

# general principles

## 8.0 Miscellaneous Issues

### Design Objectives

#### 8.1 Special requirements for dementia care

##### 8.1.1 To give attention, where needed, to accommodation situations for the care of residents with dementia in addition to the guidelines previously mentioned

### Design Guidelines

Provide clear orientation and possible use of “cues” in hallways to guide/orientate people to activity areas (dining, lounge, kitchenette, etc.).

Use the ‘If you can see it you can probably find it’ principle for way-finding. Where private ensuites are provided, locate the toilet within view of the bed.

Consider the use of lights activated by movement detector for night cueing for private ensuites. An increase in luminescence is generally needed in these spaces.

Consider the use of resident monitoring systems in lieu of resident-use emergency call systems.

Proper design of circulation is critical. Avoid dead ends and corridors. Avoid positioning bedrooms at the end of hallways to prevent wandering resident migrating into such rooms and interfering with other residents belongings. Provide even-surfaced, well lit and secure walking ‘pathways’ which run inside and outside the building.

The ‘front door’ egress points should not be visually/spatially prominent from inside the building.

Visually accentuate resident-use doors and de-emphasise other doors.

Enable discreet/subtle supervision by staff of living and garden areas from the Servery/Kitchenette/Dining area (where staff activity is often focussed).

Consider noise control in living areas to maintain the privacy of other rooms and functions in the facility.

Provide lockable storage areas in the Servery, etc. for dangerous equipment.

Divide wardrobes into resident-use portion and locked staff-use portion. Disguise the locked portion by painting the same as the adjacent wall.

Garden or courtyard is often a very positive aspect of a dementia care unit. A clear pathway winding through a variety of gardens may be enjoyable. Make directional choices to reach ‘destinations’ or focal points (which act as references for way finding) simple. Consider the provision external toilet facilities and clothes lines.

The garden needs to be safe and secure in a way that is not oppressive. Toxic plants should not be used in dementia specific areas. Fences should be domestic in style and shielded by plants to discourage egress.

Maximise the functional independence of the resident by simplifying multi-step tasks and minimising alternatives.

# general principles

## Design Standards and Policies

- 8.1 Certification Assessment - Section 1 Safety
- 8.1.1 Accredited Std 2.4 - Clinical Care (Dementia Care)
- Accredited Std 3.0 - Resident Lifestyle
- Accredited Std 4.4 - Living Environment
- Accredited Std 4.5 - Occupational Health & Safety

## Design Diagrams



8.1.1



8.1.1

**Note:**

The above recommended references are not exhaustive. The principles of the non-mandatory design standards listed should be adopted, except where in conflict with the Queensland Health Department policies, guidelines, or care models.

# general principles

## Design Objectives

**8.1.1 To give attention, where needed, to accommodation situations for the care of residents with dementia in addition to the guidelines previously mentioned (Con't)**

**8.1.2 To give attention, where needed, to staff work environments for the care of residents with dementia.**

## **8.2 Special requirements for psychogeriatric care**

**8.2.1 To give attention, where needed, to accommodation situations for the care of psychogeriatric residents in addition to the guidelines previously mentioned.**

## **8.3 Cultural considerations**

**8.3.1 To give attention, where applicable, to accommodation situations where typical design solutions are inappropriate for residents of specific cultural backgrounds.**

## Design Guidelines

Balance problems and the possibility of falling are common. By spatially organising the facility into no access areas, limited access with staff supervision, and unlimited access areas, resident safety can be controlled more easily.

Consider residents inability to comprehend dangerous situations the same way as people without dementia do.

Cluster bedrooms around central living areas to minimise long corridors and enhance way-finding to contrived destinations.

Provide staff respite areas away from resident to help alleviate the high stress demands of caring for residents with dementia.

Building design principles which enhance therapeutic dementia care are also appropriate for good psychogeriatric care. However, a higher level of security is required for the implementation of resident management strategies appropriate to the level of behavioural disturbance.

Incidences of exacerbated behaviour can usually be spasmodic. Therefore, environments which reflect normality are preferred, with the ability to quickly and easily remove any items which could become dangerous when behaviour warrants it.

Provide appropriate spaces for the administration of medication to manage symptoms and educate others.

Provide counselling spaces appropriate for residents, carers and families.

Establish past and present behavioural patterns, and tendencies for designing appropriately safe buildings.

Maintain residential themes in treatment areas.

Provide design specific rooms for the containment of people who are at risk of harming others.

Accommodating the specific cultural needs such as Aboriginal or Torres Strait Islander people and people of non-English speaking backgrounds, will require consultation with the relevant representative parties to establish the necessary design guidelines and strategies of care.

# general principles

## Design Standards and Policies

## Design Diagrams

### 8.2 Certification Assessment - Section 1 Safety

- 8.2.1 Accredited Std 3.0 - Resident Lifestyle
- Accredited Std 4.4 - Living Environment
- Accredited Std 4.5 - Occupational Health & Safety
- Workplace Health & Safety Act 1995*
- Workplace Health & Safety Regulations 1997*
- Queensland Health, *Building Guidelines for Queensland Mental Health Facilities 1996*



8.2.1

### 8.3 Queensland Health Department Policy Accredited Std 3.8 - Cultural and Spiritual Life

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# general principles

## Design Objectives

### 8.4 Companion animals

#### 8.4.1 To provide facilities for the accommodation of companion animals

### 8.5 Anthropometrics

#### 8.5.1 To take account of the anthropometric requirements of residents and staff

## Design Guidelines

Pet animals such as dogs and birds may be provided for therapeutic purposes.

Visually impaired residents may keep 'seeing eye' dogs.

Bird aviaries are best located in courtyard or garden settings.

Dogs will require a fenced external area for a kennel, toileting, feeding, etc. Provide flap access for daytime entry and to exit from the building to the fenced area. Secure at night.

Standard anthropometric data used for planning and design should be used as a guide only. Consider residents with restricted flexibility and their ability to reach, stand, sit, walk and perform tasks, with and without assistive devices. For example, some functions may require two work surface height options or be height adjustable, to cater for people with restricted mobility.

The anthropometrics of residents increases to the size of the assistive devices and carer involvement. Consider carefully the spatial requirements for carer access and all possible manoeuvring and reaching options of residents with assistive devices. Assistive devices may include walking frames, wheelchairs, hoists, lift hygiene chair, bath trolley, shower trolley, etc.

Avoid staff having to lift or transfer heavy items unassisted or reach for items in awkward locations, by designing thoughtful task specific work environments.

# general principles

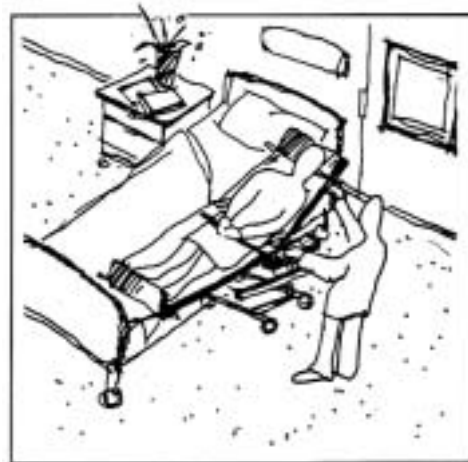
## Design Standards and Policies

**8.4.1** Accredited Std 3.0 - Resident Lifestyle  
*Workplace Health & Safety Act 1995*  
Workplace Health & Safety Regulations 1997  
(Infection Control Issues)  
Accredited Std 4.5 - Occupational Health & Safety  
Accredited Std 4.4 - Living Environment  
Accredited Std 2.14 - Mobility, Dexterity and  
Rehabilitation  
Accredited Std 1.7 - Inventory and Equipment  
*Workplace Health & Safety: Code of Practice*  
*Manual Handling 1991*  
*Workplace Health & Safety: Code of Practice*  
*Manual Handling of People 1992*  
*Anti-Discrimination Act 1991*

**8.5** AS 1428  
SAA HB59 Ergonomics - The human factor -  
A practical approach to work systems design  
NSW Health Dept. DS32 - Improved access  
for health care facilities 1994

**8.5.1** *Workplace Health & Safety Act 1995*  
*Workplace Health & Safety Regulations 1997*  
Accredited Std 4.5 - Occupational Health & Safety  
Accredited Std 4.4 - Living Environment  
Accredited Std 2.14 - Mobility, Dexterity and  
Rehabilitation  
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*Workplace Health & Safety: Code of Practice*  
*Manual Handling 1991*  
*Workplace Health & Safety: Code of Practice*  
*Manual Handling of People 1992*  
*Anti-Discrimination Act 1991*  
Division of Workplace Health and Safety,  
Advisory Standard Work Involving Repetition,  
Force or Awkward Postures, 1996

## Design Diagrams



8.5.1



8.5.1

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