

# 10. Extended Inpatient High Security Unit (24 Bed)

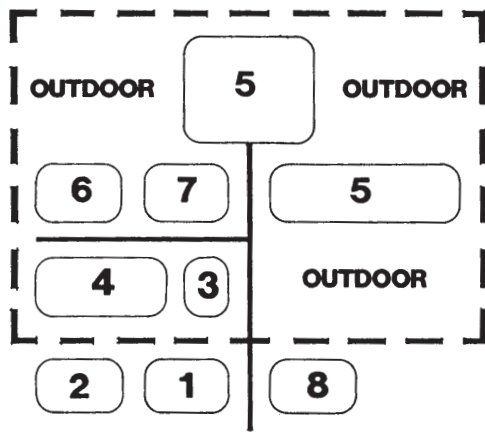
## Functional Relationships

### General issues

The functional diagrams shown below relate to the sub-units established in the Room Data Sheets. These generic conditions of relationship have been diagrammatically displayed for ease of communication. Specific interrelationships have not been shown.

## Functional Diagram

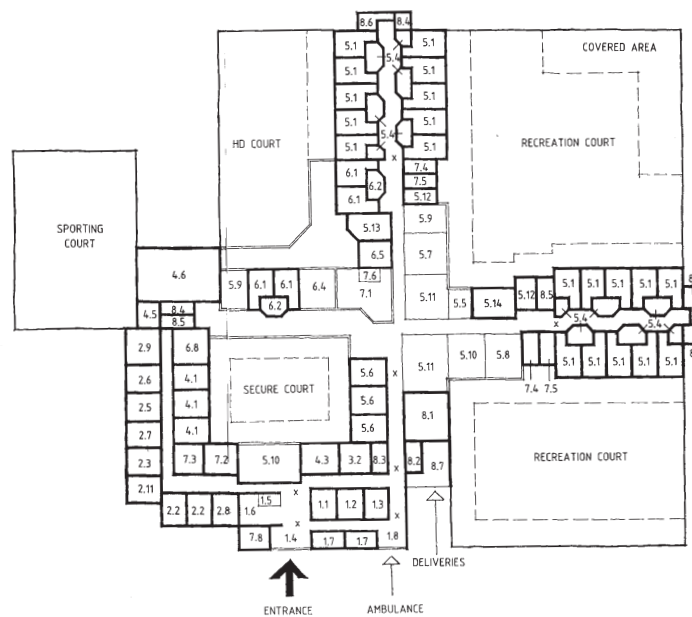
- 1 Admissions**
- 2 Consulting/Allied Health**
- 3 Nursing Staff**
- 4 Specialist Areas**
- 5 Consumer Areas**
- 6 Consumer Areas (High Dependency)**
- 7 Staff Facilities**
- 8 Hotel Services**



## Room Legend

The following spaces and rooms are included in the generic design.

- |  |  |
|--|--|
| <b>1 Admissions Sub-unit</b>               | 5.7 Main Lounge                                    |
| 1.1 Admissions Office                      | 5.8 Music Lounge/<br>Night Lounge                  |
| 1.2 Interview Room                         | 5.9 Quiet Lounge                                   |
| 1.3 Examination Room                       | 5.10 Activities Room                               |
| 1.4 Entrance                               | 5.11 Dining Room                                   |
| 1.5 Reception                              | 5.12 Laundry                                       |
| 1.6 Waiting                                | 5.13 Treatment Room                                |
| 1.7 Visitors Toilet                        | 5.14 Consumer Toilet                               |
| 1.8 Ambulance Entrance                     |  |
| <b>2 Consulting/Allied Health Sub-unit</b> | <b>6 Consumer Areas (High Dependency) Sub-unit</b> |
| 2.1 Director's Office                      | 6.1 Single Bedroom (HD)                            |
| 2.2 Consulting Psychiatrist                | 6.2 Bathroom                                       |
| 2.3 Registrar's Office                     | 6.4 Lounge/Dining Room                             |
| 2.5 Psychologist                           | 6.5 Seclusion Room                                 |
| 2.6 Occupational Therapist                 | 6.8 Assisted Bathroom                              |
| 2.7 Social Worker                          |  |
| 2.8 Administrative Staff                   | <b>7 Staff Facilities Sub-unit</b>                 |
| 2.9 Consumer/<br>NGO Meeting Room          | 7.1 Nurses' Station                                |
|  | 7.2 Staff Lunch Room/Lounge                        |
| <b>3 Nursing Staff Sub-unit</b>            | 7.3 Staff Toilets/Change Room                      |
| 3.2 Nurses' Office                         | 7.4 Clean Utility Room                             |
|  | 7.5 Dirty Utility Room                             |
| <b>4 Specialist Areas Sub-unit</b>         | 7.6 Medical Store                                  |
| 4.1 Consulting Room                        | 7.8 Security Room                                  |
| 4.3 Group/Interview Room                   |  |
| 4.5 Equipment Store                        | <b>8 Hotel Services Sub-unit</b>                   |
| 4.6 Gymnasium                              | 8.1 Servery  |
|  | 8.2 Clean Linen Store                              |
| <b>5 Consumer Areas Sub-unit</b>           | 8.3 Soiled Linen Store                             |
| 5.1 Single Bedroom                         | 8.4 Store (Patients' Effects)                      |
| 5.4 Bathroom                               | 8.5 Store (General)                                |
| 5.5 Kitchen                                | 8.6 Cleaner's Room                                 |
| 5.6 Visitors Room                          | 8.7 Loading Dock                                   |



- Space boundary
- Transparent barrier
- Solid wall
- Covered area

## Generic Layout Considerations

### General issues

The diagrammatic plan shows the significant space relationships for this facility. These have been scaled for ease of reference. They do not represent a preferred layout but one possibility of several acceptable layouts.

Building Guidelines for  
Queensland Mental Health Facilities

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**Section 3** Design Guidelines

# 10. Extended Inpatient High Security Unit (24 Bed)

## Introduction

### How to use this document

This guideline is intended to provide general information about this facility to potential designers, managers, service providers and others. This section should be read in conjunction with the General Principles (Section 2) and the Room Data Sheets (Section 4). The design information contained herein is generic and hypothetical. Readers should be aware of the implications of site requirements, budgets, management needs and the particular requirements of the service providers and consumers for a particular project.

The paragraphs included below contain information which is divergent from that contained in other parts of the general document. Where reference is made to individual space types or rooms, this information can be found in the Room Data Sheets. For more general objectives refer to the General Principles. Special and more specific information relating to this facility is listed below.

### Facility type description

This facility provides accommodation for an Extended Inpatient Unit under conditions of high security. The building is primarily a health treatment building but incorporates other ancillary uses. It includes areas for public use, admission and offices, care areas, consumers' residential areas, staff facilities, hotel services and utility spaces. Provision should be made for carparks, roadways, public and private courtyards and delivery areas.

### Facility usage

This facility caters for the use by consumers of the service, the service providers, including nursing, medical and allied health professionals, non-government organisations, Queensland Health employees and other management service providers, hotel services, students, research visitors and the general public. Restrictions in access to the facility will apply to some of these users but the facility will be fully operational 24 hours a day all year round.

There will be generally three shifts per day for service providers and some support services. There is an expected provision for emergency services, including police and ambulance, to be on hand at the required times. The general public, management, hotel and other ancillary services will most likely be restricted to day and evening use.

The administration of care involves procedures which have some similarities with general hospital care, e.g. admission, examination, allocation of residential accommodation and the provision of services needed to maintain consumers' stay in the unit, but there will be more emphasis on the residential component. In addition, there is a significant need for direct observation of consumer areas, especially in activity, living and dining areas and external spaces. Nurses' stations are the hub of most observation configurations, but there is a requirement that care is also available in all spaces used by consumers and that the designs do not encourage passive observation. Consumer spaces should reflect a variety of activities and offer numerous areas for individual respite, while still providing for care interaction. The nature of the illness of consumers in this group establishes the need for high levels of security to ensure consumers in this facility are supervised at all times.

### Building design philosophy and general intent

This building should be designed to maximise the dignity of consumers while establishing appropriate levels of professional care, security and a therapeutic environment. The design should promote accessibility to all sections of society through the process of consultative design and by attention to environmental design processes, to produce equitable, comprehensible and sustainable buildings.

The facility will:

- Provide secure extended treatment and rehabilitation for adults with mental illness who require a high degree of security.
- Provide a safe and therapeutic environment for return of health sufficient to enable consumers to return to the community with appropriate support.
- Provide spaces for the administration of medication, psychological and social approaches to managing symptoms and for the education of the consumer, family and carers about the illness and recovery.
- Provide intensive care for consumers experiencing extremely acute phases of illness.
- Allow implementation of management strategies appropriate to the level of behavioural disturbance.
- Provide capacity for treatment in a high-dependency area for people at risk of harming others.
- Provide counselling spaces for consumers, families and carers.
- Provide facilities to ensure continuity of care in case management models. This will involve liaison between Inpatient and community or other services, both at pre- and post-admission and at discharge planning.

- Provide for specific groups such as ATSI and non english speaking background.
- Provide facilities for electroconvulsive therapy, where this can not be undertaken within a day procedures unit in the hospital.
- Provide secure facilities for detaining mental health consumers as established by the Mental Health Act.

Economic sustainability of capital works and recurrent funding for mental health facilities place the onus on designers to provide efficiency in circulation and economy of functional areas. A fine balance between efficient design, longevity and low maintenance buildings, optimum bed numbers, optimum clinical staffing and effective personal and support services management will provide a "best model" facility.

## Staffing Profile

### General issues

The administration of care in this type of facility requires a model that involves nursing professionals at the centre of continuous care, with ongoing consultant support from medical officers, visiting psychiatrists, psychologists, social workers, and occupational therapists and with administrative support from clerical and management staff. Security staff provide administration of the security system which may be provided by Queensland Health or a contractor. Hotel services can be provided in the form of Queensland Health hotel services or as off-site contract provisions. Support from outside the service may be provided by non-government organisations or informal public or family support. A large proportion of those using the facility will be visiting for limited times, generally during day and evening periods.

### Schedule of user types

The following table gives an example of a mix of staff typical for this facility and is provided to establish a notional maximum number expected to be in the facility on the busiest shift.

User group	Maximum FTE for any single shift
Nursing	10
Allied Health	4
Medical	5
Administration	1
Support	4
TOTAL	24

## General Design Principles

The following are special requirements in addition to the General Principles (Section 2).

### Siting and site selection

- Preferably sited as a stand-alone, single-storey building in a location that will have minimum impact on surrounding community.
- Sited adjacent to a lightly trafficked road or street and to landscaped parkland or other outlook.

### Site layout

Preferably located on a single level on ground.

### Landscape treatments

Plant selection and external works design within secure courtyards should enhance surveillance of external spaces, avoid potential for use of material in a dangerous manner, and discourage escape.

### Fences and walls

Effective security requires robust construction of high walls which should not be able to be climbed but should still offer alternative functions such as climate control and planting and affording views to outside vistas.

### Building appearance

While offering the appearance of security, buildings should avoid undignified and inhumane symbols of containment. Walls and fences should integrate with the building appearance.

### Security and privacy

High-dependency consumer areas should have defined separate courtyard areas with more attention to privacy and security. All courts should be fully secure and substantially overlooked from the nurses' station or living areas in which nursing staff are designated.

### Climate

Particular attention to ventilation, heating and cooling will need to be undertaken to mitigate the effects of enclosing walls.

### Interior design

Interior design should avoid symbols of containment, and where security elements are used, architectural treatment should provide for functions and images that obscure their meaning.

### Interior elements

Internal elements require robustness for security reasons.

## Schedule of Functional Areas

No.	Function Name	Req	m2 (min.)	Total	Remarks
1.0	Admissions			96	Sub-unit
1.1	Admissions Office	1	12	12	
1.2	Interview Room	1	12	12	
1.3	Examination Room	1	10	10	For 2 FTE+2m <sup>2</sup> /FTE > 2
1.4	Entrance	1	15	15	+5m <sup>2</sup> outside area
1.5	Reception	1	8	8	Includes desk+2m <sup>2</sup> /FTE
1.6	Waiting	1	15	15	For 8 users+2m <sup>2</sup> /user >8
1.7	Visitors Toilets	2	8	16	For 1 sex and disabled
1.8	Emergency Entrance	1	8	8	
2.0	Consulting/Allied Health			102	Sub-unit
2.1	Director's Office	1	12	12	
2.2	Consulting Psychiatrist	2	10	20	
2.3	Registrar's Office	1	12	12	
2.5	Psychologist	1	12	12	
2.6	Occupational Therapist	1	12	12	
2.7	Social Worker	1	12	12	
2.8	Administrative Staff	1	10	10	For 1 FTE+5m <sup>2</sup> /FTE > 1
2.9	Consumer/ NGO Meeting room	1	12	12	
3.0	Nursing Staff			10	Sub-unit
3.2	Nurses' Office	1	10	10	For 2 FTE+5m <sup>2</sup> /FTE > 2
4.0	Specialist Area			108	Sub-unit
4.1	Consulting Room	3	10	30	For 2 users
4.3	Group/Interview Room	1	12	12	For 3 users
4.5	Equipment	1	6	6	
4.6	Gymnasium	1	30+30	60	Consumer uses
5.0	Consumer Areas			595	Sub-unit
5.1	Single Bedroom	20	12	240	
5.4	Bathroom	20	5.5	110	1 to 2 users each
5.5	Kitchen	1	10	10	Accessible to consumers
5.6	Visitors Room	3	10	30	
5.7	Main Lounge	1	15+10	25	+1m <sup>2</sup> /bed
5.8	Music Lounge/ Night Lounge	1	10+10	20	+1m <sup>2</sup> /bed
5.9	Quiet Lounge	2	15	30	
5.10	Activities Room	2	15+5	40	+1m <sup>2</sup> /bed
5.11	Dining Room	2	15+10	50	+1m <sup>2</sup> /bed (20 consumers max.)
5.12	Laundry	2	5+1	12	+0.2m <sup>2</sup> /bed
5.13	Treatment Room	1	12	12	
5.14	Consumer Toilet	2	8	16	For 1 sex and disabled

No.	Function Name	Req	m2 (min.)	Total	Remarks
6.0	Consumer Areas (High Dependency)			110	Sub-unit
6.1	Single Bedroom	4	12	48	
6.2	Bathroom	4	5.5	22	
6.4	Lounge/Dining	1	12+3	15	+2m <sup>2</sup> /bed
6.5	Seclusion Room	1	10	10	
6.8	Assisted Bathroom	1	15	15	
7.0	Staff Facilities			105.5	Sub-unit
7.1	Nurses' Station	1	15	15	For 2 FTE+2.5m <sup>2</sup> /FTE > 2
			+12.5	27.5	
7.2	Staff Lunch Room/ Lounge	1	15	15	12 users
7.3	Staff Toilets/ Change Room	1	15	15	Male and female
7.4	Clean Utility Room	2	8	16	+0.25m <sup>2</sup> /bed > 10
7.5	Dirty Utility Room	2	8	16	+0.25m <sup>2</sup> /bed > 10
7.6	Medical Store	1	6	6	
7.8	Security Room	1	10	10	
8.0	Hotel Services			97	Sub-unit
8.1	Servery	1	15+12	27	+0.5m <sup>2</sup> /bed
8.2	Clean Linen Store	1	4+6	10	+0.2m <sup>2</sup> /bed
8.3	Soiled Linen Store	1	4+6	10	+0.2m <sup>2</sup> /bed
8.4	Store (Patients' Effects)	3	2+2	12	+0.2m <sup>2</sup> /bed
8.5	Store (General)	2	4+6	20	+0.2m <sup>2</sup> /bed
8.6	Cleaner's Room	2	4	8	
8.7	Loading Dock	1	10	10	Covered outdoor
	Sub-total			1224	
	Circulation, Storage and Misc. @25%			306	
	Carparking for 17 Cars (2 disabled)				+0.5/bed; 0.1/disabled; 0.1/visitors
	TOTAL			1530	

## Particular Space Considerations

### General issues

This facility will most likely be built on a hospital campus adjacent to other mental health facilities. The nature of the facility care and proximity may allow the common use of support services and other facilities.

### Specific space management requirements

Where allied health and consulting medical services can be provided from another mental health facility or community mental health centre in close proximity, some office spaces from this sub-unit may be reduced or deleted.

The size of this facility warrants the inclusion of a small High-dependency Consumer Sub-unit that is able to be observed from the general nurses' station.

Please attach your list of specific requirements behind this document.