in the shared dining and living areas.

A separate, lockable pantry for consumers should be considered to enable secure storage of food items and equipment if required.

The kitchen should have the capacity for staff to lock away any items that may present a potential safety risk when the kitchen is unsupervised.

4.2.2 Meeting room/visitor room

4.2.2.1 Description and function

A meeting room/visitor room is required to enable staff to have team meetings, liaise with visiting clinical staff, hold family meetings and as a location for family/carers to visit consumers.

4.2.2.2 Considerations

The meeting room should be provided close to the PARC entry as well as the staff base. If possible, access should be provided to a pleasant outdoor space to accommodate visiting children.

4.2.3 Activity area

4.2.3.1 Description and function

An activity area is required for residents to participate in structured programs during the day and for use as a recreational space at other times.

4.2.3.2 Location and relationships

The activity area should be located in the resident's shared area.

4.2.3.3. Considerations

The fit-out of the activity area will reflect the needs of residents and the programs provided by the service e.g. it may function as an art space in an adult PARC or as a games room in a YPARC. The room should be fitted with lockable joinery units that enable items required for one activity to be put away when another activity is underway.

4.2.4 Main entry area

4.2.4.1 Description and function

All arrivals and departures of consumers and visitors should occur through a single entry point.

4.2.4.2 Location and relationships

The arrival/entry should be of a residential scale and sit discreetly within the streetscape. It should be located adjacent to the staff area so staff can monitor arrivals and departures.

4.2.4.3 Considerations

The arrival/entry functions as the entry to the unit and should convey a non-institutional appearance.

It should be within an airlock with access controlled by staff so entry to the building can be prevented if required.

The arrival/entry space should also provide comfortable waiting space for consumers being admitted to the unit and for visitors.

4.2.5 Resident laundry

4.2.5.1 Description and function

The resident laundry is provided to enable residents to undertake their own personal laundry.

4.2.5.2 Considerations

The laundry should be lockable with access controlled by staff. Careful consideration should be given to how washing machines and dryers are installed so that they do not provide exposed pipes and taps. This may be achieved by installing them within a niche or in a joinery unit that restricts access to the rear of the machines.

Laundry troughs should be fitted with anti-ligature tap ware and waste pipes shrouded to prevent access.

Products typically used in a laundry and that may be harmful if ingested should be stored within a locked cabinet with access provided by staff.

Separate lockable storage per consumer should be considered for storage of personal laundry consumables.

Attachment 1: Schedules of Accommodation

Generic schedules of accommodation for various facilities are shown below. These schedules must be used in conjunction with this guideline.

Generic youth 10-bed PARC

	PARC 10-bed youth unit	m2/ room	No. of rooms	Nett Functional Area	Gross Departmental Floor Area (includes circulation)
	Clinical areas				
Y	Clean utility/medication	10	1	10	13
Y	Interview/consult room	12	1	12	16
	Main entry area				
	Toilet - accessible	7	1	7	9
	Entry - wait	12	1	12	16
	Private residential area				
Y	Ensuite – mental health	5	9	45	59
Y	1 bedroom – mental health	15	9	135	176
Y	1 bedroom special – mental health	24	1	24	31
Y	Ensuite – special mental health	7	1	7	9
	Lounge - sub	12	2	24	31
	Shared residential area				
	Activity room	25	1	25	33
	Dining room	25	1	25	33
	Kitchen	25	1	25	33
	Laundry	8	1	8	10
	Lounge	30	1	30	39
	Bay – patient telephone	4	1	4	5
	Lounge - family	20	1	20	24
	Staff and support areas				
	Comms room	6	1	6	7
	Dirty utility/cleaners trolley	12	1	12	14
	Meeting room	20	1	20	24
Y	Office – single person	9	1	9	11
	Office – workstation	4	1	16	19
	Shower – staff	3	1	3	4
	Staff room	12	1	12	14
	Store – general	9	1	9	11
	Toilet – staff	3	2	6	7
	1 bedroom	9	1	9	11
	GRAND TOTAL		**57**	**515**	**657**
	Gross Departmental Area (m2)				657
	Travel and plant allowance *				12%
	Gross Building Area				736
	** Varies depending on whether standalone facility or integrated with others. Allow for covered veranda areas, linkages to other co-located facilities and any centralised plant*				
	External areas				
	Outdoor space	7.5 m2/ resident	10	75	

Generic adult 10-bed PARC

	PARC 10-bed adult unit	m2/ room	No. of rooms	Nett Functional Area	Gross Departmental Floor Area (includes circulation)
	Clinical areas				
Y	Clean utility/medication	10	1	10	13
Y	Interview/consult room	12	1	12	16
	Main entry area				
	Toilet - accessible	7	1	7	9
	Entry - wait	9	1	9	12
	Private residential area				
Y	Ensuite – mental health	5	9	45	59
Y	1 bedroom – mental health	15	9	135	176
Y	1 bedroom special – mental health	17	1	17	22
Y	Ensuite – special mental health	7	1	7	9
	Lounge - sub	12	2	24	31
	Shared residential area				
	Activity room	20	1	20	26
	Dining room	25	1	25	33
	Kitchen	25	1	25	33
	Laundry	8	1	8	10
	Lounge	30	1	30	39
	Staff and support areas				
	Comms room	6	1	6	7
	Dirty utility/cleaners trolley	12	1	12	14
	Meeting room	20	1	20	24
Y	Office – single person	9	1	9	11
	Office – workstation	4	4	16	19
	Shower – staff	3	1	3	4
	Staff room	12	1	12	14
	Store – general	9	1	9	11
	Toilet – staff	3	2	6	7
	1 bedroom	9	1	9	11
	GRAND TOTAL		**55**	**476**	**609**
	Gross Departmental Area (m2)				609
	Travel and plant allowance *				12%
	Gross Building Area				682
	** Varies depending on whether standalone facility or integrated with others. Allow for covered veranda areas, linkages to other co-located facilities and any centralised plant*				
	External areas				
	Outdoor space	7.5 m2/ resident	10	75	

Generic 10-bed extended care PARC

	PARC 10-bed extended care	m2/ room	No. of rooms	Nett Functional Area	Gross Departmental Floor Area (includes circulation)
	Clinical areas				
Y	Clean utility/medication	10	1	10	13
Y	Interview/consult room	12	1	12	16
	Main entry area				
	Toilet - accessible	7	1	7	9
	Entry - wait	9	1	9	12
	Private residential area				
Y	1 bedroom – mental health	18	9	162	211
Y	1 bedroom special – mental health	25	1	25	33
Y	Ensuite – mental health	5	9	45	59
Y	Ensuite – special mental health	6.5	1	7	8
	Lounge - sub	12	2	24	31
	Shared residential area				
	Activity room	20	1	20	26
	Dining room	25	1	50	65
	Kitchen	25	1	25	33
	Laundry	8	1	8	10
	Lounge	50	1	50	65
	Staff and support areas				
	1 bedroom	9	1	9	12
	Comms room	6	1	6	8
	Dirty utility/cleaners trolley	12	1	12	16
	Meeting room	20	1	20	25
Y	Office – single person	9	1	9	12
	Office – workstation	4	4	16	21
	Shower – staff	3	1	3	4
	Staff room	12	1	12	16
	Store – general	9	1	9	12
	Toilet – staff	3	2	6	8
	GRAND TOTAL		**55**	**555**	**722**
	Gross Departmental Area (m2)				
	Travel and plant allowance *				12%
	Gross Building Area				809
	** Varies depending on whether standalone facility or integrated with others. Allow for covered veranda areas, linkages to other co-located facilities and any centralised plant*				
	External areas				
	Outdoor space	7.5 m2/ resident	10	75	

Attachment 2: Functional relationships diagram