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EASTERN HEALTH BOARD

DEVELOPMENT BRIEF

ST. COLUMCILLES HOSPITAL

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INTRODUCTION

The Brief is a statement of the principles on which the entire project will be based.

It describes in detail its main features as a set of instructions for the completion of a development control plan and subsequently the detailed design of various units/departments in line with the phasing requirements set out in this Brief.

The general figures and content of the scheme are set down in sections 2,3 and 5. The various elements of the project described in Section 6 are grouped functionally. A general description of the mechanical, electrical and civil engineering requirements is contained in Section 7,8 and 9. A staffing estimate in a form suitable for the needs of the design team is set out in Section 10.

The number coding system identifies, by the first digits, the various sections of the Brief and progressively, by the second and third digits, the sub-sections/groups of the Departments in the section. In the case of the various departments the same digits (except for the first digit) carry through the functional content (section 3), description of departments (section 6) and mechanical and electrical services requirements for departments (section 80 for ease of identification and cross referencing).

The Schedules of accommodation in Section 6 list the numbers and areas of each room as well as a total room area for each department. Circulation spaces and access/accommodation area for engineering services (including calorifier plant rooms, ventilation plant rooms, lift wells and motor rooms, vertical duct areas, water storage rooms and switch rooms) except for the boiler plant department, are not included.

The following were members of the Working Group which was set up by the Eastern Health Board in May 1997 for the purpose of drafting a Planning Brief for the future development of the Hospital.

Eastern Health Board

Mr. James O'Brien, Programme Manager (Chairman)

Dr. John Fennell, Consultant Physician

Dr. Hugh Gallagher, Consultant Anaesthetist

Ms. Mercedes Hurley, Matron

Mr. John Hempenstall, Hospital Manager.

1.

ASSESSMENT OF NEED

1. ASSESSMENT OF NEED

St. Columcille's Hospital, Loughlinstown is located in an area which has undergone substantial development and growth in population over the past two decades. Housing development and consequent population growth continues apace in the immediate catchment area of the Hospital which serves a population of 165,430 approximately including the population of the East Wicklow area.

It is to be noted that County Wicklow has no acute general hospital within the county boundry and the population of the county have come to regard St.Columcille's as their hospital.

St.Columcille's Hospital in association with the other acute general hospitals in South East Dublin serves a total population of 360,000 in the wider catchment area of Dublin South East/East Wicklow.

One vitally important aspect of the hospital's role is the provision of a 24 hour/7 day week accident and emergency service for its catchment area, which in turn takes pressure off the tertiary referral Dublin A&E hospitals and in particular St.Vincent's hospital, thereby ensuring that patients are treated at a level more appropriate to their medical needs.

The Hospital will have a total bed complement of 166 beds plus 25 day places as listed on page 12. The range of acute services for the catchment area are as follows:-

- General Surgery
- Orthopaedics (including Orthopaedic Trauma)
- Obstetrics/Gynaecology
- Vascular Surgery
- Intensive Therapy
- Dental Surgery
- E.N.T.
- Ophthalmology
- Plastic Surgery
- General Medicine

Respiratory Medicine
Cardiology
Coronary Care
Rheumatology
Vascular Medicine
Acute Geriatric Assessment/Rehabilitation
Physical Medicine
Paediatrics
Endocrinology/Diabetes
Gastroenterology
Dermatology
Neurology
Rehabilitation
Oncology
Nephrology
Urology
Psychiatry

Day Services
Out Patient Services
X-Ray Services
Pathology Services
Pain Relief

All the above services are planned in the context of the delivery of Hospital services in cooperation with the other acute general hospitals in the catchment area.

The development of psychiatric services at the Hospital will be considered in the context of the overall plan for the South East Dublin/East Wicklow catchment area.

2.

GENERAL DESCRIPTION OF

THE PROJECT

2. GENERAL DESCRIPTION OF THE PROJECT

2.1 Client's Philosophy:

The underlying philosophy reflected in the Brief is a commitment to the provision of an integrated and balanced health care service including continuity of care in association with other hospitals in the area.

In this Hospital which will be capable of providing the required range of services to the community, it is the client's intention that the design should be on the basis of an integrated complex and should express and encourage the highest possible professional standards covering the fields of prevention, health education, diagnostic and curative services and rehabilitation services where these are required.

Staff productivity and the facilities, from the planning aspect (e.g. communications etc.) that serve to assist such productivity are considered to be of equal importance. It is also anticipated that there will be an increasing emphasis on using the potential of the Out-patient Department and Day Services for investigations and treatment.

2.2 Scope:

The development of St.Columcille's Hospital will be carried out in separate phases. The requirements for the phasing of the development and the priorities for the provision of the various remaining departments are set down under the "Phasing and Timescale" section of the Brief.

A Development Control Plan for the ultimate development as provided for in the Planning Brief will be prepared.

2.3 Basic Principles:

The basic principles underlying the content of the Brief and the type of hospital that is envisaged are:

- (i) Flexibility in the planning of defined areas to meet future changes and expansion. Provision is to be made in the planning for a 30% expansion factor unless otherwise stated. Accommodation and support services in appropriate departments to be planned to enable such expansion to take place at a later stage.
- (ii) A solution that will be achieved to the described standards and within the capital allocation provided and which will provide a hospital that will be economical in running costs.
- (iii) Readily implemented phasing requirements with minimum disturbance to the existing hospital organisation - see section 11 "Phasing and Timescale".
- (iv) A pleasant environment paying due regard to aesthetics, scale and landscaping, both internally and externally. A quiet restful atmosphere free from noise, pollution or unpleasant odours is desired. Levels of noise reduction to be achieved should not be less than those set out in the draft building regulations.
- (v) Natural light and ventilation to the maximum extent in all areas but particularly in patient areas and where staff are working continuously. Also the importance of orientation and prospect particularly as regard ward accommodation needs careful consideration.
- (vi) In conformity with the low rise character of the surrounding development e.g. residential, the similar nature of the present site should not be fundamentally altered and consequently a low rise development is considered to be more appropriate than a high rise one. For this reason a building height in excess of four stories is considered undesirable. This does not preclude a lesser height either throughout or in certain areas should this solution recommend itself to the Design Team.

- (viii) That as many of the staff as possible should reside away from their working environments. Consequently the provision in the Brief is only for a minimum amount of such accommodation which should be planned in a flexible manner to permit alternative uses to suit fluctuating needs.
- (viii) Implementation of a policy of standardisation to the fullest extent possible e.g. room sizes, services provision, fittings and fixtures, furniture etc.
- (ix) In drawing up the Development Control Plan, the Design Team must give the fullest consideration to the incorporation of present accommodation and facilities to the maximum extent possible.

3.

FUNCTIONAL CONTENT

Functional Content

<u>Department</u>	<u>Functional Content</u>
3.1 In- patient and associated accommodation:	
3.1.1 General Medicine	30 beds
3.1.2 General Surgery	30 beds
3.1.3 Geriatric Assessment/Rehabilitation plus Day Hospital	30 beds 15 beds
3.1.4 General Medical & Surgical	30 beds
3.1.5 Orthopaedic Surgery	30 beds
3.1.6 Intensive Care	5 beds
3.1.7 Coronary Care	6 beds
3.1.8 Isolation	5 beds (dispersed)
3.1.9 Day Services (Medical/Surgical/Anaesthetics)	25 places
3.2 Treatment and Diagnostic:	
3.2.1 Out-patients	32 consulting/ examination rooms.

3.2.2 Accident and Emergency

10 treatment/
examination
cubicles.
Resuscitation
room
Plaster room
3 treatment rooms
Observation/Recovery
Day Bed facilities
consisting of 10
observation places

Treatment and Diagnostic

3.2.3 Radiology

6 x-ray rooms,
2 Ultrasound rooms

3.2.4 Physical Medicine

Physiotherapy Department
(16 Cubicles) including
Occupational Therapy

3.2.5 Operating Department

4 Operating theatres (2 existing)
(one with clean air facilities)
8 bed recovery room

3.2.6 Pathology

Department, including
microbiology, haematology,
biochemistry, histopathology

3.2.7 Mortuary/Post Mortem

2 refridgerated body cabinets
2 Post Mortem tables (room
size to allow for two tables)
2 viewing rooms

3.3	Medical Services	
3.3.1	Medical Records/ Admissions Office	Department - 275,000 current records
3.3.2	Hospital Sterile Supplies	Department serving: 4 theatres 1 Endoscopy Suite Departments and Wards
3.3.3	Pharmaceutical	Department to serve total hospital and South East Dublin/East Wicklow
3.4	Staff	
3.4.1	Central Staff Changing	Department
3.4.2	On-call Accommodation	10-12 On-call Suites
3.5	General Services:	
3.5.1	Administration/Concourse	Department
3.5.2	Catering and Staff Dining	490 main meals
3.5.3	Chaplaincy	Department
3.5.4	Central Supplies	Department
3.5.5	Engineering/Maintenance Works	Department servicing St. Columcilles Hospital
3.5.6	Boiler Plant:	Existing to be modified

4.

**DESCRIPTION OF EXISTING
HOSPITAL AND SITE**

4. DESCRIPTION OF EXISTING HOSPITAL AND SITE

4.1 Location and Area

The existing St.Columcilles Hospital site covering 2.66 hectares (6.57 acres), which is part of a larger Health Board owned site of 8.66 hectares (C 21.4 acres), is situated on the main Dublin-Wexford road 10 miles from Dublin City Centre.

The boundries to the site are formed by

- (i) The N11, the Dublin-Wexford road, to the east and north-east
- (ii) Rathmichael Manor residential development to the South-east
- (iii) Disused railway cutting to the South West
- (iv) Loughlinstown river valley to the west
- (v) Residential properties along Cherrywood road and the N11 to the North.

4.2 Topography

The main body of the site consists of a gently sloping plateau from 43.2m in the south-west to 32m in the north-east. This plateau slopes steeply down to the Loughlinstown river to the west and the N11 to the north-east.

4.3 Buildings on the Site

The site accommodates the former Rathdown Union which was constructed in the early 1840's. The existing Hospital complex is made up of the original union buildings which have been extended and altered over the years plus more recent buildings.

The Hospital complex consists of the following buildings mainly interlinked.

4.3.1 Administration Block

A stone built, slate roofed structure, this building was part of the original structure. This two-story structure houses ward accommodation at ground level and administration at level 1, linked to this block is the Mortuary, Pharmacy, Laboratory block.

4.3.2 Main Hospital Block

A stone built, slate roofed structure, which has been much extended and altered since its original construction. This block houses the main bed complement as well as I.C.U., physical medicine, radiology department, A&E, the Day Hospital, etc.

4.3.3 Kitchen/Staff Dining

A flat roofed, concrete block structure which links the administration and main hospital block.

4.3.4 Theatre Block

This two-story block was built in the late 1980's and is of modern construction. It houses the operating department, out-patients and the main hospital entrance.

4.3.5 Convent

This detached two-story, slate roofed, masonry built structure is situated to the North of the main hospital block and houses the Private Clinic.

4.3.6 Church

Situated beside the Convent and still in use.

4.3.7 Service Buildings

The Boilerhouse, main plant rooms, laundry, stores, etc. Are all accommodated in single story blocks adjoining the main hospital block to the North.

4.3.8 Maintenance Headquarters

Two semi-detached houses close to the main entrance house the maintenance headquarters and the Chaplain.

4.3.9 Ruins

On the site are a number of ruins and demolished buildings of uncertain date including disused sewage tanks, traces of the old St.Columcilles Fever Hospital and the old Workhouse Graveyard.

4.4 Entrance

The sole vehicular entrance to the site is from the roundabout at the junction of the N11 and M11 via an access road shared with Rathmichael Manor Estate.

4.5 Car Parking Provision

The on-site car parking provision consists of:

Adjoining Mortuary	-	12
Adjacent to the Main Entrance	-	63
At rear of Theatre Block	-	30
Adjoining Service area	-	10
Adjoining Private Clinic	-	12

4.6 Services

4.6.1 Heating

The heating needs of the Hospital are met by a natural gas-fired, low pressure hot water Boiler Plant. The convent has an independent low-pressure hot water system.

4.6.2 Drainage

The Hospital is serviced by a 225mm diameter foul sewer running along the N11 to the Shangannagh outfall. The surface water runoff from the site discharges into a mm diameter sewer on the N11. There is an older surface water system on the site which includes a number of underground storage tanks.

4.6.3 Mains Water Supply

The water supply to the Hospital is provided by a 150mm diameter main fed from a 200 mm diameter Dublin Corporation main on Cherywood Road. A back-up supply is provided by a connection to the Dunlaoghaire/Rathdown main along the N11.

5.

WHOLE HOSPITAL

OPERATIONAL POLICIES

5. WHOLE HOSPITAL OPERATIONAL POLICIES

The following general operational policies have been chosen

5.1 Catering

All food preparation for patients and staff will be carried out in the main kitchen including therapeutic and special diets. The kitchen will be designed and equipped on the basis of a cook/chill system for patients and staff. The estimate number of mid-day meals is 191 for patients at 90% occupancy, 159 staff in 3 meal sessions, and 140 meals-on-wheels for distribution.

A self service system will operate in the staff dining room. A choice of menu will be available for both patients and staff. There will be seven-day service. Meals will be plated and trayed centrally and delivered by mobile carts for reconstitution on the wards or departments. Meals will be served to patients either in their beds or in the day rooms attached to the wards. Residential staff, non-residential staff on duty, students etc. will use the central dining area associated with the main kitchen for meals. Special arrangements will be made to cater for the needs of staff whose duty rotas will lie outside normal kitchen working hours. Meals for off-duty non residential or non-hospital staff will not normally be supplied. A maintenance staff snack room will be available in the workshop area for those wishing to use this facility. Visitors, out-patients and staff may use the snack bar in the main concourse for beverages and light refreshments. Non ambulant out-patients (day services, observation, physiotherapy) and accident and emergency patients will be supplied with appropriate meals from the central kitchen according to the daily requirements of these departments. Tea bars and snack bars will be under the control of the Catering Department. Ward kitchens will provide beverages and minor snacks only.

Each ward area will be provided with its own dishwasher and will handle the washing of crockery and cutlery. A Maceration unit for the disposal of swill will be provided in the main kitchen and in each ward kitchen area.

All goods and supplies for the catering department, whether for processing or direct use, will be received from the Central Supplies Department on the basis of a pre-determined supplies policy.

5.2 Staff changing

A central staff changing area will be provided for staff who require to change into uniform. Individual lockers will be used. Washing and showering facilities will be available in the changing area which will be approached by a single entrance. Localised cloakrooms will be provided for male and female staff in wards and in departments with space being provided for small lockers for personal belongings. These lockers will be allocated on a duty basis. Any further changing required e.g. sterile clothing etc. will take place in the appropriate department. Sterile clothing will be issued and disposed of in the appropriate areas. Certain areas will be inappropriate for central changing facilities: local changing facilities will be provided in those (see 6.4.1).

5.3 Central Supplies and Stores

There will be a central supply department capable of serving the Hospital. Storage will be provided for all supplies including food, goods, materials, furnishing equipment, ward sterile supplies (in a separate section) and bulk storage of material. Only selected pharmaceuticals will be stored in the central supplies department. Other pharmaceuticals will go direct to the Central Pharmacy. Engineering materials for maintenance work, fuel and medical gases whether in bulk or cylinders will be stored separately. The central supplies area will also be required to store condemned goods, disposable items and returned empties. A clinical waste holding area will be required for the secure storage of waste pending collection and disposal by external contractor. The department will operate a five day week with normal working hours. Goods will normally be received and issued only at the reception and dispatch areas of the department. Supply and distribution will be via motorised and manually propelled trolleys to wards or departments. A planned system of stock maintenance will operate for all routine supplies to wards and departments. Wards and departments will carry stock in frequent use to cover a

minimum of 72 hours. A regular trolley round (with the exception of weekends) will top-up stocks to the predetermined level with the exception of drugs and certain provisions which will go direct to drug storage areas and ward pantries respectively.

Storage:

Linen

A separate linen store attached to the Central Stores Department will handle linen. New unused linen will be kept separately from clean linen in circulation. Incoming clean linen to be checked and recorded at clean linen reception area. Out-going dirty linen to be checked and recorded at disposal area.

Food and Beverages

After weighing and checking, food will be stored in the department and issued to the kitchen on a daily basis with the following exceptions: fish will be taken direct to a cold store attached to the main kitchen; vegetables will be taken direct to the vegetable store attached to the main kitchen; meat and poultry will be taken direct to the refrigerated store attached to the main kitchen.

Storage area for food should be situated reasonably close to the goods entrance adjacent to the main kitchen complex.

Inflammable material and medical gases:

Storage for inflammable materials, cylinders and medical gases will be located outside the department but convenient to the supplies entrance. Bulk storage of liquid oxygen and nitrous oxide will be in a separate external compound in accordance with fire regulations.

Stationary and standard forms:

All hospital printing requirements will be dealt with by the printing and stationary services of the EHB. Purchasing, supplying and storage of stationary will be by the Central Supplies

Department and issued to user departments as required on the topping-up principle.

Cleaning Supplies:

Cleaning supplies will be held in the Central Supplies Department and local stores, i.e. cleaner's room, will be topped-up at the necessary frequency by trolley delivery.

Equipment:

New equipment will be delivered to the Central Supplies Department. It will be the responsibility of the Supplies Officer to place orders, supervise delivery and where necessary, in the case of specialised equipment, arrange for checking on delivery by the appropriate hospital personnel.

Maintenance and cleaning area:

An area for cleaning and maintenance of items of equipment which require attention at regular intervals e.g. beds etc. will be provided.

5.4 Hospital Sterile Supply Department

A HSSD with facilities for sterilising ward, department and theatre instruments will be provided adjacent to the theatre area. The department will store on a 72-hour basis clean, laundered, or commercially obtained materials and items prior to sterilising: will sort and associate sterilised items from different sources: will store items sterilised in the department for operating theatres; will load packs and trays for the appropriate departments within the hospitals; will deliver the theatre goods direct to the theatre department and the other goods to the Central Supplies Department for distribution throughout the hospital.

5.5 Domestic Services

Cleaning Services:

Floor and general services will be provided by centrally based teams (contract cleaners may be used) with the exception of areas with their own cleaning staff (Operating Department, Intensive Therapy Unit, Central Supplies Department, Pharmacy, main kitchen, central sterile supplies, mortuary, workshop and boiler house). Cleaning of wards, clinics and corridors in certain other areas will be undertaken at times to suit hospital routine.

Portering Service:

These services will be organised centrally from a main pool situated in the vicinity of the main concourse. Generally porters will be allocated regular and ad hoc duties. Departmental porters will be allocated to specific departments such as Pharmacy, Central Supplies Department, main kitchen, theatres, X-Ray, A&E, Physiotherapy and Mortuary.

Post and Messenger System:

The porters, under the direction of the head porter, will be responsible for the collection and distribution of post, including patient's post, internal mail, parcels, etc. all incoming post will be pre-sorted and delivered to the post room in the main concourse, and then sorted and distributed to the relevant department. Outgoing mail will be collected at local levels from internal post boxes by messenger service during routine rounds.

5.6 Laundry and Linen Services

Laundry services will be provided from an external source. Following delivery to the linen store attached to Central Stores, linen will be distributed throughout the hospital departments. There will be a daily delivery five days a week on a topping-up basis within the Hospital.

5.7 Waste Management and Disposal

The generation, management, packaging, handling and disposal of waste shall be in accordance with the hospital's Waste Management Plan and the principles outlined in the Department of Health's 1994 Health Services Waste Policy document.

Definitions applying to the healthcare waste and healthcare risk waste will be as recommended by the E.U. Priority Waste Stream Project Group and as given in the Department of Health's Services Waste Policy Document.

An appropriate and secure waste marshalling and storage area shall be provided to accommodate all streams of the Hospital's waste.

Items for disposal will be sorted and segregated at departmental level into colour coded bags. Porter staff will collect the bags containing the segregated items from the Departments at regular intervals throughout the day and deliver them to the Central Disposal Area where they will be sorted and dispatched either for permanent disposal or for service, re-processing and re-use. Healthcare risk waste will be collected by an outside contractor. Apart from autoclaving of laboratory waste, there will be no treatment of healthcare risk waste on the hospital site. It is anticipated that the bulk of healthcare waste will be removed three times per week. Biological and Chemical waste will be removed on a weekly basis.

The handling of all bagged domestic and healthcare risk waste shall be minimised and a system of collection in "Wheelie Bins" from stations throughout the hospital will apply. Wheelie Bins for domestic type waste will be distinguished by markings and colour from those specifically used for healthcare risk waste.

(Black=Domestic - Yellow = Healthcare Risk Waste)

Used and foul linen will be dispatched to the Laundry. Sterile supply items, excluding linen, will be dispatched to the Central Supply Department for re-processing. Foul and soiled linen will be bagged in sluice rooms and taken away by regular porter (daily or

more frequent) collection to the laundry collection area. A mechanical bed pan washer system will be provided.

Waste will be disposed of as set out above with the following exceptions:

Theatre instruments will be bagged and collected from the disposal points in each Theatre and brought to the central sterile supply area for cleaning, sorting and re-sterilising.

Healthcare risk waste will be removed directly from the point of use to the local disposal rooms. Special containers will be provided in each ward and department concerned for the safe disposal of "Sharps" i.e., Needles, Syringes, Razor Blades etc.

Unused medicines or out of date drugs should be returned for disposal to the hospital pharmacy. Disposal shall be through the disposal centre. These items should be clearly labelled in accordance with hospital colour coding system. All chemical toxic and pharmaceutical waste including cytotoxins shall be treated in this manner.

Recognisable anatomical waste including body parts, human tissue should be disposed of through special arrangements with external contractor. This waste should be clearly labelled in accordance with the hospital colour coding system and dispatched without delay to the central disposal area. If storage is required for a period then a dedicated refrigerator or freezer should be used.

Waste food from the wards and departments will be disposed of subject to the approval of the Sanitary Services Department of Dunlaoghaire/Rathdown County Council by maceration prior to discharge into the foul drainage system. A food waste disposal area shall be provided adjacent to the kitchen for this purpose. Each ward shall have maceration facility.

Returnable packaging to be collected by suppliers for re-use will be brought to the returns and empties store.

Cast items (items no longer required or serviceable but of re-saleable value) are to be stored pending disposal.

The design shall provide for the infrastructure necessary to meet the requirements of the Waste Management Plan. Such infrastructure shall include:-

- secure waste collection stations
- covered storage for 4 days supply of empty bins in the waste marshalling area.
- covered storage in a sheltered cool place in the waste marshalling area for filled healthcare risk waste wheelie bins for waste generated over 4 days.
- secure and lockable storage housing 5 square metres for cytotoxic and other hazardous chemical waste.
- securely housed freezer accommodation for anatomical and biological waste of 0.6 cubic metre capacity.
- facilities for the collection, where feasible, of those wastes suitable for return to suppliers or for re-cycling. These shall include cardboard, cans, bottles, newspapers etc. and any associated shredding and baling equipment.
- facilities for the collection of special wastes such as fluorescent tubes and used batteries.
- hard standing and loading and unloading facilities for the various vehicles and waste containers used in this service.
- washing/cleaning facilities for dealing with spillages etc.
- all necessary services for the above facilities.

5.8 Maintenance and Engineering

Workshop facilities and store will be required in association with hospital and will be located in the industrial zone of the hospital associated with the boiler house group. Access between stores and

workshops should be direct. The hospital will be provided by this department with a building and engineering maintenance service and will require plant, machinery, equipment and storage in order to carry out repairs. Local departmental repairs/maintenance facilities in individual departments will be under the control of the Technical Services Department. Fuel storage facilities will be associated with this department.

5.9 Visiting Time

Hours of visiting will be as liberal as is consistent with the best interest of patients care. This should avoid the necessity to have special large waiting areas for visitors and avoid exceptional peaks in visitors and visitor's cars.

A special quiet room will be provided where children under 14 years may be left under supervision while parents are visiting.

5.10 Fire precautions

The fire regulations of the Department of the Environment as set out in the Building Regulations 1991 must be complied with in the design and construction of the Hospital as well as such conditions as might be agreed with the Chief Fire Officer to meet any special local circumstances.

5.11 Health and Safety

The Safety Health and Welfare at Work (construction) Regulations 1995 will be complied with in design and construction of the hospital.

5.12 Landscaping

Site landscaping should be considered in conjunction with the Development Plan. High surrounding walls are not required but the security of the site must be maintained.

5.13 Patient admissions

The admissions will be arranged by the Bed Manager who will be responsible primarily for the admission of patients and who will work closely with the Medical Records Officer: admissions will be from consultant out-patients' sessions, emergencies and other admissions from Accident & Emergency Department, from consultant private rooms, patients transferred from other hospitals etc.

Information regarding bed situation, discharges, transfers etc., will be known to the Bed Manager.

Where transport is needed for patients being admitted to or discharged from hospital, such requests will be transferred to the Transport Control.

The Medical Records Officer will be responsible for statistical data regarding admissions, discharges, transfers and other patient information. Patients will check out through the Admissions Office.

5.14 Medical records

All patient records will be filled and maintained centrally. Case notes will be issued from the Central Medical Records Office for consultant out-patients and for patients who are currently in-patients. Case notes will include x-ray and pathology reports. A copy of the x-ray report together with the films will be retained in the X-Ray Department. Current records will be maintained for five years and for a further five years in archives. The possibility of using microfilming at some future stage to be allowed for.

5.15 Security

Electronic locking either by swipe card or a digital punch key system will operate throughout the hospital in accordance with management policy. All departments not used 24 hours a day will remain locked when staff are off duty. The only entrances to the hospital building remaining open at night will be manned by porters who provide security. Dangerous drugs will be stored in cabinets attached to treatment rooms at ward level. Monitoring camera's and warning devices including panic buttons where

necessary will be attached to high security areas, e.g. Pharmacy, Central Supplies, X-Ray, A&E, Out-patients Departments and Mortuary etc.

5.16 Pharmacy

The Pharmacy will undertake the preparation, dispensing and issue of all drugs, medicated dressings, parenteral and enteral feeding products and equipment and solutions for intravenous use and irrigation. Processed dressings will be dispensed from the HSSD store.

The Pharmacy will provide a pharmacy service for the region of South East Dublin and East Wicklow. In addition to providing a service at St. Columcilles Hospital, the Pharmaceutical Department will also cater for the pharmacy needs of St. Colmans Hospital, District Hospital Wicklow, Ardeen Cheshire Home, Shilleagh, Cluain Mhuire, Burton Hall, Centenary House, Madonna House, Wicklow TB, Newcastle Hospital, Clonskeagh Hospital, Central Mental Hospital, Simpson Hospital, Vergemount Clinic, Maryville Donnybrook, Good Counsel Ballyboden, Eglinton House, Sir Patrick Dun's Hospital, Baggot Street Hospital, Barret Cheshire Home, Bru Caoimhin, Weir Home.

5.17 Communications

Definition

Communications dealt with in the context of this policy are defined as the physical arrangements adopted to ensure the smooth, efficient, direct and satisfactory movement of people and services into and within the hospital. It will not deal with the provisions of parallel telecommunications systems which will be dealt with in detail in the secondary brief (Mechanical and Electrical Services)

General

Communications with the foregoing definition have wide implications in the planning and design of the hospital. This section of the Brief identifies the principal features of the communications systems in the expectation that the design solution selected will meet the criteria outlined and thereby physically contribute towards the efficient organisation, management and running of the hospital. The systems described

presuppose a reasonable compact, medium size development. Communications presuppose movement from one point to another or between a series of points such as movement being defined in terms of traffic. This includes all persons, vehicles, goods and commodities entering, moving or being moved about or exiting from the site.

A communications policy in the context of planning is best considered under two main aspects, namely external traffic and internal traffic.

EXTERNAL

Vehicular: Ambulances, cars, vans, trucks, lorries, fire brigade, buses, motor cycles and scooters, pedal cycles.

Airbourne: Helicopters

Pedestrian Patients, visitors, staff, suppliers, services & utility operative.

INTERNAL

Vehicular Trolley trains, tugs, beds, Internal wheelchairs, trolleys.

Pedestrian As for external traffic

Pneumatic System Materials handling between and within departments

In certain circumstances traffic (both internal and external) may be a combination of both pedestrian and vehicular e.g. porters moving beds or trolleys or wheeling mobile containers. In addition to the provision of the normal automated systems for the movements of people and goods (e.g. lifts and hoists) it may be considered desirable or necessary to introduce further systems (or allow structural provision for their future installation) for the movement of people and goods from place to place either within a department or between departments, e.g. X-Ray cassettes, bulk supplies, mail, samples.

EXTERNAL TRAFFIC

Vehicular:

The different categories of vehicular traffic will be segregated as far as practicable after entry to the site and to provide the most direct route to their particular destination.

Ambulances:

Will be given priority in considering the movement, turning facilities, parking and direct access for vehicles. Ambulances will proceed to the setting down point(s) provided at the entrance to the Accident and Emergency Department, and at the main entrance (for out-patients and admissions).

Service vehicles:

Will require direct access (possibly from a separate service entrance) to the delivery and disposal points (with adequate turning facilities) e.g. at the Central Supplies Department, boiler house, workshops, waste handling area or bulk oxygen compound(s).

Private vehicles:

Including taxis will be brought into the site by visitors and staff as well as patients attending out-patient and accident and emergency clinics. For parking purposes staff cars will be separated from the remainder by means of sign posting to dispersed parking area convenient to their place of work (entrance). From the appropriate parking areas visitors and staff as well as ambulant patients will proceed on foot to the appropriate entrance. Controlled access to parking areas may be necessary.

Motor cycles, scooters and pedal cycles:

Will share the parking facilities provided for cars but will have a separate marked area set aside for them to facilitate compact parking arrangements and conservation of scarce and expensive parking space. Parking will not be permitted on roadways or open spaces not designated as parking areas. Again some form of control may be necessary.

Fire Services:

It is essential that the County Council fire brigade shall have access to all areas of the hospital grounds to where it might be necessary to bring vehicles in order to obtain access to fire hydrants, to lifts, or other facilities, to minimise the delay in bringing an outbreak of fire under control. The policy regarding the reservation of certain lifts for fire fighting purposes will need to be worked out in agreement with the Fire Department. Design policies for parking of cars or service vehicles must ensure that all internal site circulation routes are kept open at all times to permit of free access for large vehicles and that fire hydrants are accessible at all times. This policy also applies to the ambulance service.

Maintenance Vehicles

Will be kept parked in the compound area adjacent to maintenance workshops.

Funeral Traffic:

Will be confined as far as possible to the immediate mortuary area.

Aircraft

Provision will be required for a helicopter landing-pad to facilitate the reception and removal of certain classes of patient. The location and design of the pad will need to be discussed with the Army Air Corps. However, a location near to the entrance of the Accident & Emergency Department is desirable in order to avoid excessive movement of the patient. The location of the pad should take into account the considerable amount of noise and disturbance caused and effect this could have on seriously ill patients.

Pedestrian traffic:

Will be separated as far as practicable from vehicular traffic by means of footpaths or walkways arranged in the most direct and convenient manner within the site.

In this respect an important requirement both internally as well as externally will be the provision of ramps to facilitate the movement of persons on wheelchairs, trolleys and stretchers. In particular ramps will be required at all patient entrances.

Visitors, routine admission, ambulant out-patients and ambulant accident and emergency patients will be directed by sign posting to the main entrance concourse. (Accident and emergency patients may also enter by the separate entrance to the A&E Department).

From there, visitors will be directed to the ward areas throughout the building complex, patients for admission to the Admissions Office and out-patients and A&E patients to the out-patient or A&E channels. (See also internal traffic)

Staff will proceed to the main entrance and then to the appropriate central staff-changing accommodation (or pending the completion of the full development may proceed to dispersed accommodation as a temporary measure to particular department). They will then disperse to their local working area.

Maintenance Staff:

Will go direct to the workshop area where facilities for changing will be provided. Clock-in facilities may be required in the area of the central staff changing.

INTERNAL TRAFFIC:

The following categories of internal traffic are identified:

Patients (ambulant or conveyed by bed, wheelchair, trolley, stretcher);

Staff (all categories employed in either whole-time or part-time capacity);

Visitors (adults, children);

Services, goods and equipment (supplies to departments (including meals), waste from departments, equipment (beds, trolleys, mobile X-Ray equipment etc.) including laundry etc.

General

General traffic will circulate between departments and there will also be internal movement within each department.

The policy regarding the flow and movement of internal traffic throughout the hospital will be, as far as economical planning permits, to segregate the main service distribution points from those used by visitors and patients and to confine visitors to clearly defined and direct access to ward areas. It is proposed however, that arrangements for delivery and collection will be adjusted so as not to coincide with time of peak visiting or patient traffic between wards and departments.

Control and Centralisation

The main entrance concourse will be the central control and distribution point from which visitors, staff, as well as some patients will disperse throughout the building. An enquiry desk will be provided and from this, movement of patients, relatives and visitors will be directed. Patients facilities such as shops, snack bar etc. will be provided in the main concourse area.

Internal horizontal and vertical communications:

Distribution of people and supply services will be either horizontal or vertical with lifts provided for vertical movement of people, beds, and supplies and hospital 'streets' or communication/circulation links provided between departments for the horizontal movement of people and items for supply and removal.

Horizontal:

From the entrance concourse the main communication arteries of the Hospital will serve the various departments and wards connecting to the vertical circulation at appropriate points. Such arteries or 'streets' should be designed to adequate widths to meet the demands made upon them by peak traffic. In all cases where patients' beds are required to be moved along corridors, they should be sufficient width to permit of the passage of two beds at one time.

Vertical:

The number, type and disposition of lifts will depend on the type of development proposed and the anticipated peak traffic of people and services as well as size, quantity of variety of goods and materials to be delivered or removed each day. This matter will be dealt with in more detail in the secondary brief for the mechanical and electrical services. Lifts will be required to transport patients, staff, visitors as well as supplies to and from the upper floors of the hospital. In certain cases the use of automatic hoists rather than lifts may be appropriate. A diagram indicating the floor location of all departments and of the wards and of the communication routes between them will be displayed in the lift lobby at each floor. Lifts will be reserved for the movement of meals, supplies and waste items. The movement of patients between the wards and treatment departments will also require the usage of certain lifts during such times.

Patients:

Patients requiring assistance (wheelchair) will be taken by porter to the appropriate waiting area following reception. Before leaving the Out-patient's Department the patient may need to attend other departments for specific tests or investigations not capable of being carried out in the Out-patient Department. Good communications are, therefore, required between the Out-patient Department and the supportive departments so as to reduce travelling time and reduce the risk of patients becoming lost between departments. Clear and distinct sign-posting of communications is of primary importance in the case of such departments.

Out-patients:

Out-patients will arrive at the main entrance and will proceed to the channel leading to the Out-patients Department.

In-patients:

Movements are considered under the heading of:

Admissions
Discharges
Transfers

Deaths

Inter-departmental (in-patient)

Admissions will be of two kinds either routine or emergency.

Routine admissions:

Routine admissions will be directed from the entrance concourse to the Admissions Office. After completion of documentation the patient will then be taken to the appropriate ward. They may require to be brought to their ward by bed, wheelchair or trolley.

Patients will undress in their ward.

Emergency Admissions:

All emergency admissions will go through the Accident & Emergency Department.

Emergency cases will be removed from the ambulance and brought directly to the resuscitation, treatment rooms or theatres. When necessary patients will be taken to the recovery area or the intensive therapy area and subsequently admitted if appropriate to an in-patient ward.

Transfer of Patients:

The arrangement for transfer of patients from other hospitals will be similar to that applying to patients generally. Such patients should either go through admission areas or desk in Accident & Emergency Department.

Deaths:

A patient who has died in the ward area may be removed to a single room if not already in one to await removal of remains to the mortuary or autopsy room. Patients who die in the intensive therapy or operating suite or post-operative recovery area may be removed to the mortuary or autopsy room at a convenient time.

Inter-departmental (in-patient):

Inter-departmental movement of patients will include in-patients attending sessions for examination or tests in various departments. It will be a policy of the hospital to arrange for the attendance of such patients

so that they can be dealt with in an expeditious manner. It will be necessary to provide some waiting space for beds or trolleys at local departmental level.

Staff:

Staff (with the exception of engineering and trades and possibly catering) will enter the building through the main entrance concourse proceeding to their appropriate changing facilities and to their duty stations by the most direct routes. Engineering and trades will go direct to the workshop area where separate changing facilities will be provided for them. During breaks and the beginning and at end of duty periods staff will be using the communications system to and from local points such as central changing, shared cloakroom facilities, rest rooms and common rooms.

Visitors:

Visitors will enter the building at the main entrance concourse. They will then be directed at the enquiry desk to the required patient's or departmental location. The use of sign posting is also envisaged so as to reduce the need for enquires. The policy regarding visiting times is set out in the appropriate section of the Brief. The term 'visitors' is intended to include patient's visitors and relatives who will form the bulk of traffic but also people who have business to transact with the hospital administration. From the concourse which will be provided with shopping and snack bar facilities for patient's and visitors needs, the visitors will disperse through the hospital. Lift facilities will be available to transport them between floors. Visitor's communication with the wards and vertical circulation must be direct and, so far as possible, be segregated from the hospital traffic circulating within the diagnostic and consultative departments.

Supply and disposal:

In considering this aspect of communications the following departments are considered to be of an 'industrial' nature as they represent the main centres of supply and services from which the communications network of these facilities will emanate:

Central Supplies
Pharmacy

Catering
Supply points (holding areas)
Disposal points (holding areas)
Workshop
HSSD
Boiler House

The unloading/loading bay attached to the Central Supplies Department will be the normal delivery point for receipt and dispatch of supplies. In certain cases (e.g. maintenance materials etc.) the receipt and checking will take place at the point of storage so as to avoid double handling. In this event, the Central Supplies Department will be responsible for checking and receipting the items concerned. All goods with the exception of those excluded in the Brief for the Central Supplies Department will be unpacked in the breakout area adjoining the delivery bay.

Distribution of supplies and return of disposed items will be either horizontally via the main hospital corridors or streets using appropriate tugs, trolleys or trolley trains by vertical service using the designated lifts. The use of mechanised or power-assisted vehicles will be considered where appropriate. As in the case of patient traffic the communication routes should be of ample width to permit the passage of two vehicles travelling in opposite directions.

Automation:

A degree of automation (e.g. horizontal or overhead conveyors) within one or more departments will be considered for the movement of certain items which, due to their bulk or quantity or to the need for fast clearance or movement or processing lend themselves to some such system or systems. In certain instances mobile equipment such as fork lift trucks, platforms, etc. may be appropriate. A pneumatic air-tube system will be in operation to service in-patient, out-patient and day patient areas including laboratory and pharmacy.

Mail:

Incoming mail for patients and staff will be delivered to the post room attached to the main concourse where it will be sorted. Following this, patient's mail will be taken by messenger service to the appropriate ward

where it will be delivered to the ward office for distribution. Staff mail will be delivered to the appropriate working areas where the addressees are based. Staff having no particular base in the hospital will collect their mail from the post room. Outgoing mail will be collected at local levels from internal post boxes by messenger service during routine rounds and taken to the post room for subsequent collection by the post office.

Messenger Service:

An important aspect in the satisfactory working of the internal communications system will be an efficient messenger service. Such a service will operate under the direct control of a Head Porter based in the main concourse area. To assist the service to provide as efficient and economical service as possible it is envisaged that the collection and delivery points within each department or ward are grouped together and that the number of such points throughout the hospital are kept to the minimum consistent with good house-keeping arrangements.

The provision of an efficient and economic supplies and disposal communications system will depend to a great deal on the physical layout and design of the hospital. As it involves the movement of large quantities of materials each day, it would seem desirable this should be considered in relation to the overall policies adopted for materials handling.

The main components of such a system are as follows:-

1. The relationship of the industrial zones or service areas to the remainder of the hospital, as well as the departmental service areas to the remainder of the departments, and the relationship of both to the
2. The impact of transitional arrangements and requirements during phasing.
3. The pattern of internal movement (horizontal and vertical)
4. Choice of distribution options.
5. Traffic systems

6. Store requirements for departmental supplies
7. Materials handling between departments and within each department (including use of automatic systems e.g. horizontal or overhead conveyors including pneumatic air-tube system.
8. Standardisation of equipment
9. Postal/Messenger Services
10. Removal of remains

Some of the foregoing components have been considered and policy decision are set out in individual departmental policies. Others will have to await more detailed proposals regarding the physical layout of the building. It is considered sufficient at this stage to draw attention to the requirements and, at a later stage, to work out (in consultation with the designers) a definite materials handling system suitable to the design or one which may influence the design. Such a system to be economical in capital as well as revenue cost and to be selected following complete investigations as to the cost benefits etc. from a series of options.

5.17 Data Processing

All departments in this hospital will be computerised via terminal linked or stand alone systems.

6.

**DESCRIPTION OF
DEPARTMENTS INCLUDING
DETAILED SCHEDULES**

6.1.1 IN-PATIENT STANDARD WARDS

1. Scope

1.1 The standard in-patient ward will provide for the necessary care and treatment of patients under medical supervision during their stay in Hospital. Ward Units will be designed to meet the needs of the acutely ill and cater for the patients through all stages of illness from admission to discharge. Patients who are in a critical stage of illness requiring intensive care will be nursed in the hospital's Centralised Intensive Care Unit.

1.2 Patients who, due to infection require isolation, will be cared for in room accommodation which is part of the standard wards.

1.3 Scale of provision:

124 beds will be accommodated in 4 standard in-patient ward units of 31 beds each.

2. Departmental operational policies

2.1 Each ward unit will be capable of nursing male and female patients.

2.2 Beds for high dependency patients will be located where they can be observed from the nurses station. At least 12-14 beds should be under direct observation from the staff base.

2.3 Maximum flexibility including inter-changeability of bed units between adjacent ward units will apply.

2.4 To achieve compactness in the overall ward unit layout the basic multi-bed room will consist of 6 beds.

2.5 All bedrooms (including single rooms) will each have their own toilet and shower facilities en suite and those used for isolation purposes will be designed to allow barrier nursing techniques to be observed.

2.6 W.c.'s and bathrooms in the ward units will be provided to meet the requirements of the patients in wheelchairs who need assistance.

2.7 A treatment room will be provided to serve each ward unit. Patients can also receive treatment in bed, at the bedside and in areas outside the nursing unit e.g. operating department etc.

2.8 The ward pantries will be under the control of the catering staff.

2.9 Where a relative of a seriously ill patient wishes to be near them overnight he/she can remain in the day-room. Use of a fold-up type couch is envisaged.

2.10 Provision will be made for the storage of blankets and pillows at ward level.

3. Special planning/design requirements

3.1 Siting relationships

There should be easy communications with the diagnostic departments and treatment areas for both patients and staff and with service departments for staff and supplies. Visitor traffic from the main concourse should be direct to the department.

3.2 Special design requirements

(i) The number of units per floor must be considered, bearing in mind the changes likely to occur in patterns of medical care and patient's needs as well as systems of nursing and methods of reducing infection. The design of in-patient accommodation must be capable of absorbing the future impact of these. Up to four units per floor is considered to be reasonable.

(ii) Adequate space should be provided around the beds for daily living.

(iii) One of the w.c.s on the ward should be located reasonably close to the day-room for use by patient's relatives.

4. Accommodation (Description of rooms and areas in one unit)

4/01 Single Bedrooms: (3)

Preferably grouped together. W.h.b. and shower, w.c. en-suite with each. (The size of the w.c. will allow for transfer from a wheelchair).

4/02 Single Bedroom for Isolation

Airlock/Gowning/Utility Area to entrance. W.h.b., w.c., shower en-suite. The w.c. will be sized for lateral transfer from a wheelchair.

4/03-04 Three-bed (1)/ six bed rooms (4):

Toilet facilities (w.c., w.h.b., shower) en-suite with each

4/05 Day/Dining Room:

For ambulant patients. Where feasible should be grouped with day space of adjoining ward. Will be used for visitors, for watching T.V. and as a dining space on occasions.

Ancillary Accommodation

4/06 Assisted w.c.: to include w.h.b. to be sized for bilateral transfer from wheelchair.

4/07 Assisted bathroom: to include assisted bath, w.c. (capable of lateral transfer), bidet and w.h.b.

4/08 Assisted Shower

4/09 Sister's office: near ward entrance. Administrative and managerial activities will be carried out here as well as interviewing of relatives.

4/10 Nursing Station: direct observation over at least 12-14 beds is required. Current patient's records will be stored here. Space is required at this base for clerical activities by ward clerk.

4/11 Supplies/clean utility area: to be an integral part of the nursing station. Ward stocks of medical disposable items, pharmacy items and controlled drugs cupboard located here. Medicine trolleys parked here. Trays and trolleys prepared.

4/12 Treatment room: for diagnostic, routine and emergency treatment, procedures and dressing.

4/13 Linen trolley bay: to be capable of holding 2 mobile trolleys and of being observed from nursing station.

6/14 Dirty utility/sluice room: collection point for dirty, foul and infected linen and dressings and general waste prior to its transfer to Disposal room Bed-pan and urinal processing and storage. Parking place for sanitary chairs and soiled linen trolleys.

4/15 Medical office: for writing up Doctor's notes, interviewing patient's relatives etc. adjacent to nursing station.

4/16 Trolley/wheelchair bay: flower bay to be incorporated in this space.

4/17 Equipment store: storage for bed cradles, splints, drip stands etc.

4/18 Pantry: For preparation of beverages and snacks only. Space required for reconstitution of chilled foods.

Accommodation shared between 2 ward units

4/19 Staff toilets: to be shared between two ward units, male and female with space for personal lockers.

4/20 Cleaner's room: to be shared between two ward units.

4/21 Disposal Room: to be located at entrance to ward and shared between 2 nursing units. Holding area for bagged items, H.S.S.D. returns and bulky containers awaiting removal by portering staff.

4/22 Quiet Room: to accommodate bereaved relatives.

SCHEDULE OF ACCOMMODATION

ONE IN-PATIENT STANDARD WARD UNIT

<u>Room Ref.</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total</u>
4/01	Single Room (w.c., w.h.b. shower en-suite)	3	11 + 4.5	46.5
4/02	Single bedroom/isolation (gowning area, utility, en-suite)	1	11 + 9.5	20.5
4/03	Three-bed room	1	28 + 5.0	33
4/04	Six-bed room	4	56 + 5	244
4/05	Day Room	1	25	25
4/06	Assisted toilet (w.c. + w.h.b.)	1	5	5
4/07	Assisted Bathroom	1	12	12
4/08	Assisted Shower	1	3	3
4/09	Sister's office	1	9	9
4/10	Nurses' Station	1	5	5
	(ward clerk's office)	1	7.5	7.5
4/11	Supplies/clean utility	1	15	15
4/12	Treatment Room	1	15	15
4/13	Linen Trolley Bay	1	2	2
4/14	Dirty Utility/Sluice Room	1	15	15
4/15	Medical Office	1	9	9
4/16	Trolley/Wheelchair Bay	1	4.5	4.5
4/17	Equipment Store	1	5	5
4/18	Pantry	1	15	15

Accommodation shared between 2 units

4/19	Staff Toilet/Cloakroom	2	4.5	9
4/20	Cleaner's Room	1	4.5	4.5
4/21	Disposal Room	1	4.5	4.5
4/22	Quiet Room	1	7.5	7.5

Total **516.5 m2**

6.1.2 INTENSIVE CARE UNIT

1. Scope

- 1.1 An intensive care unit for specialised care will be provided, comprising of a 3 bed unit plus two single rooms for isolation purposes.

2. Departmental operational policies

- 2.1 A 24 hour fully staffed service will be provided with medical assistance available either on the unit or on-call close by.
- 2.2 Patients will be nursed in the unit irrespective of age, sex or illness.
- 2.3 The single-bed spaces should be capable of being fully isolated from the remainder of the unit but subject to visual supervision from monitoring desk.
- 2.4 A mechanically ventilated environment is required. Changing from hospital uniform into protective clothing (shoes, mask, etc.) at the entrance to the unit will be necessary.
- 2.5 Entry of visitors will be strictly controlled. Visitors will be obliged to observe the procedures outlined at 2.4 above.

3. Special planning/design requirements

3.1 Siting relationships

The department should be readily accessible from the recovery room of the operating department and the surgical wards. It should also be accessible from the Accident & Emergency Department. If, in the design of the Hospital the group residential accommodation for on-call staff is not readily accessible to the I.C.U. Department, the facility for a Doctor to sleep close to the I.C.U. Department should be provided.

4. Accommodation (description of rooms and areas)

- 4/01 Emergency/Gowning area: air lock. Space for storage of gowns to be provided. Waiting space for 2 persons.
- 4/02 3-bed bay for intensive care: adequate space required for therapeutic and diagnostic equipment.
- 4/03 Isolation Rooms.
- 4/04 Duty station
- 4/05 Sister's office
- 4/06 Clean utility room: for drug supplies, solutions, sterile packs and linen supplies.
- 4/07 Dirty utility/slucice room: for holding of items pending disposal.
- 4/08 Pantry: for preparation of beverages and snacks for patients and staff.
- 4/09 Rest Room (adjacent to pantry)
- 4/10 Equipment store/technicians bench: bench required for emergency servicing of equipment.
- 4/11 Staff toilet (1 w.c., 1 w.h.b., 1 shower)
- 4/12 Doctor's office
- 4/13 Waiting room : for patient's relatives
- 4/14 Trolley bay
- 4/15 Assisted shower/toilet

SCHEDULE OF ACCOMMODATION

INTENSIVE CARE UNIT

Room Ref.	Item	No.	Area (m2)	Total
4/01	Entrance/Gowning Area 1		9	9
4/02	Intensive Care - 3 bed bay	1	70	70
4/03	Isolation Rooms	2	22	44
4/04	Duty Station	1	10	10
4/05	Sister's Office	1	9	9
4/06	Clean Utility	1	7.5	7.5
4/07	Dirty Utility/Sluice Room	1	7.5	7.5
4/08	Pantry	1	10	10
4/09	Rest Room	1	9	9
4/10	Equipment Store	1	9	9
4/11	Staff Toilet	1	1.8	1.8
4/12	Doctors Office	1	9	9
4/13	Waiting Room	1	9	9
4/14	Trolley Bay	1	4.5	4.5
4/15	Assisted Shower/Toilet	1	6	6
TOTAL				215.3 m2

6.1.3 Coronary Care Unit

1. Scope

1.1 A six bed Coronary Care Unit plus a separate procedures room.

2. Departmental Operational Policies

2.1 A 24-hour fully staffed service will be provided with medical assistance available either on the Unit or on-call close by.

2.2 Patients will be nursed in the Unit irrespective of age or sex

2.3 Entry of visitors will be strictly controlled.

3. Siting Relationships

3.1 It should be located in accommodation adjoining a medical standard in-patient ward unit and planned to facilitate the sharing of accommodation as indicated below. If, in the design of the Hospital the group residential accommodation for on-call staff is not readily assessable to the C.C.U. Department, the facility for a Doctor to sleep close to the C.C.U. Department should be provided.

4. Accommodation (Description of rooms and areas)

4/01 6 bed coronary care area : including a separate room for isolation purposes. A toilet and shower are required for patients in this area. Duty station is required.

4/02 Equipment store

4/03 Sisters Office

4/04 Supplies/clean utility area

4/05 Dirty utility room

4/06 * Staff toilets

4/07 * Doctors office

4/08 Ward pantry - main meals to be regenerated in adjoining ward pantry

*4/09 Visitors room/overnight room

*4/10 Procedures room for pacing

* Accommodation to be shared with adjoining medical ward.

SCHEDULE OF ACCOMMODATION

CORONARY CARE UNIT

<u>Room</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total</u>
4/01	5 bed ward (Incl. En-suite)	1	60 + 7	67
	Isolation Room (off main)	1	11	11
	Monitoring Station	1	7.5	7.5
4/02	Equipment Store	1	18	18
4/03	Sister's Office	1	9	9
4/04	* Supplies/Clean Utility	1		
4/05	* Dirty Utility	1		
4/06	* Staff Toilets	1		
4/07	* Medical Staff Office	1		
4/08	Ward Pantry	1	5	5
4/09	* Visitor's Room	1		
4/10	* Procedures Room	1		
Total				117.5 m2

* Accommodation to be shared with adjoining medical ward

6.1.4 Geriatric Department

1. Scope

1.1 The Geriatric Department will concentrate following initial assessment and therapy, on the maximal rehabilitation of the elderly patient with the aim of a return to the home environment. This will be accomplished by a team approach involving Doctors, Nurses, Physiotherapists, Occupational Therapists, Social Workers, in close liaison with relatives and community nursing services.

1.2 The following components of geriatric care will be provided at St.Columcilles Hospital in the Geriatric Department:

- (a) Geriatric assessment - 15 beds
- (b) Rehabilitation - 15 beds
- (c) Day Hospital - 15 places

While the Department will provide some localised physiotherapy/occupational therapy, it will rely on the central hospital departments for all other back-up treatment/diagnostic services including X-Ray, Pathology and Physiotherapy.

2. Departmental Operational Policies

2.1 The Department with its different components will operate as a single service.

2.2 Assessment

Assessment patients may be admitted from the main hospital O.P.D. and A&E Department or directly by general practitioners. Assessment patients are generally very ill and require intensive nursing.

Active rehabilitation at bed side, assistance and re-education in walking and other remedial activities within the bedroom corridors and day space, will be an integral part of treatment. Assessment patients create a considerable demand on central x-ray and pathology services. Some patients return home on recovery - others move into the rehabilitation section of the centre or to long-stay accommodation.

2.3 Rehabilitation

Rehabilitation patients may be admitted from the assessment section, from other units within the hospital or directly from the hospital admission unit. These patients who would not be as ill as assessment patients require a more relaxed atmosphere and environment. They will be out of bed most of the time and wearing their own clothes.

For the rehabilitation patients, rehabilitation (including physiotherapy) will take place in bed spaces, corridors, in the day space and in the central activities area, both of which will service the whole Department. These patients will also have access to the Day Hospital facilities.

Rehabilitation patients following treatment, if not capable of returning home, will move to extended care accommodation.

2.4 Day Hospital

The Day Hospital will be open Monday to Friday from 9.00 a.m. to 5.00 p.m. The Day Hospital is a major form of support to enable elderly people live independently in the community. While some training in special skills is given, the emphasis will be on medical investigations, diagnosis, treatment and rehabilitation.

Rehabilitation plays as major part in the activities of the Day Hospital. Disabilities need to be assessed in relation to the activities of daily living and the deficiencies improved as far as possible.

Therapy involves individual and group exercises, chiropody, bathing, hairdressing and social rehabilitation.

Access will be required to the main hospital treatment diagnostic departments from this Day Hospital.

2.5 Operational policies in relation to in-patient areas.

- (i) The units will be capable of nursing male and female patients.
- (ii) To achieve compactness and flexibility in the patient area layout, the basic multi-bedroom will consist of six beds.

- (iii) Patients who need privacy or isolation will be cared for in single room accommodation. These rooms together with other high dependency beds should be near the nurse's station.
- (iv) Booked admissions will use the main hospital entrance. Patients being admitted may be accompanied by relatives or a friend or a member of staff. They may be walking, in a wheelchair or trolley.
- (v) Emergency cases will generally be admitted through A&E Department of the Hospital.
- (vi) Very few of the patients will be mobile (except in the rehabilitation section) and will take their meals in or at the bedside.

3. Special planning/design requirements

Basic principles of design

The Geriatric Department will be fully integrated into the general hospital complex including its communications system. The day hospital will have its own separate outside entrance but will have internal corridor communication with the rest of the Department for staff and patients.

The aim should be to provide a domestic character and a pleasant and homely atmosphere in the accommodation offered to elderly patients as far as this is feasible and consistent with requirements for hospital care and treatment. The in-patient accommodation and Day Hospital should adjoin each other with certain shared facilities. They should be located with ready access to the treatment/diagnostic departments of the hospital. A ground level location is essential.

Patients from the Hospital area who are mobile, should be able to have convenient access to the Occupational therapy/rehabilitation facilities in this centre.

Because of the varying degrees of deafness being common in the elderly, some rooms especially those in which auditory privacy is required (e.g. consulting and examination, treatment and

interview) will require a higher level of sound containment than would normally be needed.

Audible signals such as nurse call should be buzzers rather than bells. Adequate space in corridors etc. required for those who move slowly and who may require assistance from staff and/or walking aids.

Routes to w.c.s. from the bed and activity areas should be as direct as possible - no more than 12 metres from the centre of activity to the w.c. door.

Furnishing fabric and floor coverings should be of a low absorption materials where appropriate. Patients, as far as possible, should be provided with a sunny aspect and be able to view everyday activities.

A garden area should be provided for the use of the rehabilitation/day patients.

Fixtures and fittings should be selected suited to the special needs of the elderly.

Noise:

Careful consideration should be given to the maintenance of a quiet environment for elderly patients. The effects of noise can be lessened by planning measures such as locating noise-generating rooms away from those requiring some quietness e.g. pantries away from bedrooms, by isolating sound sources with sound containing partitions and doors, by absorbing sound with acoustic materials and generally by use of coverings, curtains and other materials which do not reflect sound.

Ventilation

In view of the possibility of odours in bedrooms and day areas, the level of ventilation should be higher than that in similar spaces in other specialist departments. Natural ventilation should be used wherever possible and every effort should be made to avoid drafts. Extract ventilation may be required in some spaces.

Expansion:

Provision should be for a 100% expansion for each of the various components of this Department.

4. Accommodation (Description of rooms and areas)

Assessment/Rehabilitation Unit (31 patients)

4/01 Single bedrooms (3) : preferably grouped together - one room to have assisted w.c., shower and w.h.b. en suite. W.h.b. in the other two rooms.

4/02 Multi-bedrooms (4): 4 six-bed rooms to be provided each with w.h.b., shower and assisted w.c. ensuite.

4/03 Three bedroom (1): One three bedroom to be provided with toilet facilities, w.c., w.h.b., and shower. To be acoustically treated.

4/04 Single bedroom for Isolation: Airlock/Gowning Bay/Utility area to entrance, w.h.b., w.c. shower ensuite. The w.c. will be sized for lateral transfer from wheelchair.

4/05 Assisted toilets (10) w.c. and w.h.b.: to be sized for bilateral transfer from wheelchair.

4/06 Assisted bathrooms (2): one of the bathrooms to include w.c. capable of lateral transfer, bidet and w.h.b.

4/07 Assisted shower: to include assisted shower, w.c. and w.h.b. Wheelchair access required.

4/08 Nurse's station: current patient's records will be stored here. Space is required at this base for clerical activities by ward clerk. Good observation is required.

4/09 Supplies/clean utility: to be integral part of the nursing station. Ward stocks of medical disposal items, disposable pharmacy items, and controlled drugs cupboard located here. Medicine trolley parked here. Trays and trolleys prepared.

4/10 Linen trolley bay: to be capable of holding one to two mobile trolleys and of being observed from nurse's station.

4/11 Dirty utility/slucice room: collection point for dirty, foul and infected linen and dressings and general waste prior to its transfer to disposal room. Bed-pan and urinal processing and storage. Parking space for sanitary chairs and soiled linen trolleys.

4/12 Equipment store: storage for bed cradles, splints, drip stands etc.

Day Hospital

4/13 Entrance/Reception/Secretary's office: for the reception and guidance of patients and escorts, the supervision of the whole entrance area and the general administration of the day hospital.

4/14 Waiting area: waiting space for a small number of patients awaiting arrival of their transport, also waiting space for patients relatives.

4/15 Patient's cloakroom: space for removing and putting on of outdoor clothes adjacent to the reception area.

4/16 Patient's toilets (2): one male and one female w.c. each with w.h.b. to be provided. Both toilets should be capable of taking a wheelchair.

4/17 Wheelchair Bay: adequate space to be provided adjacent to reception for wheelchairs, walking aids etc.

4/18 Examination rooms: three examination rooms ensuite. These will be multi-purpose for the use of Doctor's, Nurses and Therapists. A patient's w.c. should be provided adjoining these rooms.

4/19 Patient's w.c.

4/20 Nurses Station/supplies clean utility: current patient's records will be stored here. Ward's stocks of medical disposable items, pharmacy items located here. Trays and trolleys prepared.

4/21 Dirty utility/slucice room: a collection point for dirty foul infected linen and dressings and general waste prior to transfer to disposal room. This room should incorporate a small laundry facility.

4/22 Bathroom (assisted)

Accommodation serving all sections of the Department both in-patients and day patients

4/23 Consultant's office: for personal use of consultant, administrative work, interviewing and examination of patients.

4/24 Doctor's office

4/25 Social Worker's office: provide one office for interviewing of patients

4/26 Secretary/Typist's office: the secretary will provide clerical service for the Consultants and medical staff - to be adjacent to the Consultant's office.

4/27 Sister's office: administrative and managerial activities will be carried out here as well as interviewing of relatives.

4/28 *Central activities area*

Occupational therapy: for patients, including some in wheelchairs, requiring assessment and rehabilitative work. Simple kitchen facilities where practice in the preparation of beverages and snacks can take place under supervision.

Physiotherapy: for patients, including some in wheelchairs, who will undergo walking re-education etc. Individual treatment will be given in a curtained cubicle. Moveable exercise stairs, fixed hand- rails on walls, parallel bars, etc.

Locate adjacent to day dining area so that when necessary activities in one can be extended into the other.

4/29 Store: for items used in occupational therapy and physiotherapy spaces.

4/30 Day/dining area: to be used as a sitting space and dining space for ambulant in patients and day patients. It will also be used for visitors and watching television.

Easy access to patient's toilet is required. The room should be convenient to bed areas as well as the day hospital and be situated where passing nursing supervision is possible. An attractive room is required having a domestic character and a pleasant outlook. May be used by patient's relatives needing to stay overnight. The Physiotherapy and Occupational Therapists will also use this space at times for continuing some therapeutic procedures individually and in groups.

4/31 Pantry: for preparation of beverages and snacks. Space required for reconstitution of chilled food.

4/32 Female patient's toilet: two w.c.s. each with w.h.b.. One of them to be sized for use by patient in a wheelchair.

4/33 Male patient's toilet: two w.c.s. each with w.h.b.. One of the toilet's to be sized to take a patient in a wheelchair.

4/34 Box room: for storage of items belonging to in-patients.

4/35 Hair dressing room: one shampoo basin, two dryers on stand

4/36 Visitor's room: for use by visitors and patients.

4/37 Treatment room: for diagnostic and routine treatment and clinical procedures. Locate adjacent to nurses station/supplies clean utility for Day Hospital patients.

4/38 Trolley wheelchair bay

4/39 Staff toilets: male and female, personal lockers to be provided.

4/40 Cleaner's room: slop sink and broom and bucket rack are required. Space for mechanical cleaning equipment.

SCHEDULE OF ACCOMMODATION

Geriatric Department

Ref:	Item	No.	Area m ²	Total Area
Rehabilitation/Assessment (31 patients)				
4/01	Three single rooms	2	11	22
	(one with assisted w.c., shower, en-suite)	1	11 + 5.5	16.5
4/02	Six bedrooms	4	56 + 5	244
4/03	Three bedroom (Acoustically treated)	1	28 + 5	33
4/04	Isolation Room	1	11+9.5	20.5
4/05	Assisted Toilets (w.c.+w.h.b.)	10	5	50
4/06	Assisted bathroom	1	12	12
	(one with 1 w.c., w.h.b., + bidet)	1	6	6
4/07	Assisted shower (w.c. + w.h.b.)	1	5.5	5.5
4/08	Nurses station/Ward Clerks office	1	7.5+5	12.5
4/09	Supplies/Clean utility	1	7.5	7.5
4/10	Linen trolley bay	1	2	2
4/11	Dirty utility/Sluice Room	1	7.5	7.5
4/12	Equipment Store	1	5	5
Day Hospital				
4/13	Entrance/Reception/Office	1	11	11
4/14	Waiting area	1	7.5	7.5
4/15	Patient's Cloakroom	1	7.5	7.5
4/16	Patient's toilet (male and female)	2	3.5	7
4/17	Wheelchair Bay	1	2.5	2.5
4/18	Examination room	3	15	45
4/19	Patient's w.c.	1	3.5	3.5
4/20	Nurses Station/clean utility	1	12.5	12.5
4/21	Dirty Utility/Sluice	1	10	10
4/22	Assisted bathroom	1	12	12
Accommodation Serving All Sections of the Department				
4/23	Consultants Office	1	11	11
4/24	Doctor's Office	1	9	9
4/25	Social Worker's Office	1	9	9
4/26	Secretary/Typist's Office	1	9	9
4/27	Sister's Office	1	9	9
4/28	Central Activity Area	1	80	80
	(including Occupational Therapy & Physiotherapy)			
4/29	Store	1	7.5	7.5
4/30	Day Dining Room	1	50	50
4/31	Pantry	1	15	15
4/32	Female toilet (2 w.c.s. & 2 w.h.b.s)	1	5.5	5.5
4/33	Male toilet (2 w.c.s. & 2 w.h.b.'s)	1	5.5	5.5
4/34	Box room	1	7.5	7.5
4/35	Hair-dressing Room	1	9	9
4/36	Visitor's room	1	9	9
4/37	Treatment room	1	15	15
4/38	Trolley/Wheelchair Bay	1	4.5	4.5
4/39	Staff Cloakrooms/toilets	2	4.5	9
4/40	Cleaner's Room	1	4.5	4.5
Total				846.5 m²

6.2.1. Out-patient Department

1. Scope

1.1 Definition: an out-patient is defined as a patient who is not admitted to the wards but who attends a Hospital for consultation, investigation or routine procedures on one or more occasions.

1.2 The Department will perform the following functions:

- Consultation
- History-taking and examination
- Certain routine procedures and treatment not necessitating overnight stay
- Diagnostic procedures
- Recording and provision of information for transmission to referring doctors.
- Staff Health Service

1.4 Scale of Provision

77 Clinical sessions will be held each week-morning and afternoon.

<u>Out-Patient's</u> <u>Clinic</u>	<u>Sessions</u> <u>per week</u>	<u>Out-patient's</u> <u>Clinic</u>	<u>Sessions</u> <u>per week</u>
General Medicine	8	General Surgery	6
Geriatric Medicine	2	Vascular Surgery	1
Cardiology	2	Urology	2
Respiratory	2	Plastic Surgery	1
G.I.	2	E.N.T.	2
Endocrinology	4	Ophthalmology	5
Rheumatology	2	Orthopaedic	5
Neurology	1	Pain	2
Oncology	1	Gynae	2
Dermatology	2	Obstetrics	3
Warfarin	5	Paediatrics	3
Dietetic	2	Dental	2
Nephrology	1	Psychiatry	5
Chiropody	1		
Rehabilitation	2		
Preventative Med.	1		
		Total = 77	

In calculating total number of rooms required for above sessions it is taken that each clinic session held by a Consultant with the assistance of a Registrar, will require an average of four rooms.

It is estimated that the total number of out-patient attendances per annum will be approximately 80,000.

*See Ophthalmology Clinic for Special accommodation requirements.

2. Departmental Operational Policies

2.1 It will not normally function outside the normal clinical sessions.

2.2 Attendance at out-patients will be on a referral basis.

2.3 An appointment system will operate.

2.4 Patients who attend without an appointment will be dealt with if convenient in the appropriate clinic, referred to the A&E Department or given an appointment for a more convenient time.

2.5 Morning and afternoon sessions will be held on Monday to Friday inclusive.

2.6 Standard Clinic suites based on the combined consulting/examination room principle will be used to the fullest extent practical. Each suite will consist of four rooms. Dressing cubicles will not be required.

2.7 Patients will be either ambulant or wheelchair cases. Those who have difficulty in walking will be transferred to wheelchairs provided in the vicinity of the entrance.

A multi-channel entrance is envisaged for out-patients and in-patients monitored by the Medical Records Department and Admissions Office. Patients (some accompanied by adults or children) will on arrival proceed to a central reception desk area for registration and/or direction to the appropriate clinic waiting space.

- 2.8 Orthopaedic and Fracture clinics will be held in the Out-patients Department.
- 2.9 All relevant reports and case notes will be assembled in advance of the out-patient clinic sessions, and sent to the appropriate waiting area reception point. A service will be provided during the different sessions in order that documentation is available at short notice if required and to facilitate contacts with the supportive departments e.g. Pathology, X-Rays. Following an out-patient session consultants will either immediately or subsequently dictate their findings from case notes made during the clinic.

Portable dictating machines will normally be used and the material sent for typing to the secretaries attached to the Records Department.

3. Special Planning/Design Requirements

3.1 Siting Relationships:

The Department should be located as conveniently as possible to the Diagnostic, X-Ray and Medical Records Department.

The out-patient reception desk will be part of the Medical Records Department.

Both the Reception desk and main out-patient waiting area will be immediately adjacent to the concourse area.

The Department of Physiotherapy/Occupational Therapy should be readily accessible.

A ground floor level location is preferred for this Department.

3.2 Expansion required 33 1/3

4. Accommodation (description of rooms and areas)
Hospital out-patient accommodation

- 4/01-02 Reception and main waiting: waiting space to be reasonably small in area. Providing 30 places. Information and comfortable seating arrangements: associated with out-patient reception desk adjacent to concourse. Telephone box and male and female accommodation to be easily accessible.
Children's play space in this area.
- 4/03 Porters Office
- 4/05 Wheelchair/trolley bay
- 4/06-08 Consulting/examination suites and waiting: sub-waiting spaces: each to provide seating for approximately 35 persons. Each will serve two suites of consulting/examination rooms (i.e. 8 rooms). Nurse Assessment Room including Reception Desk to be provided at each space. Provide male and female toilets with a small clinette between each near sub-waiting area - may be shared between adjoining suites. Wheelchair toilets. Each clinical suite will consist of four equally sized consulting/examination rooms planned en-suite. Wheelchair trolley bays to be dispersed among clinics and treatment/diagnostic areas.
- 4/09 Ophthalmic Clinic: a suite of 2 rooms will be allocated on a permanent basis to the Ophthalmology Clinic. One of the rooms will be a consulting room having one dimension of 6.55m for sight-testing - to have blackout facilities. The other room will be used for orthoptic fittings.
- 4/10 Wheelchair/Trolley Bay
- 4/11-12 Two standard rooms required for ECG to include space for technician couch, stress-testing and pulmonary function testing.

- 4/13 Phlebotomy room: clean and dirty utility rooms and stores to be provided in this area.
- 4/14 1 standard room for Audiometry to be convenient to the ENT Clinic, Sound insulated.
- 4/15 1 room for Speech Therapy
- 4/16 1 room for appliance and limb fitting and trying out aids and adaptations for suitability. This will serve the Orthopaedic Clinic.
- 4/17 1 small workshop for minor repairs and adjustments to aids and appliances.
- 4/18-25 Dental Suite comprising of 2 Surgeries, 1 Recovery Room, 1 Hygieneist Room, X-Ray Store/Dark Room, Sterilising/Clean Utility Room, Store/Compressor, Sub-Waiting area (6 people) and Reception/Records area.

SCHEDULE OF ACCOMMODATION

OUT-PATIENT DEPARTMENT

<u>Room Ref.</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total Area</u>
<u>Reception and Main Waiting</u>				
4/01	Reception Desk - See Medical Records			
4/02	Waiting (including childrens play area)	1	45	45
4/03	Porters Office	1	7.5	7.5
4/04	Tea and Snack Counter	See Admin. Concourse		
4/05	Wheelchair/Trolley Bay	1	4.5	4.5
<u>Standard Consulting Suites</u>				
4/06	(a) Sub-waiting (Include Nurse Assessment / Reception)	3	35	105
4/07	(b) Male and female toilets	3	9	27
	(c) Urine Testing Clinettes			
4/08	(d) Consulting /Examination Rooms (Including Chiropody & Dietetics)	32	15	480
4/09	Ophthalmology Rooms	1	23	30
	(consulting room and orthoptic fitting)	1	7	
4/10	Trolley/Wheelchair Bay	3	4.5	13.5
<u>Treatment/Diagnostic Rooms</u>				
4/11	E.C.G. Room (+ Technician)	1	15	15
4/12	Pulmonary Function Room	1	15	15
4/13	Phlebotomy Room (Clean/dirty)	2	7.5	15
4/14	Audiometry Room	1	15	15
4/15	Speech Therapy	1	15	15
4/16	Appliance Fitting Room	1	15	15
4/17	Workshop	1	9	9
<u>Dental Suite</u>				
4/18	Dental Suite	2	15	30
4/19	Recovery Room	1	12	12
4/20	X-Ray/Dark Room	1	9	9
4/21	Sterilising/Clean Utility	1	7.5	7.5
4/22	Hygienest Room	1	9	9
4/23	Store/Compressor Room	1	4	4
4/24	Reception/Records	1	7.5	7.5
4/25	Sub-Waiting Room	1	5.5	5.5
<u>Office & Ancillary Accommodation</u>				
4/26	Sister in Charge	1	9	9
4/27	Administration Staff	3	9	27
4/28	Consultant	1	9	9
4/29	Public Health/Community Nurse (4 Nurses)	1	22.5	22.5
4/30	Social Workers	3	9	27
4/31	Hospital Speech Therapist (2)	1	11	11
4/32	Female Staff Cloak & Toilets	1	12	12
4/33	Male Staff Cloak & Toilets	1	7.5	7.5
4/34	Linen & Blanket Store	1	7.5	7.5
4/35	General Store	1	7.5	7.5
4/36	Cleaner's Room	1	4.5	4.5
				1,040.5 m2

6.2.2. ACCIDENT & EMERGENCY DEPARTMENT

1. **Scope**

1.1 The Accident and Emergency Department will deal with accidents and sudden illnesses. In this context the term sudden illness includes poisoning and the abuse of drugs. Casual attenders, if on examination are urgent, may also be dealt with in this department but if not considered urgent, may be referred to their own doctor or asked to make an appointment at the Out-patient's Department.

1.2 The Department will perform the following functions: triage, examination, diagnosis, resuscitation and treatment, plaster application, recovery and observation.

2. **Departmental operational policies**

2.1 Accident and other emergency cases, major and minor will be received, triaged, examined and given primary treatment in this Department on a 24 hour basis. Some will be admitted and some sent home after treatment, and/or referred to own Doctor.

2.2 Follow-up treatment will be given in appropriate cases. Follow up fractures and orthopaedic cases will be seen in the Out-patient's Department. Plasters will be applied and removed in the Plaster Room.

2.3 Emergency admission cases will be received in this Department. Two separate and clearly marked external entrances are required, one for ambulant and the other for stretcher cases. The main entrance to the Hospital will be closed at night time and access and admissions to the Hospital will be through the Accident & Emergency Department outside normal working hours.

2.4 A system of triage will operate

2.5 An Observation/Recovery Ward consisting of 10 observation places and recovery area (for 5 couches) will be provided for

patients likely to be discharged after a short period but who will need nursing care or medical treatment during this time. It will also be used for observation of patients who cannot be immediately diagnosed.

2.6 In the event of a major accident involving a number of people the general treatment assessment area will be cleared to deal with over-flow from resuscitation.

2.7 X-Ray facilities will be provided in the Accident & Emergency Department. Mobile X-Ray Units will not be used in the Department. ('See Development brief for Department of Radiology, Reference Number 4/06-18').

2.8 Patient Movement

Patients will enter or be brought into the Department by either of two entrances referred to earlier. All patients will be subject to triage. Following triage, patients will be directed as appropriate to the reception desk for registration and will then pass to the treatment area for examination, diagnosis and treatment in individual cubicles. If necessary they will proceed to the Plaster Suite or treatment room. After treatment they may be transferred to the appropriate ward or to the recovery/observation beds prior to discharge. Serious cases may by-pass reception and go direct to resuscitation and then to further treatment in the Operating Theatre Department or Plaster Suite.

2.9 Current records remain in the A&E Department for a period of twelve months. The Receptionist is responsible for seeing that all admissions including those who pass through directly to resuscitation are recorded and that any required statistical information is readily available.

3. Special Planning/Design Requirements

3.1 Siting Relationships:-

There should be easy and direct access to the Department for ambulances and cars.

Patients who arrive by car or taxi may require to be transferred to a wheelchair or trolley. A ground level location is considered necessary.

Relationship with the Coronary Care Unit, Intensive Care Unit, X-Ray Department, Out-patients Department, Medical Records Department and Operating Theatre Department is important.

3.2 Special Design Requirements

Two separate and clearly marked external entrances are required, one for ambulant and the other for stretcher cases. The entrances should have an ample canopy or an enclosed bay for the protection of patients being transferred by stretcher.

Privacy for patients during examination and treatment is an important requirement.

3.3 Expansion

Facilities for future expansion should be borne in mind when planning the Department and relating it to other departments.

4. Accommodation (description of rooms and areas)

- 4/01 Entrance for stretcher and cases
- 4/02 Entrance for ambulant patients
- 4/03 Draught Lobbies
- 4/04 Wheelchair/trolley bay: near both entrances
- 4/05 Stretcher, blanket linen store (adjacent to entrance)
- 4/06 Porter's room : near both entrances. Also for use by ambulance crew.
- 4/07 Reception and General Waiting: registration of ambulant patients at reception desk, also making applications for return visits and transport arrangements. Current records. Public telephones at waiting area. Provide waiting space for 50 persons including provision for children.

- 4/08 Consultant's and Duty Doctor's office: space for table, hanging cupboard, chair, bed or couch.
- 4/09 Sister's office: for Sister in Charge of Department. In central position. Small safe for patients valuables.
- 4/10 Interview/rest room: for interviewing patient's escorts or police.
- 4/11 Staff toilets male/female and shower facilities adjacent to interview/rest room.
- 4/12 Male & Female patient's toilets : each toilet to be capable of accommodating patients needing assistance.
- 4/13 Triage Room : Couch, desk and w.h.b.
- 4/14 Treatment/examination area : 10 cubicles. Solid partition required between each cubicle. One w.h.b. required in each cubicle and a separate shower facility for patients. Clean and dirty utility rooms should be directly accessible.
- 4/15 Resuscitation room: to be easily accessible from entrance for stretcher patients. To be capable of handling three cases at one time. Sink, surgeons basins, writing shelf, x-ray viewing screen, shelves and Cupboards. Should be near dirty utility/slucice area.
- 4/16 Treatment rooms: 3 for carrying out procedures. One for dirty or infected cases, two for clean proceedures , Anaesthetic and Scrub Room not required.
- 4/17 Plaster Room : For initial treatment of simple fractures.
- 4/18 Splint/plaster store : off plaster room
- 4/19 Relatives Room.

- 4/20 Mortuary/B.I.D. Room,
- 4/21 Secure Room to be acoustically treated
- 4/22 Clean utility room : storage of pharmaceutical supplies, sterile packs and syringes. Setting up space for trolleys for treatments/examination area. Storage cupboards, work top, refridgerator, surgeons basins. Directly accessible from the treatment/examination area, Resusitation and treatment room
- 4/23 Dirty utility room: rinsing and washing instruments, bowls. Temporary storage of items for disposal. Work tops, sinks, draining boards. Directly accessible from the treatment/examination area, Resusitation and treatment room.
- 4/24 Sluice room: bed-pan destructor is required. Provide slop hopper, Urine testing. Relate to observation/recovery ward.
- 4/25-27 Observation/Recovery Ward: Consisting of 10 Observation places (in two units of 5 places each) plus recovery area (5 couches).
- Relate to sluice room, patients w.c's, bathroom/shower and nursing station.
- 4/28-29 Patients w.c. shower and bathroom
- 4/30 Nursing station: position for ease of supervision of patients, to include clean utlility area for observation/recovery ward.
- 4/31 Pantry: for preparation of beverages and snacks. Should serve all area of the Department including the observation/recovery ward.
- 4/32 Cleaner's room/stores: as previously described.
- 4/33 General Store.

SCHEDULE OF ACCOMMODATION

ACCIDENT & EMERGENCY DEPARTMENT

<u>Room Ref.</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total Area</u>
4/01	Entrance for Stretchers	1	-	-
4/02	Entrance for ambulance patients	1	-	-
4/03	Draught lobbies for above	2	-	-
4/04	Wheelchair/Trolley Bay	1	9	9
4/05	Stretcher/Blanket/Linen Store	1	4.5	4.5
4/06	Porter's room	1	7.5	7.5
4/07	Reception & General Waiting	1	80	80
4/08	Duty Doctor's Office	1	9	9
	Consultant's office	1	9	9
4/09	Sister's Office	1	9	9
4/10	Interview/Rest Room	1	12	12
4/11	Staff toilets/shower facilities	1	7.5	7.5
4/12	Male/Female Toilets (patients)	2	3	6
4/13	Triage Station	1	10	10
4/14	Treatment/Examination Area (10 cubicles)	1	125	125
4/15	Resuscitation Room	1	38	38
4/16	Treatment Rooms	{2 {1	15 20	30 20
4/17	Plaster Room	1	15	15
4/18	Splint/Store	1	7.5	7.5
4/19	Relatives Room	1	10	10
4/20	Mortuary/B.I.D. Room	1	12	12
4/21	Secure room (to be acoustically treated)	1	15	15
4/22	Clean Utility/Set up room	1	15	15
4/23	Dirty Utility	1	7.5	7.5
4/24	Sluice Room	1	7.5	7.5
4/25	Observation (2 x 5 places)	2	45	90
4/26	Recovery Area	1	25	25
4/27	Day Bed Ward (2 places)	1	15	15
4/28	Patients w.c.	2	4.5	9
4/29	Patient's bathroom/shower	1	4.5	4.5
4/30	Nurses station	1	5	5
4/31	Pantry	1	4.5	4.5
4/32	Cleaner's room	1	4.5	4.5
4/33	General Store	1	10	10
TOTAL				633.5 M2

6.2.3. RADIOLOGY DEPARTMENT

1. Scope

1.1 The diagnostic X-Ray Department will be centralised. Ultra-sound will be included in the work of the Department.

1.2 Scale of Provision:-

The Department will have six x-ray rooms and two ultra-sound rooms.

2. Departmental Operational Policies

2.1 In the main a five day routine service will operate but one room must be available 24 hours per day seven days per week for accidents and emergencies.

2.2 An appointments system will operate for all sections of the Department. All appointments will be arranged through the Department's reception. If possible the appointment will coincide with the patient's attendance at the Out-patients Clinic.

2.3 Transport and Movement of Patients

The patients may be ambulant, wheelchair, stretcher or trolley cases. Beds may be used to transport in-patients and provision for their passage should be allowed for in the design of doors and openings.

In-patients will be escorted to the Department. All patients will proceed to a reception point where the appointment is checked and details are recorded and from where they will be directed to the appropriate sub-waiting area for x-ray or other examination.

The patient will enter the x-ray rooms through changing cubicles which will be directly attached to each x-ray or other examination room. Some patients may require assistance with changing.

2.4 Major sterile surgical procedures will not be carried out but at least one room should be equipped with scrub-up and piped oxygen facilities for angiographic procedures.

2.5 Daylight processing of x-ray films is envisaged. Three processing stations will be shared by the X-Ray Rooms. A small conventional dark room will be required.

- 2.6 Patient's radiographs and ultra-sound records will be stored in mobile filing cabinets. Current storage for two years radiographs and other records is required. After this they will be transferred to a main archive store and will be retained for a further five years.

3. **Special Planning/Design Requirements**

3.1 **Siting Relationships**

Due to the large number of attendances from the Out-patient's Department, this Department should be sited close to it. It should be adjacent to the Accident and Emergency Department and have easy access to the wards. Planning should be at the one level either ground or first floor - preferably ground floor. A central location with direct access to the Hospital entrance, lifts and wards is essential.

3.2 **Expansion**

Allow for one additional x-ray room. (Ancillary accommodation to be sized accordingly from the beginning).

4. **Accommodation**

4/01-05 **Reception and Administration**

Reception desk will overlook the main waiting space at entrance to Department. Space for two receptionists required. Male and female patients toilets may be located in this area. Main typing office should adjoin reception desk and have accommodation for four typists. Current records and film sorting area will be located convenient to the reception desk.

4/06 - 18 **Sub-waiting, patients changing preparation**

A number of sub-waiting areas will be required depending on layout/location of the diagnostic rooms (2 such areas - are taken for purpose of the schedule in this brief). Sub waiting areas should have toilet facilities reasonably convenient - one should be capable of taking a wheelchair.

Three changing cubicles for each diagnostic room should be provided. Two of the total number of cubicles should be capable of taking a wheelchair or trolley. A patients preparation/recovery room should be located immediately adjacent to the Gastro-Enterology rooms.

Each Gastro-Enterology room to have a toilet en-suite with the third toilet shared between two rooms.

A clean utility room is required for make up trolleys etc. It will double as a nurse's base.

A dirty utility room is required for material awaiting disposal etc. (Including sluicing).

Diagnostic Rooms:- x-ray diagnostic rooms are required as follows:-

- 1 Screening
- 1 C.T. Room
- 2 General
- 1 Special Procedures
- 1 Accident & Emergency (to be located in A&E Dept.)
- Two Ultra-sound rooms and changing area are required
- Film processing, viewing and sorting

The processing and viewing area should be grouped with the diagnostic rooms. Three day-light processing areas will be required, (one to be located in the Accident and Emergency Department.)

The viewing and film sorting area to be fitted with worktops and film illuminators. A small conventional dark room to be provided.

4/19-25 Staff Accommodation

Radiologists rooms: Four to include one for Registrar, for reporting and consulting. X-Ray film illuminators are required.

Superintendent Radiographers room and Senior Radiographers room (to hold three people). Convenient to screening, viewing and film sorting rooms. X-Ray film illuminators required.

Staff toilets with shower facilities are required with locker facilities in small ante room.

A tea pantry should be provided for use by staff.

A staff rest room should be provided.

X-Ray Conference/Library Room.

4/26-30 Stores

A Stores is required for general storage purposes, storage of unused film fitted with shelves, storage of chemicals, mobile x-ray.

A cleaner's room should be provided.

An archives area for five years storage of radiographs should be located reasonably close to the main records area.

SCHEDULE OF ACCOMMODATION

RADIOLOGY DEPARTMENT

<u>Room Ref:</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total Area</u>
<u>Reception and Administration</u>				
4/01	Office and Reception	1	24	24
4/02	Film Sorting and Current Record Store	1	45	45
4/03	Patients main waiting	1	30	30
4/04	Bed/Trolley Waiting area	1	12	12
4/05	Patients Toilets	2	3	6
4/06	Wheelchair toilet	1	4.5	4.5
<u>X-ray & Supporting Accommodation</u>				
4/07	X-Ray Room (includ.Control area)	6	33	198
4/08	Changing Cubicles	16	1.5	24
4/09	Patients toilets (shared by Gastro/ Enterology Rooms)	3 1	2 4	6 4
4/10	Preparation Rooms	1	15	15
4/11	Sub-waiting	2	9	18
4/12	Film Daylight Processing Stations	3	8	24
4/13	Viewing/Sorting/Reporting areas	1	20	20
4/14	Ultrasound Rooms	2	15	30
4/15	Assist Changing Cubicles	2	3.5	7
4/16	Patient Shower (Assist)	1	4.5	4.5
4/17	Clean Utility/Nurse Base	1	15	15
4/18	Dirty Utility	1	7.5	7.5
4/19	Dark Room	1	9	9
<u>Staff Accommodation</u>				
4/20	Radiologists Office (include. Registrar)	4	11	44
4/21	Super Radiographers Office	1	9	9
4/22	Senior Radiographer's Office (2)	1	9	9
4/23	Staff Rest Room	1	20	20
4/24	Staff Toilets	2	2.5	5
4/25	Shower facilities	2	3.5	7
4/26	Staff changing/locker facilities	1	15	15
4/27	Pantry	1	4.5	4.5
4/28	X-Ray/Conference Room/Library Stores	1	30	30
4/29	General/Chemical Store	1	4.5	4.5
4/30	Film Store	1	4.5	4.5
4/31	Cleaners Room	1	4.5	4.5
4/32	Archives Store	1	75	75
Total				735.5 m2

6.2.4 Physical Medicine Department

Scope

1. The Department will combine with facilities for Occupational Therapy with those for Physiotherapy. It will be involved with the medical rehabilitation of patients to assist them to return to work or adapt themselves to their function in the community. A total rehabilitation service in respect of Occupational Therapy will not be provided by the Department.
- 1.2 In-patients as well as out-patients will be treated. The bulk of the service will be provided to out-patients.
- 1.3 Considerable in-patient treatment will be provided in the Wards.
- 1.4 Geriatric as well as psychiatric patients will be treated following assessment as to their suitability.
2. **Departmental operation policies**
 - 2.1 The Department will operate during normal working hours on a five day basis. Outside of this, an on-call physiotherapy service will be provided when considered essential.
 - 2.2 Registration of new patients will be carried out at the out-patient reception desk but patients requiring treatment will subsequently report at the reception office in the Physical Medicine Department.
 - 2.3 Some patients may be on trolleys or beds and circulation and door width should allow for this.
 - 2.4 Passive treatment will be carried out in large area subdivided into cubicles by means of movable curtains.

3. Special planning/design requirements

3.1 Siting relationships

The Department should be planned at ground level and be particularly accessible from the Out-patient's Department and have good access to the wards. There should be direct access to an outside paved walking area. Account must be taken of the fact that most of the patients undergoing treatment will be in some degree disabled. Speech therapy services should be readily accessible to this Department.

4. Accommodation

Shared facilities for Physiotherapy/Occupational Therapy

4/01 Reception/records office: adjacent to the waiting area and readily accessible to the central therapy areas.

4/02 Patient's waiting and toilets

4/03 Waiting spaces for 35 patients and relatives is required. Some patients would go direct to the treatment area.

Toilets should serve both waiting and changing areas.

W.C. for each sex to be able to take a wheelchair.

4/04 Storage: storage is required for general supplies and small quantities of linen.

4/05 Staff toilets

4/06 (Male and Female) - personal lockers

4/07 Staff rest room: for up to 12 staff

4/08 Wheelchair/trolley bay

4/09 Cleaners room: as described previously

Physiotherapy

- 4/10 Chief Physiotherapist's office: located convenient to the entrance. For writing of records, assessments, etc.
- 4/11 Basic Physiotherapist's office: located convenient to the entrance. For writing of records, assessments, etc.
- 4/12-13 Female and male patients changing rooms for male and female patients are required. It should be convenient to both the passive treatment area and the gymnasium.
Accommodation is required for two male and two female patients changing at one time.
- 4/14 Passive treatment area: an open area with curtained cubicles is required. A total of 16 cubicles is required. One cubicle of the 16 is to consist of a room where ultra-violet treatment can be carried out (9 sq. Metres) ventilated. The areas of Short Wave Diatherapy treatment and interferential treatment should be separated. A utility area with a worktop is required for the preparation of plaster of paris, splints, hot packs, etc. Cupboards are to be provided for dry storage in this area. In the area where wax bath treatment will be given a special floor finish is required.
Ceiling and rear wall suspension is required for 4 of the cubicles with the exception of the ultra-violet treatment room.
- 4/15 Gymnasium : this will contain over-head exerciser, parallel bars, wall bars and stairs. It will provide the seclusion and safety required for assisted gait training. Ceiling and wall suspension is required in part of this area.
- 4/16 Equipment Store: located adjoining the gymnasium to store a variety of less bulky equipment used.

Occupational Therapy

- 4/17 Chief Occupational Therapist's office: located convenient to the entrance. For writing of records, assessments, etc.
- 4/18 Basic Occupational Therapist's office: located convenient to the entrance. For writing of records, assessments, etc.
- 4/19 Aid to daily living area: required to re-educate disabled patients in the normal day-to-day living activities. Three separate bays required consisting of bed, kitchen and bath/w.c. bay, capable of accommodating wheelchair patients. (Kitchen bay to be capable of accommodating 3/4 patients).
- 4/20 Occupational Therapy workshop: the activities to be catered for in this shop will be light assembly work (e.g. splinting and clerical works).
- 4/21 Equipment and materials store.
- 4/22 Finished products store: these should be adjacent to the workshop.

SCHEDULE OF ACCOMMODATION

PHYSICAL MEDICINE

<u>Room Ref.</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total Area</u>
4/01	Reception/Records Office	1	11	11
4/02	Patients Waiting	1	25	25
4/03	Male Patients Toilet (Urinal w.c., w.h.b.)	1	5.5	5.5
	Female Patients Toilet (2 w.c., 2 w.h.b.)	1	6.5	6.5
4/04	General Stores	1	9	9
4/05	Staff toilet (Male) (4 Lockers)	1	3	3
4/06	Staff toilet (Female) (8 Lockers)	1	4	4
4/07	Staff Rest Room	1	16	16
4/08	Wheelchair/Trolley	1	4.5	4.5
4/09	Cleaners Room	1	4.5	4.5
	Physiotherapy			
4/10	Chief Physiotherapists office	1	9	9
4/11	Basic Physiotherapists office	1	9	9
4/12	Male Patient's Changing Room	1	7.5	7.5
4/13	Female Patient's Changing Room	1	7.5	7.5
4/14	Passive Treatment Area	1	120	120
4/15	Gymnasium	1	100	100
4/16	Equipment Store	1	12	12
	Occupational Therapy			
4/17	Chief Occupational Therapists Room	1	9	9
4/18	Basic Occupational Therapists Room	1	9	9
4/19	Aid to Daily living Area	1	28	28
4/20	Occupational Therapy Workshop (with facility to partition)	1	28	28
4/21	Equipment Store	1	15	15
4/22	Finished Product Store	1	17	17
Total				460 m2

6.2.5. OPERATING DEPARTMENT

1. Scope

1.1 A central Operating Department will be provided. The function of the Department will be the provision of surgical procedures including reception and recovery for patients undergoing elective or emergency surgery.

1.2 *Scale of Provision:*

Four self-contained theatre suites (include. 1 clean air theatre) with the appropriate level of reception and eight recovery places will be provided in the Operating Department.

2. Departmental Operational Policies

2.1 Emergency and elective operations will be carried out.

2.2 Operating session will be held during normal working hours but access will be required for use outside of normal hours.

2.3 Patients, staff and service personnel will enter the department from the general hospital circulation. All staff entering the clean area will enter through the staff changing rooms, and masks and over-shoes will be put on before entering the clean corridor.

2.4 Patients may be moved on either a bed or a trolley to or from the Operating Theatre transfer zone. In the transfer area leading to the reception area they will be transferred to a theatre trolley by means of an end to end transfer system. From the reception area, the patients will be moved into the Anaesthetic Room and subsequently transferred onto the operating table in the theatre. Following the operation they will be taken from the theatre on a trolley to the Recovery Room via an exit corridor, separate from the Anaesthetic Room.

After any necessary period in the Recovery Room, they will be transferred on another trolley to the wards or the Intensive Care Unit.

2.5 All sterile goods will be brought from the HSSD in containers on trolleys to the entrance to the theatre suite where containers will be taken from the trolley across the 'red line' by theatre staff and stacked on shelves in the preparation rooms. Sterile packs will be distributed from preparation rooms where trolley's will be laid up ready for moving direct into the theatres. Deliveries from HSSD will also include gown and caps and masks which will be distributed to gowning areas related to each theatre. There will also be supplies for the recovery area.

Other items to be delivered to the theatre suite:

Other medical supplies, e.g. sutures, elastoplast and plaster
Sterile solutions (these will be held in heated cabinets or heated trolleys in the preparation rooms).
Linen e.g. staff theatre clothing.
Drugs. etc. From pharmacy.
New equipment and equipment returned after repair.
Catering supplies for the tea pantry.
X-Ray film, photographic material.
Cleaning material

These items will be delivered to the entrance to the theatre suite and handed or unloaded across the 'red line' as described for sterile supplies and distributed to the appropriate store or point of use.
Un-used bottles of blood will be returned to the Laboratory.

2.6 *Disposal:*

(a) From the theatre: after the patient has been removed from the theatre, the theatre trolleys will be moved into the disposal room adjacent to the theatre and the contents sorted and put into sealed bags or into containers.

Sealed bags and containers will be transferred to the transfer area where they will be handed to porters. The theatre trolleys will be cleaned and moved into the preparation room for future use.

Items for disposal from the theatres will include:-

- Instruments, trays, utensils, etc. (To be returned to HSSD)
- Soiled linen (to be returned to the soiled linen collection area).
- Specimens to go to the Laboratory
- Health Care Risk Waste i.e. empty fluid bottles, swabs, plaster casts, recognisable anatomical waste (to be removed to the Health Care Risk Area).

(b) Some other items for dispatch from the theatre suite: waste e.g. paper wraps, pathological waste. Soiled linen.

2.7 Traffic flow:

Patients: ward - transfer/reception area - Anaesthetic Room - Theatre - Recovery Room - transfer area - wards h.d.u. or Intensive Care.

Staff: entrance - changing rooms - working area - staff room - changing room - entrance.

Sterile goods: HSSD - Preparation Room - point of use - disposal area - re-processing HSSD or elsewhere.

2.8 All specimens will be taken to the main laboratories for processing.

2.9 Mobile x-ray backed by small daylight processing unit will be provided.

2.10 Sterile fluid will be stored in the general store and sufficient supplies made available to the Anaesthetic Rooms. Controlled drugs will be kept in the Sister's office and anaesthetic rooms.

3. Special planning/design requirements

3.1 Siting relationships:

Transportation from and to the wards must be simple and direct. Access from the Accident and Emergency Department should be convenient. Access from HSSD should also be convenient. The Department should be in a cul-de-sac to allow control of entry and exit and to provide a quiet environment.

3.2 *Special design requirements:*

The Department is to be designed on the principle of segregation of clean and dirty areas.

Each Theatre suite will be self-contained and consist of a number of standardised rooms.

A separate disposal corridor is required.

An exit bay from each theatre is required.

4. **Accommodation (description of rooms and areas)**

4/01 Bed/trolley parking bay: space for six beds adjacent to the patient transfer area.

4/02-03 Transfer/Reception area: transfer area large enough to accommodate three trolleys and four staff.

Floor demarcation required. Reception (holding) area to have space for three patients on trolley.

4/04-07 Recovery area: for eight patients - within clean zone. Combined nursing station/clean utility as well as dirty utility room shared with reception area.

4/08-09 Offices: office required for Theatre Sister (within the clean area). Two offices required for Anaesthetists to be located adjacent to the theatre department and one of which will be in the clean area.

4/10 Doctors/Surgeons Room

4/11-13 Changing accommodation: staff changing rooms and toilet accommodation are required for:

Male medical and nursing	-	12
Non nursing male	-	4
Non nursing female	-	2
Female nursing and medical	-	20

The above accommodation should be located near the entrance and will have access to the clean corridor. A small room in which to meet hospital personnel, relatives, etc. is required. This room will be accessed via two doors (one the clean area and one from outside the department).

- 4/14 Rest Room: Accessible from clean corridor only
- 4/15 - 19 Theatre suites: Four suites will be provided. Each suite will have one Anaesthetic Room - storage of anaesthetics, drugs, instruments required. One Operating Theatre. One scrub-up and gowning room - to scrub up and put on operating gown and gloves. Storage and shelf space required.
- Two preparation rooms - will hold trolleys made up for one further operation. Storage of Sterile packs.
Two disposal - temporary holding and bagging area used for items for HSSD laundry or for disposal. Large items of equipment including trolleys will be washed here.
Sinks will have wide openings to facilitate the disposal of certain items. Lobby.
- 4/20 Investigation Room: for urgent tests. Bench with sink.
- 4/21 Daylight processing area: small daylight processing unit with mobile x-ray.
- 4/22 Tea pantry: associate with rest room
- 4/23 Stores: storage required for - general equipment and cleaning dispersed throughout Department.
- Linen, blankets in reception/recovery area
 - Sterile Packs
 - Equipment Store
 - Medical Supplies
 - Domestic Services

N.B. It should be noted that there is a modern theatre suite existing at the Hospital consisting of two theatres, one with a clean air facility.

SCHEDULE OF ACCOMMODATION

OPERATING DEPARTMENT

Room Ref	Item	No.	Area (m2)	Total Area
4/01	Bed/trolley parking bay (beds/trolleys)	1	18	18
4/02	Patient transfer	1	19	19
4/03	Reception area (3 beds)	1	22.5	22.5
4/04	Recovery area (8 beds)	1	80	80
4/05	Nursing Station/clean utility	1	7.5	7.5
4/06	Blanket and Linen Store	1	4.5	4.5
4/07	Dirty Linen room	1	5.5	5.5
4/08	Theatre Sister's Office	1	9	9
4/09	Anaesthetist's Offices	2	9	18
4/10	Doctors/Surgeons Room	1	9	9
4/11	Changing Room - male and female	1	17	17
4/12	Changing Room - female nursing and medical staff	1	24	24
4/13	Changing room - male lay staff (including rest room)	1	15	15
4/14	Rest room	1	20	20
4/15	Operating Theatres	(3	40	120
		1	48	48
4/16	Anaesthetics Rooms	1	17	51
4/17	Scrub-up and gowning rooms	3	10	30
4/18	Preparation Rooms	3	12	36
4/19	Disposal Area	3	4.5	13.5
4/20	Investigations room	1	7.5	7.5
4/21	Daylight processing area	1	5.5	5.5
4/22	Tea Pantry	1	4.5	4.5
4/23	Stores: general store	1	15	15
	Equipment	1	11	11
	Domestic Services	1	4.5	4.5
Total				615.5 m2

N.B. - It should be noted there is a modern Theatre Department existing at the Hospital consisting of two Theatres, one with clean air facility.

6.2.6 PATHOLOGY DEPARTMENT

(This Brief is in outline form only and is for the purpose of preparation of the Development Control Plan).

1. Scope

1.1 The Pathology Department will in general deal only with routine work, including general practitioner's requests, as it will work in close co-operation with the laboratory at St. Vincents Hospital. Specialised work, appropriate to the work-load, clinical demands of the hospital and cost effectiveness of the tests, will be added in line with an evolving, growing pathology department responding to the demands of an evolving hospital.

1.2 The Department will deal with the following disciplines:

- (i) Microbiology
- (ii) Haematology/Blood Transfusion
- (iii) Biochemistry
- (iv) Cellular Pathology

2. Departmental operational policies

2.1 In-patient specimens will be taken at ward level by phlebotomists during hours of duty or by medical or nursing staff at other times. Specimens will be delivered to the laboratory by messenger (laboratory aide, ward attendant or the designated person) or by pneumatic tube. OPD patients will have their specimens taken in the OPD department by phlebotomist during hours of duty or by medical or nursing staff at other times. Specimens from general practitioners or remote sites will be received by special delivery in accordance with current practice. All specimens will be received in the specimen reception area.

2.2 Tests not available in the laboratory will be forwarded as appropriate to St. Vincents Hospital or other Laboratories by delivery. All such tests from sources listed above will be logged and recorded as dispatched.

- 2.3 Test reports will be sent back to the identified source of request. Reports will be available on computer for archival or ward retrieval of results. Test reports from external sources will be recorded on return to the laboratory and filed as hard copy or on computer if possible. Urgent results will be telephoned to the requesting doctor. Faxed copies will also be sent if appropriate.
- 2.4 A 24-hour service will be provided although only for emergency work outside normal working hours.

3 Special Planning/design requirements

- 3.1 A ground level location is desirable.
- 3.2 There should be good access to the OPD, casualty, theatre, ward units, supplies, external flammable stores and waste disposal.
- 3.3 The development should be a secure area, with access restricted in line with health & safety policy.
- 3.4 Engineering services should be in line with current recommendations regarding lighting, ventilation, heating, electrical installations (with special reference to abatement of interference and emergency supply), telephones and other communication methods and drainage.

4. Accommodation

The accommodation will consist generally of reception and sorting area, offices, laboratories, ancillary service facilities including stores, staff facilities etc. The design of the laboratory spaces, on a modular basis is envisaged so as to permit sufficient flexibility in the use of those spaces.

4/01 Offices

- Reception and Secretarial (3 staff)
- Technologist in charge
- Pathologists (histopathology, haematology each with microscope area and microbiology)
- NCHD office with microscope

4/04 Laboratory

Common Area

General store
Staff WC/Shower - male and female
Staff Room
Cleaner's store

Shared accommodation

Specimen reception/centrifugation and storage
"Cold" Room
"Warm" Room
Glass wash/store

Individual Laboratory Areas

- a) Haematology
- b) Blood transfusion
- c) Chemical pathology
- d) Microbiology, ventilated/extracted bench area with separate safety cabinet
- e) Cellular pathology with separate cut-up, frozen section, cytopreparation (including safety cabinet) and processing room with provision for temporary storage of formalin fixed tissues (ventilated/extracted)
Separate area for cutting and staining of tissue blocks including special stains.
Office space in each laboratory department separate from bench area in line with Health and Safety regulations.
Storage area for all sections of the laboratory adjacent to work area.

External Stores:

Gas cylinder store
Flammable stores

5. Area:

For the purposes of the Development plan a net area (excluding circulation space) of 440.5 m² is required.

6.2.7 MORTUARY/POST MORTEM ROOM

1. Scope

1.1 This Department will provide for:

- (i) Keeping of bodies until burial or removal to a funeral:
- (ii) Investigation by the Pathologist of the cause of death:
- (iii) Preparation and viewing/identification of bodies by relatives/friends and Gardai.

1.2 This Department will provide for the needs of St.Columcilles Hospital and catchment area.

1.3 The Department will consist of a mortuary, refrigerated storage area (2 cabinets, 12 bodies), post mortem facilities (2 tables) and 2 viewing rooms, preparation area, medical observation room, ventilated formalin room.

2 Departmental Operational Policies:

2.1 Following death, bodies will be removed by trolley or other transport to the mortuary refrigerated body store.

2.2 Bodies will be kept in refrigerated cabinets (2). If necessary, use will be made of the un-refrigerated area of the body store for storage of bodies. Bodies remain in the mortuary for one or more days.

2.3 The department will operate a normal working day Monday to Friday (5 day week). Access by authorised persons will be necessary, however, for transfer of bodies and for identification outside of these hours.

2.4 Bodies, where a post-mortem is required, will be examined in the post mortem room. Specimens will be sent in containers to the pathology department for examination.

2.5 The body will access this suite via the connecting refrigeration unit.

- 2.6 Pathologists and other clinical staff will change to gowns, caps, aprons and boots before entering the PM room via the clean and dirty changing areas.
- 2.7 Body preparation procedures will be carried out in the body preparation area.
- 2.8 From the body store, bodies may be moved (following preparation if necessary) to the viewing area for viewing/identification by relatives or friends prior to removal by hearse to a funeral parlour or church. Alternatively they may be removed directly from the store to a funeral parlour or church.
- 2.9 Relatives, who wish to view bodies, will be escorted by Hospital staff.
- 2.10 All entrances to the mortuary, PM room will be kept locked to prevent unauthorised access. The attendant will be called by bell. Visitors will not enter the post mortem area.
- 2.11 Hospital medical staff may view autopsy procedure and discuss the case from the designated observation room adjacent to the post mortem suite.

2.12 Movement of Bodies in Mortuary Section:

Bodies may be moved from the preparation/storage area of the post mortem section to one of the small viewing cubicles (for private viewing by relatives etc.) prior to being moved to the large viewing room for group prayers etc. (e.g. prior to funeral). A body may also be moved direct to the large viewing room, from the post mortem section. From the viewing room it will be moved directly to the hearse bay for transfer to church.

A body may also be moved direct from the preparation/storage area of the post mortem section to a hearse or ambulance for transfer to a church or funeral parlour (In this case, it need not be brought into the mortuary section proper).

Movement of Visitors

Visitors will enter the Mortuary section by the visitor's entrance and will be brought/directed by the Attendant to the appropriate viewing area. Visitors attending a private viewing/prayers (e.g. other than at funerals) will leave by the same visitor's entrance.

Visitors attending at funerals will leave the large viewing room by an exit leading directly to the hearse bay. This will allow for free movement of visitors from the entrance to exit at funerals.

Visitors will not enter the post mortem area.

3. Special planning/design requirements

3.1 *Special design requirements:*

The Mortuary should be on ground floor site, with convenient access to casualty and ward areas, but screened from view by the general public

Convenient and separate access should be arranged for:-

- (i) Staff (including access during funeral) and supplies, and for bodies brought from wards and other Hospital departments.
- (ii) Visiting relatives who wish to view bodies.
- (iii) Hearse/ambulances for removal/delivery of bodies - to be screened from adjoining areas of the Hospital.
- (iv) The post-mortem suite should be ventilated/extracted to health and safety standards.
- (v) Appropriate standards of electrical installation and drainage should be attained.
- (vi) The area should be developed as a secure area, with limited access to designated personnel.

4. Accommodation

- 4/01 General Entrance - for staff and supplies.
- 4/02 Body store (including preparation and trolley wash); en-suite with PM Room, 2 refrigerated cabinets to be provided with 12 body spaces. These cabinets will have doors on both ends to provide access into the Post Mortem Suite. Allow for working space in front of cabinets. Good natural ventilation is essential. Plant-room required.
- 4/03 Post Mortem room: 2 tables and dissecting facilities including boards, work tops and sinks. Room and dissecting tables ventilated and extracted.
- 4/04 Preparation room: for preparation of bodies prior to viewing/removal by undertakers.
- 4/05-06 Male and female changing (2) these rooms should have direct access to the Post Mortem Room via the Dirty Changing area. Toilet facilities will be en-suite - w.c., w.h.b. and shower.
- 4/07 Store room: en suite with Post Mortem Room.
- 4/08 Dirty Utility Room: en suite with Post Mortem room to include formalin preparation/specimen store room. This room should be ventilated. Bowls, instruments and aprons will be washed and disinfected. Specimens will be stored pending removal to Pathology.
- 4/09 Medical observation room for teaching purposes.
- 4/10 Visitor's entrance/lobby: to give access to viewing rooms.
- 4/11 Visitor's toilets (male and female) : convenient to visitor's
- 12 entrance.
- 4/13 Viewing room - one room to seat 20/30 persons for viewing and saying prayers. This room will be non-denominational. A second room will be divided into bays each capable of accommodating three persons viewing a body.

4/14 Office: to accommodate two persons. The Attendant will keep records of admissions/removals. Pathologists will also use this room. This should be easily accessible from the Visitor's entrance.

4/15 Store Room: adjacent to the office.

4/16 Cleaner's room.

4/17 Hearse/ambulance entrance : to be covered and screened from adjoining areas of Hospital.

This bay will have direct access both to the large viewing room of the Mortuary Section and to the Preparation/Storage area of the Post Mortem Section.

SCHEDULE OF ACCOMMODATION

MORTUARY/POST MORTEM

Room Ref.	Item	No.	Area (m2)	Total Area
<hr/>				
Post Mortem Area				
4/01	General Entrance (staff & supplies)	1	-	-
4/02	Body Store (2 refrigerated cabinets)	1	11	11
4/03	Post Mortem Room	1	37	37
4/04	Preparation Room	1	11	11
4/05	Male changing area	1	10	10
4/06	Female changing area	1	10	10
4/07	Store Room	1	4.5	4.5
4/08	Dirty Utility Room	1	4.5	4.5
4/09	Medical Observation room	1	4.5	4.5
Mortuary Area				
4/10	Visitors entrance/lobby	1	-	-
4/11	Male visitors toilet (1 w.c., 1 urinal, 2 w.h.b.'s)	1	4.5	4.5
4/12	Female visitors toilet (2 w.c.'s, 2 w.h.b.'s)	1	5.5	5.5
4/13	Viewing rooms (2)	(1 (1	37 15	37 15
4/14	Office	1	15	15
4/15	Store Room	1	4.5	4.5
4/16	Cleaner's room	1	4.5	4.5
4/17	Hearse/ambulance entrance (covered)	1	-	-
Total				178.5m2

6.2.8. DAY SERVICES DEPARTMENT

1. Scope

- 1.1 The function of the day procedures department will be the provision of day surgery, endoscopy, holter monitoring and other appropriate services which can be carried out on a daily basis.
- 1.2 The department will provide a service for 25 day attenders and will consist of a minor Theatre, scope room and appropriate level of reception, preparation and recovery areas.

2. Departmental Operational Policies

- 2.1 The department will initially operate 9.00 a.m. - 5.00 p.m. on a 5 day per week basis but it is possible the service could extend to later hours and weekends.
- 2.2 An appointment system will operate.
- 2.3 Patients will be either ambulant or wheelchair cases. Those who have difficulty in walking will be transferred to wheelchairs provided in the vicinity of the entrance.

A multichannel entrance is envisaged for day patients, out-patients, in-patients and community care patients. Day patients will on arrival proceed direct to the Day Procedures Department.

- 2.4 All relevant reports and case notes will be assembled in advance of the day procedure sessions and sent to the day procedures department.
- 2.5 Pre-booked patients will present at the day procedures reception area and having registered will be taken to the preparation area. Following preparation, the patient will be transferred to the appropriate area for treatment. Following treatment the patient will be transferred to the Recovery area to await discharge.

3. SPECIAL PLANNING/DESIGN REQUIREMENTS

- 3.1 The department should be located adjacent to the out-patient department and be easily accessible to the patient on entering the Hospital.
- 3.2 The department should be located as conveniently as possible to the Diagnostic, X-Ray and Medical Records Department.
- 3.3 The preparation and the recovery areas within the department should be interconnecting and could share certain accommodation e.g. office, store, utility room.
- 3.4 Provision is to be made in the planning of Day Services Department of a 100% expansion factor to take account of future expansion in this service area.

4. ACCOMMODATION

4.1 Reception Area

This will provide accommodation for patients and relatives. It will be staffed by a full-time Receptionist.
Waiting space for 25 persons is required.

4.2 Preparation Area/Recovery Area

Two six-bed trolley preparation/recovery areas with toilet facilities are required with interlinked nurses station. Appropriate changing facilities for changing into/out of hospital attire are required.
Informal accommodation will be provided within the area for day patients requiring medical monitoring, e.g. holter monitoring, diabetic monitoring, etc. This accommodation will be available for surgical and endoscopy patients prior to discharge. The following ancillary accommodation will be required:

- Treatment/Assessment Rooms
- Clean and dirty Utilities
- Pantry
- Storage for general equipment, medical & surgical supplies
- Patients lockers X 30

4.3 Endoscopy Suite

This area will have two endoscopy rooms which will be serviced by an equipment cleaning room which will open directly onto each endoscopy room.

Clean and dirty utility rooms will be required in the endoscopy suite.

An equipment storage room will be required.

4.4 Day Theatre Suite

One operating theatre is required for day surgery. The following ancillary accommodation will be required.

- Anaesthetic Room
- Scrub-up and gowning room
- Adequate male and female staff changing rooms together with toilets and showers
- Recovery area
- Rest room
- Dirty and clean utility rooms
- Trolley parking bay
- Storage for linen, cleaning equipment, general equipment, medical & surgical supplies.
- Prep. Area
- Disposal room

**SCHEDULE OF ACCOMMODATION
DAY SERVICES DEPARTMENT**

Room Ref.	Item	No.	Area (m2)	Total Area
Reception Area				
4/01	Reception Area/Waiting Area	1	30	30
4/02	Porter's Office	1	7.5	7.5
4/03	Wheelchair/Trolley Bay	1	7.5	7.5
Preparation/Recovery Area				
4/04	Male & Female toilets	2	4.5	9
4/05	Changing cubicles	(2)	1.5	3
		(2)	3.5	7
4/06	Assessment/Treatment Room	1	15	15
4/07	Examination/Consulting	1	15	15
4/08	Preparation/Recovery Room (w.c., shower, w.h.b., ensuite)	2	48+5	106
4/09	Informal Area	1	25	25
4/10	Nurses Station	1	7.5	7.5
4/11	Pantry	1	7.5	7.5
4/12	Clean Utility	1	7.5	7.5
4/13	Dirty Utility	1	4.5	4.5
4/14	Stores : General	1	10	10
	Equipment	1	7.5	7.5
	Medical/Surgical	1	4.5	4.5
ENDOSCOPY SUITE				
4/15	Endoscopy Rooms	2	22	44
4/16	Equipment Cleaning Room	1	15	15
4/17	Clean Utility	1	7.5	7.5
4/18	Dirty Utility	1	7.5	7.5
4/19	Mobile X-Ray Bay	1	6	6
4/20	Trolley Bay			
DAY THEATRE SUITE				
4/21	Operating Theatre	1	40	40
4/22	Anaesthetic Room	1	15	15
4/23	Scrub up and gowning	1	10	10
4/24	Prep. Room	1	12	12
4/25	Disposal Room	1	7.5	7.5
4/26	Staff Changing	2	15	30
4/27	Clean utility	1	7.5	7.5
4/28	Dirty utility	1	4.5	4.5
4/29	Post Anaesthetic Recovery Room	1	24	24
4/30	Mobile X-Ray Bay	1	6	6
4/31	Blanket/Linen Store	1	4	4
4/32	Stores : General	1	7.5	7.5
	Equipment	1	7.5	7.5
	Domestic	1	4.5	4.5
Total				534m2

6.3.1 MEDICAL RECORDS/ADMISSION OFFICE

1. Scope

1.1 There will be a central Medical Records Department for the Hospital. The Admissions Office will be an integral part of this Department.

1.2 The services provided by the Department will include the following: the maintenance and custody of the personal medical history of every in-patient and out-patient attending the hospital including Accident and Emergency cases. Reception of patients for elective admission.

Maintenance of in-patients waiting list and arrangements for admission. Arrangements for discharge of patients after medical certification. Initial registration and co-ordination of out-patients appointments.

Morbidity returns.

Diagnostic indexing.

Registration of births and deaths occurring in the Hospital.

Notification of births to Public Health Department.

Statistical records.

1.3 To ensure maximum cover with minimum staff and the reduced dispersal of hospital records the main Department will encompass OPD reception point and Admissions office.

2. Departmental operational policies

2.1 The Department will provide a 7-day-24-hour service. A full service will operate during normal working hours and restricted service during evenings.

This restricted service will cover the main Department, Admissions Office and the Accident & Emergency Department.

2.2 Elective admissions and the majority of out-patients will be registered prior to arrival at hospital. A mechanical registration system will be used.

2.3 Medical records including psychiatric patient's records will be stored by this Department.

Current care records will be kept in the Department for 5 years and afterwards in an archives section for five further years on microfilm.

2.4 *Out-patient's appointments and Reception:*

- (a) Appointments for both new and return patients for OPD clinics will be booked at the reception desk in the Department and all out-patient will call on arrival to this reception area. Follow-up appointments will also be booked here.
- (b) Having reported at the main reception desk, all out-patients attending the clinic will be directed or escorted to the sub-waiting areas of the appropriate clinics or diagnostic departments.
- (c) Patient's movements: arrival at hospital main OPD reception and main waiting OPD- clinics, sub-waiting spaces - OPD Clinics, consulting rooms or treatment/diagnostic rooms as required. - Reception area for follow-up appointments as required - departure from the hospital.

3. Special planning/design requirements

3.1 *Siting relationships:*

The Medical Records Department should be sited in relationship with the main concourse to that of the Out-patient reception point (which is part of the Medical Records Department) and Admissions Office will be clearly marked and immediately accessible.

If possible ready access to and association with administrative offices.

3.2 Special design requirements:

The section of this Department consisting of the Admission Unit and OPD Reception Area should provide an attractive reassuring environment for those being received into the Hospital.

4. Accommodation (description of rooms and areas)

- 4/01 Out-patient's reception area: for registration and appointment of out-patients. Adjacent to concourse. Design of counter/desk should ensure privacy for patients. Two Receptionists.
- 4/02 Office for Medical Records Officer: near reception area and general records office.
- 4/03/04 Records office and filing store: General Records Office for four persons - to have direct access to reception area. A separate office is required for H.I.P.E. Officer. Filing store should be directly accessible from office. Current records to be stored on shelving. Adequate space for storage of stationary.
- 4/05 Admissions office for in-patients: for reception and interviewing of booked and non-emergency patients. Comfortably furnished.
- 4/06 Medical typist's office: space to be provided for eight typists. Convenient to Records office and filing store. Two dictation cubicles to be provided.
- 4/07 Machine Room: for mechanical registration equipment. Acoustically treated. To serve Admissions Office and Out-patient's reception area.
- 4/08 Archives store: for older and less frequently used records. Five year's records will be stored on microfilm with space for microfilming and viewing. Need not be directly associated with the Dept., but should be readily accessible.

SCHEDULE OF ACCOMMODATION

MEDICAL RECORDS/ADMISSION SUITE

Room Ref.	Item	No.	Area (m2)	Total Area
4/01	Out-patient's reception area	1	11	11
4/02	Office - Medical Records Office	1	9	9
4/03	Records Office	1	20	20
4/04	Records Store	1	80	80
4/05	Admissions Office	1	13	13
4/06	Medical Typist's office	1	48	48
4/07	Machine Room	1	11	11
4/08	Archives store	1	30	30
Total				222 m2

6.3.2 HOSPITAL STERILE DEPARTMENT

1. Scope

1.1 A Hospital Sterile Supply Department providing the sterile requirements for all appropriate departments of the Hospital including the theatre and endoscopy suites will be provided.

1.2 Sterile supplies comprise:

- (a) Theatre instruments, trays (sets)
- (b) "Trolley Top" trays (combination of (a) and (c))
- (c) Theatre fabric packs (drapes, gowns and swabs)
- (d) Ward dressing packs
- (e) Ward instruments
- (f) Comprehensive packs (combination of (d) and (e))
- (g) Sterile water (flasks, bottles, plastic bags).

1.3 De-contamination will ordinarily operate a five-day week during normal working hours. An on-call service will operate outside normal working hours.

2. Departmental operational policies

2.1 The Department will ordinarily operate a five-day week during normal working hours.

2.2 The Department will store on a 72 hour basis, clean, laundered or commercially obtained materials and items prior to sterilising.

2.3 Sterile goods to the extent supplied by outside sources will be delivered to this Department from the Sterile Supply Section of the Central Stores Department on a 72 hour basis.

2.4 Disposable items will be used when considered desirable. The use of sterile disposable equipment and materials will be decided on for clinical reasons and on cost benefit considerations.

2.5 The non-disposable items apart from linen, instruments etc. Will be bottles (drainage, sterile water), syringes (glass, large polypropylene) needles, nylon adapters, rubber endotracheal tubes, special catheters and tubing (suction, oxygen).

2.6 Flow line production methods will be used to process the material through the Department from reception to storage and/or dispatch. A single flow line will be operated for ward and theatre instruments.

2.7 A Vickers type medical disinfectant unit (formalin, ammonia) will be used to disinfect ventilators, incubators etc.).

3. **Special planning/design requirements**

3.1 Siting Relationships

There should be convenient and good communication between this Department and Central Supplies. It should also be located adjacent to the Operating Theatre Suite.

4. **Accommodation (description of rooms and areas)**

4/01-02 Trolley/Reception/unloading bay/cleaning area: reception point for all used and dirty articles returned for processing. Theatre and ward instruments will be processed in a single flow line of work. One Reception area for clean raw materials. One Reception/Decontamination area for soiled returns.

4/03 (a) Cleaning/Decontamination area.

Reception point for all used and dirty articles returned for processing. Theatre and ward instruments will be processed in a single flow line of work.

Double door washer/dryer and ultrasonic machines supplied with access for maintenance.

Instruments loaded into machines in this area and removed in packing room which is physically separated from this area. Hatch provided for returned instruments deemed unsuitable for packing and cages to be returned after washing cycle.

Packing Area; Appropriate standard for control of environment applies. Protective clothing will be made available for staff entering this area and entry will be restricted. This area must be physically separated from others.

This area will be supplied with clean instruments and equipment for inspection and assembly. Inspection tables/lamps and storage space required.

Soiled instruments returned via Hatch to decontaminated room. Raw material store feeding into this area. Two double autoclaves to be installed in an enclosure allowing adequate space for maintenance. A small area for dealing with fragile specialised instruments will be provided. This area will be air conditioned.

Sterilization Area - Double Doored Autoclaves unload into this area. All autoclaves installed to conform to appropriate standard. Environmental controls apply. Secure facilities are recommended for the safe containment of Ethylene Oxide and Formaldehyde machines. Cooling trolleys will be situated in this area. (Separate quarantine and aeration arrangements with independent environmental conditions are necessary for processed items.)

4/04 Store (non sterile goods): supplies for 72 hours including linen and commercial items prior to sterilising. To communicate directly into packing area through a transfer hatch.

4/05 Processed storage area/Sterile goods

Well lit well ventilated room. Adequate storage will be provided for equipment/packs prior to delivery to theatre/wards

4/06 Trolley loading bay: dispatch area for operating theatres and other department of the hospital.

4/07 Supervisor's office - in view of work stations.

4/08 Cleaner's Room: one each for sterile and non-sterile areas.

4/09 Medical equipment de-contaminating unit: for decontaminating large items of equipment including ventilators, incubators etc. Sink Unit and Vickers type disinfection unit to be provided.

4/10 Staff toilet/changing: provide 1 w.c., 1 w.h.b., and 1 shower and personal lockers. (male and female).

4/11 Gowning area, to interlock between toilet changing area and packing area.

SCHEDULE OF ACCOMMODATION

HOSPITAL STERILE SUPPLY DEPARTMENT

Room Ref.	Item	No.	Area m2	Total Area
4/01	Trolley/reception unloading bay	2	15	30
4/02	Clean up, washing and drying area	1	30	30
4/03	Packing and sterilising area	1	50	50
4/04	Store (non-sterile goods)	1	15	15
4/05	Store (sterile goods)	1	20	20
4/06	Trolley loading bay	1	9	9
4/07	Supervisor's office	1	9	9
4/08	Cleaner's room	2	4.5	9
4/09	Medical equipment de-contaminating room	1	25	25
4/10	Staff toilet/changing (including shower)	2	15	30
4/11	Gowning area	1	4.5	4.5
Total				231.5 m2

6.3.3 PHARMACY DEPARTMENT

The Pharmacy Department will provide a pharmacy service for the region of South East Dublin and East Wicklow area. In addition to providing a service at St.Columcilles Hospital, the Pharmaceutical Department will also cater for the pharmacy needs of St. Colmans Hospital, District Hospital Wicklow, Ardeen Cheshire Home, Shillelagh, Cluain Mhuire, Burton Hall, Centenary House, Madonna House, Wicklow TB, Newcastle Hospital, Clonskeagh Hospital, Central Mental Hospital, Simpson Hospital, Vergemount Clinic, Maryville Donnybrook, Good Council Ballyboden, Eglinton House, Sir Patrick Dun's Hospital, Baggot Street Hospital, Barret Cheshire Home, Bru Chaoimhin, Weir Home.

1. Scope

- 1.1 The primary function of the Pharmacy Department is to ensure the safe, effective and economical use of medicines by hospital prescribers, patients and staff.
- 1.2 A Pharmacy Department to service firstly the needs of St.Columcilles Hospital will be provided, but with also the capacity to service, St.Colmans Hospital, District Hospital Wicklow, Shillelagh, Cluain Mhuire, Burton Hall, Centenary House, Madonna House, Wicklow TB, Newcastle Hospital, Clonskeagh Hospital, Central Mental Hospital, Simpson Hospital, Vergemount Clinic, Maryville Donnybrook, Good Counsel Ballyboden, Eglinton House, Sir Patrick Dun's Hospital, Baggot Street Hospital, Barret Cheshire Home, Bru Chaoimhin, Weir Home.

It will undertake the preparation, dispensing and issue of all drugs, pharmaceutical, medicated dressings, parenteral and enteral feeding products and equipment and solutions for intravenous use.

The Pharmacy will be used as the reception and storage area for all items under the purchasing responsibility of the Chief Pharmacist.

1.3 The Department will provide the following services:

- Compounding, preparation and dispensing of prescriptions;
- Supply and distribution of medicines to all wards and departments;
- Supervision of storage and stock levels of medicines in all wards and departments;
- Storage including custody of drugs, poisons and all controlled substances;
- Central cytotoxic drug reconstitution service;
- Central intravenous admixture service;
- Discharge medication supply service;
- Drug Information service;
- Ward based clinical services, including medication counselling, dose calculation, chart review and attendance on ward rounds.

1.4 The Pharmacy Department will play an active role in policy making with respect to the use and administration of drugs having representation on the following committees:

- Drugs and Therapeutic Committee
- Infection Control Committee
- Wound Management Team
- I.V. Policy Committee
- Cardi-Pulmonary Resuscitation Committee

2. Departmental Operational Policies

2.1 Written policies and procedures for all services provided by the Pharmacy will exist. These will reflect current legislation, guidance and scientific knowledge.

2.2 Hours

The Pharmacy will provide a 24 hour, 7 day service. Full services will operate between 8.30 a.m. and 5.30 p.m. Monday to Saturday. An on-call service will be operational after 5.30 p.m. and on Sunday.

2.3 Prescription Supply

Prescriptions will be supplied for in-patients, patients at discharge, day patients attending clinics and staff. Staff prescriptions will be dispensed at certain designated times only.

2.4 Supply to Wards and Departments

Routine supply of drugs to wards will be by a combination of technician top-up and individual patient prescription. Security arrangements will operate.

2.5 Purchase and Storage

All pharmaceutical items will be ordered, received and stored within the Pharmacy Department under the Supervision of Pharmacy Staff.

2.6 Flammable Materials

Flammable materials other than those required for immediate use will be bulk stored in an external store in accordance with Health and Safety legislation

2.7 Waste Disposal

Waste disposal will be in accordance with the E.C. Directive on disposal of Hazardous Waste, Disposal of Controlled Drugs will be in accordance with the Misuse of Drugs Regulations.

2.8 Out-of-Hours Supply

Prescriptions will be supplied out of normal hours under the supervision of the Pharmacist on-call. There will be no access at any time to the Pharmacy Department for non-pharmacy staff for the purpose of obtaining medicines.

2.9 Education and Training

An orientation and induction programme will be provided for all staff appointed to the department. The Pharmacy will provide tutored pre-registration training for Pharmacists, and Pharmaceutical Technician training in accordance with standards laid down by the Pharmaceutical Society of Ireland. The Pharmacy will provide opportunities for staff to obtain higher qualifications in clinical and administrative pharmacy practice.

3. Special planning/design requirements

3.1 Siting Relationships

The Department should be located close to the Central Supplies department convenient for delivery access. The ground floor location is preferable due to the bulky nature of some of the goods involved. The Pharmacy Store and Receiving area must be located within the Pharmacy Department and not as part of the Central Supplies Department. The bulk fluid store should be located within the Pharmacy Store. The Pharmacy should be in location that is accessible to staff. There should be good communication between Pharmacy, the wards and other departments in the Hospital.

4. Accommodation

4/01 Receiving area and Pharmacy Store

All pharmaceutical supplies will be received and checked, then stored in this area until they are broken out for use in the dispensary. The receiving area will have a desk and computer terminal for purposes of inventory management. Space efficient shelving will be used to maximise capacity.

4/02 Reception Area

Access to the reception area from the hospital corridor will be through a security door electrically operated from clerk/typists office and chief Pharmacist's office, both will have video camera views of the door area. This reception area will be a waiting area for persons who need to enter the Pharmacy on business other than obtaining medications - doctors, medical representatives, managers who are obtaining personal prescriptions. The area will have a seating, a secure glazed screen (post-office type) and transfer hatch for communication with the dispensary. There will be access to the Pharmacy Department via a security door from the reception area, but not directly into the Pharmacy Dispensing area.

A second point of access to the hospital corridor from the Pharmacy Department will be available via a wide security door to

facilitate trolley deliveries and supply. This will be the entry and exit point of the Pharmacy storeperson/porter only.

4/03 Dispensary

The size of the dispensary must be large enough to allow a safe and efficient flow of work, effective communication and supervision. Shelving and benching should be designed for a maximum space benefit. Three work stations would be required each with a dispensing bench of adequate size and appropriate height, a computer terminal and printer, a phone and tablet counting facility. This area will be used to assemble all prescriptions and ward stock orders for distribution. It will be used for the pre-packing of medications in ward or unit dose-packages. This will be a pneumatic tube system access point through which small urgently needed items and all take-home medications for discharge patients will be supplied after orders have been received through the system or via computer network.

There will be a sink unit and a large pharmaceutical fridge. The fridge should have a thermostat/alarm system capable of alarming when temperature changes occur outside the acceptable range. There will be a safe for the store of Misuse of Drugs Act controlled drugs, specifications in accordance with legal requirements of the safe custody regulations. This safe will be ensuite with the Dispensary.

The area if possible should be lit by natural light. The area should have a partition between the reception desk and dispensary, with limited vision into the dispensary.

4/04 Container Store

This small store will be used for trolleys/baskets and will be shelved to house tablet containers, labels, bags, etc.

4/05 Non Sterile Preparations

This room will be used for preparation of antiseptic and disinfectant solutions, and other extemporaneous preparations. It will have a sink unit with a supply of potable water, bench unit,

shelving and electronic balance, a range of graduated glass measures, mortars and pestles and other essential equipment.

4/06 Sterile Production Unit

This area will house isolator equipment for the production of cytotoxic drugs and intravenous admixtures. There will be shelving and desk space for a computer terminal and printer, phone, storage of documentation. There will be storage space for raw materials to be used - drugs, containers intravenous solutions, packaging equipment and labels. There will be a pneumatic tube type system access point, through which urgently needed preparations will be supplied directly to ward area.

4/07 Chief Pharmacist's Office

These are located so as to be accessible to staff and the main dispensing area and so that visitors may access the Chief Pharmacist without entering the dispensary area. There will be a desk fitted with computer terminal, phone with direct line and filing facilities.

4/08 Clerk/Typists Office

There will be connecting door to Pharmacist's office. This will have sufficient desk space with computer terminal, printer, photocopier, files and fax machine.

4/09 Drug Information/Seminar Room

This room will be used for Drug Information queries, Meetings, In-Service Education, Projects, Journal Club and Video Tape presentations by Pharmaceutical companies. This room will contain the Pharmacy Library, telephone and fax machine, office space for Pharmacist who works within, suitable audio visual equipment and comfortable seating.

4/10 Toilet and Changing Room

This will contain two toilets with wash hand basins, shower, locker space, coat hangers and seating (both male and female required).

SCHEDULE OF ACCOMMODATION

Pharmacy Department

Room Ref.	Item	No.	Area (m2)	Total Area
4/01	Receiving area + Pharmacy Store	1	40	40
4/02	Reception	1	12	12
4/03	Dispensary	1	40	40
4/04	Non-Sterile Preparation Area	1	12	12
4/05	Sterile Preparation Area	1	18	18
4/06	Chief Pharmacist Office	1	11	11
4/07	Clerk-Typists Office	1	7.5	7.5
4/08	Drug Information/Seminar Room	1	18	18
4/09	Staff Toilet + Changing (Incl. Shower)	2	10	20
4/10	Container Room	1	7.5	7.5
TOTAL				186 m2

6.4.1. Central Staff Changing

1. Scope

1.1 The Central Staff Changing Department will provide facilities (including sanitary and showers) for staff members who require to change from outdoor clothes to uniform or protective clothing (including white coats). This central changing area will serve all departments (where staff will require to change) except post mortem, maintenance, catering, ambulance and operating theatre departments each of which will have full changing accommodation.

Depending on the degree of the early phasing the nucleus of a centralised system is desirable to serve initially the new accommodation. This nucleus can later expand to serve the entire complex. Some decentralised staff changing facilities may have to operate for a time. However, uniform storage, issue and return should be centralised.

Staff, whose duties are such that only removal of outdoor clothing is necessary without the addition of white coats or uniform (e.g. administration), will have coat lockers provided adjacent to their place of work.

1.2 Changing accommodation will be provided for the following grades and number of staff.

Male - 82

Junior Medical, Nursing, Para-Medical, Technical and Domestic

Female - 235

Junior Medical, Nursing, Para-Medical, Technical and Domestic

2. Departmental operational policies

2.1 Each category and grade of hospital staff with the exception of nurses and administrative and clerical staff will be provided with a clean uniform/coat appropriate to the work performed and the working environment. The nurses will provide their own uniforms.

2.2. Clean uniforms/coats, linen, etc. will be delivered in bulk to the issuing room from the linen room in the Central Supplies Department. A 72 hour supply will be held in the uniform issue and clean linen stores attached to the central changing area.

2.3. A permanent allocation of a personal locker will be made. Valuables and small articles such as handbags may be stored in small lockers provided in local cloakrooms attached to the wards or departments.

2.4 Staff who are required to change into uniform/white coat before going on duty will enter and leave through a common entrance lobby so as to ensure good communications and security. At the clean uniform/coat issue store all staff (except consultants) entitled to, will be issued with the appropriate uniform/white coat.

2.5 Collection by and distribution to staff will be under supervision.

2.6 Soiled uniforms will be brought to a central disposal point in the central changing area. To minimise the risk of infection, soiled uniforms will not be allowed to accumulate at point of storage, but will be removed as soon as possible for dispatch to external Laundry.

2.7 The Department will be staffed at certain times throughout the day to correspond with staff duty rotas. A seven day service will be provided.

3. Special planning/design requirements

3.1 Siting relationships:

A central location with ready access to major circulation routes to wards and departments is required. The Department must be convenient to the main entrance to the Hospital and if possible free from major patient or visitor circulation. Its location should facilitate minimum travelling time for staff from the point of entry to the Hospital, to the changing area and thence to the working area.

4. Accommodation

4/01 Supervisor's office: small office for supervisor in charge.

4/02 Clean uniform/coat store and issue: for storage of sets of clean uniform/white coats on trolleys and mobile racks. Convenient to changing areas.

4/03 Soiled uniform/coat and linen disposal area: for disposal bags for soiled coats etc. Pending removal to central disposal.

4/04 Female changing/locker area : total of 235 clothes lockers and 30 changing spaces to be provided. Some individual changing cubicles (included in total) to be provided in dispersed manner. Mirrors with shelves required in each bay. Up to 80 persons may be in the changing area at one time.

4/05 Female staff sanitary facilities: 5 w.c.s., showers, 5 w.h.b.s, 1 incinerator will be provided. Numbers based on peak use of accommodation. Immediately adjacent to changing area.

4/06 Male changing/locker area: total of 82 clothes lockers and changing spaces to be provided. Some individual changing (included in total) to be provided in dispersed manner. Up to 25 persons may be in the changing area at one time.

4/07 Male staff sanitary facilities: 1 w.c., 1 shower, 1 urinal, 1 w.h.b. will be provided. Numbers based on peak use of accommodation. Immediately adjoining changing area.

4/08 Clean linen store: for storage of clean linen, e.g. towels etc. for use in changing accommodation. Slatted shelving.

4/09 Drying room: for hanging wet outdoor clothing and umbrellas. To be used by male and female staff. Well ventilated room required. Security arrangements must be considered.

SCHEDULE OF ACCOMMODATION

CENTRAL STAFF CHANGING

<u>Room Ref:</u>	<u>Item</u>	<u>No.</u>	<u>Area (m2)</u>	<u>Total Area</u>
4/01	Supervisors Office	1	7.5	7.5
4/02	Clean uniform/coat store and issue	1	9	9
4/03	Soiled uniform/coat and linen disposal area	1	5.5	5.5
4/04	Female staff changing/locker area	1	175	175
4/05	Female staff sanitary facilities	1	18	18
4/06	Male staff changing/locker area	1	50	50
4/07	Male staff sanitary facilities	1	7.5	7.5
4/08	Clean Linen Room	1	5.5	5.5
4/09	Drying Room	1	5.5	5.5
4//10	Cleaners Room	1	4.5	4.5
Total				288 m2

6.4.2 On-Call Accommodation

1. Scope

- 1.1** Sleeping accommodation will be provided for the medical, nursing and para-medical staff who are on-call. 12 units will be provided.
- 1.2** Each on-call unit will be self-contained and will consist of a bed/sitting room with sink unit and separate shower and w.c.

2. Special planning/design requirements

On-call staff, accommodation should be provided reasonably close to and linked with the main Hospital communication system.

3. Accommodation

- 3/01** On call staff accommodation: Living Units: each unit will consist of bed/sitting room with sink unit and bathroom including w.c. and shower.
- 3/03-04** A common room and ancillary accommodation including linen store and cleaner's room will be provided for the on-call staff.
- 3/05** Pantry for preparation of snacks.

SCHEDULE OF ACCOMMODATION

ON-CALL STAFF ACCOMMODATION

Room Ref.	Item	No.	Area (m2)	Total Area
3/01	On-call staff living units comprising : Bed sitting room Bathroom including w.c. and shower	12	11.5	138
3/02	Common Room	1	18	18
3/03	Linen Store	1	2.5	2.5
3/04	Cleaner's Room	1	4.5	4.5
3/05	Pantry	1	5	5
Total				168 m2

6.5.1 ADMINISTRATION/CONCOURSE

1. Scope

1.1 The main administration of the hospital will be centralised in one area.

1.2 The functions of the department will be sub-divided under the following headings:

Main Entrance Concourse Services Administration

1.3 The main entrance concourse will provide space for the information services required by visitors and patients and some shopping facilities to meet their needs. Such facilities will also be used by staff.

2. Departmental operational policies

2.1 The Department will be fully staffed during normal working hours. The nursing section and the essential concourse services will be staffed on a 24 hour basis. A skeleton clerical and typing staff will have to be available outside of normal hours and particularly at weekends to deal with the essential routine and emergency requirements.

2.2 The concourse/entrance will be the main entrance to the hospital for patients, relatives, visitors and staff (in addition to the Accident & Emergency Department entrances).

2.3 Individual offices will be provided for the senior administrative staff and the more senior nursing staff as indicated in the schedule.

2.4 Porterage services will be organised and controlled from a duty room off the main concourse by the Head Porter. The service will be provided on a departmental as well as on a general basis (see Whole Hospital Policy on Porterage).

2.5 Incoming post will be delivered to the porter's duty room. Here it will be sorted and delivered by porters to the wards and appropriate

departments for patients and staff. Outgoing post will be delivered to this room following collection from wards and departments.

3. Special planning/design requirements

3.1 *Siting Relationships:*

The main concourse will form the link between the main entrance to the Hospital and the horizontal and vertical circulation system. Direct and convenient access from the concourse to the following area/departments will be required:

To the wards for patients and visitors. (The admission unit for in-patients should be in or adjacent to the concourse area.)

To the out-patients departments and diagnostic areas (the out-patients should be in or adjacent to the concourse area).

To the Administration Department (this should be near the main entrance).

To the Accident & Emergency Department (while this Department will have separate entrances for ambulant and stretcher cases some ambulant patients as well as staff will require access to this Department to and from the concourse area).

4. Accommodation

Entrance/Concourse and associated accommodation:

4/01 Enquiry desk/concourse area: main Reception/enquiry desk to be in prominent position. Public telephones.

4/02 Wheelchair/trolley-bay/pram-bay: wheelchair/trolley-bay immediately adjoining draught lobby.

4/03 Shop: a shop will be provided for service for patients: visitors and staff. A small store will be associated with this shop.

4/04 Snack bar: to open off main concourse - for ambulant patients, visitors and staff. Cash Register. Should be located to also service out-patients at OPD main waiting area.

4/05 Childrens waiting room : acoustically treated.

- 4/06 Porters duty room: Head Porters base. For porters assigned duties on a pool basis and not to particular departments. For in-coming and out-going post.
- 4/07 Head Porter's Office
- 4/08 Female visitor's toilets: 2 w.c.s., 2.w.c.b.s.
Wheelchair access required in one w.c.
- 4/09 Male visitor's toilet : 1 w.c., 2 urinals, 2 w.h.b.s.
Wheelchair access required in 1 w.c.
- 4/10 Chapel: to seat 20 persons (see Brief No.6.5.3.)
- 4/11-21 Administration offices: individual offices required for senior administrative and nursing staff listed. Offices may be used for interviews and small staff meetings. Small waiting space required near senior administrative offices. Individual office also required for domestic supervisor. Open plan offices will be provided for accounting, purchasing, personnel staff and typing pool. A small strong room or safe should be provided in the accounts and payments office.
- 4/22 Two committee rooms, one to seat 50 people and capable of being sub-divided - one to seat 25 people.
- 4/23 Consultant's offices (8) - for use by consultants based in hospital.
- 4/24 Medical staff common room: to seat 20-25 persons approximately.
- 4/25 Staff Library/reading room: to seat 20 persons approximately.
- 4/26 Patients Library: to serve ambulant patients. Mobile trolley service will be provided for patients in ward. Shelving required.

- 4/27 Relative's Room: for meeting/interview relatives/families.
- 4/28 Telephone exchange (P.A.B.X.): staff paging system, central indicator panel for fire alarm system and equipment for relaying broadcasts and public announcements will be housed here. Telephone equipment space required in separate area.
- 4/29 Photo-copying/duplicating room: convenient to General Administrative Office.
- 4/30 Stationary/general store: for stationary and other office requirements as well as records.
- 4/31 Male staff toilets: for 15 staff, 2 w.c.s., 2 urinals and 2 w.h.b.
- 4/32 Female staff toilets: for 20 staff, 2 w.c.s. and 2 w.h.b.
- 4/33 Cleaner's room.

SCHEDULE OF ACCOMMODATION ADMINISTRATION/CONCOURSE

Room Ref.	Item	No.	Area (m2)	Total Area
CONCOURSE				
4/01	Concourse (including draught lobby and enquiry desk).	1	200	200
4/02	Wheelchair/trolley/pram bay	1	15	15
4/03	Shop and store	1	18	18
4/04	Snack Bar	1	70	70
4/05	Children's waiting room	1	25	25
4/06	Porter's duty room/post room	1	20	20
4/07	Head Porter's office	1	9	9
4/08	Female Visitors toilet	1	9	9
4/09	Male visitor's toilet	1	9	9
4/10	Oratory (see brief no.6.5.3)	-	-	-
Administration				
4/11	General Office	1	40	40
4/12	Accounts and payments	1	40	40
4/13	Typing pool (5.11-5.13 each office to accommodate a maximum of 8 people)	1	40	40
4/14	Managers office	1	15	15
4/15	Asst. Managers Office	2	11	22
4/16	Matron's office	1	15	15
4/17	Matrons secretary's office (1 person)	1	9	9
4/18	Assistant Matrons offices	(2 (1	9 11	18 11
4/19	Waiting space (associated with /14 and /16)	1	11	11
4/20	Domestic supervisor's office	1	9	9
4/21	Maintenance officer's office	1	11	11
4/22	Committee rooms (2)	(1 (1	75 37	- 112
4/23	Consultants office	8	9	72
4/24	Medical staff common room	1	30	30
4/25	Staff library/reading room	1	30	30
4/26	Patients library	1	15	15
4/27	Relatives room	1	13	13
4/28	Telephone exchange/PABX	1	-	-
4/29	Photo-copying/duplicating room	1	11	11
4/30	Stationary/general store	1	7.5	7.5
4/31	Male staff toilet	1	5.5	5.5
4/32	Female staff toilet	1	5.5	5.5
4/33	Cleaners room	1	4.5	4.5
Total				922 m2

6.5.2 CATERING AND STAFF DINING

1. Scope

- 1.1** The function of the Catering Department will be to provide food service for patients and staff using centralised methods of bulk preparation and cooking. A cook/chill system will be used. A pre-plated and trayed distribution system will operate in the case of patient's needs. A small number of meals will also be prepared for distribution outside of the Hospital on a 'meals on wheels basis'.
- 1.2** Ambulant out-patients will not be provided with meals in the central staff dining room but authorised casual visiting staff may use the facilities on occasions.
- 1.3** A snack bar will be provided to facilitate staff who may not wish to avail of the main cafeteria service. Ambulant out-patients and visitors may also use this snack bar.
- 1.4** It is envisaged that a total of 490 main meals approximately will be prepared and served each day. The total number of mid-day meals on which the scale of the kitchen accommodation is based is as follows:-

191 patients (166 in-patients and 25 day-patients)

159 hospital staff

140 'meals on wheels'

2. Departmental operational policies

- 2.1** The Catering Department will be under the day-to-day control of the Catering Officer who will be responsible for ordering the necessary quantities of food through the Supplies Officer.

2.2 Storage

Bulk Storage: all bulk food supplies will enter the Hospital at the Central Supplies Department goods receiving point. They will be stored in the bulk food stores which will be physically part of the CSD and issued to the kitchen on a daily, weekly or agreed basis

except for fish, meat and vegetables each of which will be received at the CSD, weighed and checked and then brought direct to the appropriate stores (refridgerated as required) in the kitchen area.

Day to day storage: appropriate refridgerated or non-refridgerated storage will be required for day-to-day issue of dairy goods and dry goods.

Chilled Food: after passing through a blast chiller, cooked food will be stored in a chilled store adjoining the kitchen.

- 2.3 Preparation:** all preparation areas should be planned in direct relation to the cooking equipment. Preparation areas will be provided for:

Meat and Fish
Vegetables
Pastry
Diets

- 2.4 Cooking:** main meals including therapeutic and metabolic or special diets will be prepared in the central kitchen with the exception of beverages and patent foods which will be prepared in local ward pantries, intensive care unit, OPD and concourse snack bar.

- 2.5 Serving and distribution**

(1) Patients: bulk food will be removed from the cooking equipment, plated, loaded onto the trolleys and taken to the chilled store via a blast freezer. At meal times patients meals will be taken to the plating area and placed on trays and will then be loaded onto special trolleys. These trolleys will be taken by kitchen porters to ward level where the trayed food will be reconstituted on the trolleys by plugging the whole trolley into a wall mounted fixed oven or alternatively by plugging into a fixed electrical point using an oven carried on the trolley (depending on the manufacturer selected).

Staff serving on wards will distribute the food. They will also collect used trays, crockery etc. and place them on trolleys for

return to the central wash up by porters. Food for isolation rooms may be plated on disposables.

(11) Staff; pending transfer (in containers) at meal times to the self-service canteen in the staff dining room, the cooked food be stored in bulk in the chilled store after blast chilling. At meal times the food will be removed, reconstituted in bulk in the kitchen and taken in containers to the counter containers. Counter containers will be replenished as required and empty containers returned for cleaning to the pot/pan wash. A pass through system for containers is envisaged so as to obviate the need for servery staff to enter the kitchen to replenish containers during meal times.

The arrangement of a cafeteria serving counter is not predetermined but consideration should be given to a 'free flow' arrangement to keep peak hour queues to a minimum.

2.6 Meals: a full daily meal service will be provided on a seven days a week for all patients, resident staff and non-resident staff on duty. Staff meals will be served in a central dining room.

The central kitchen and staff dining room will be staffed from 7.00 a.m. to 7.00 p.m. daily. Special arrangements will be made to cater for the needs of staff whose duty rotas lie outside the normal kitchen hours.

A choice of menu will be available for both patients and staff.

2.7 Wash-up: A central wash-up area will be required. It will handle the washing of trays, crockery and cutlery used in the wards, OPD/Concourse, snack bar, staff cafeteria and coffee lounge. There will also be a routine collection from local staff tea kitchens in individual departments.

Food trolleys, trays and all crockery will be returned to the central washing unit for processing, storing and re-use. Trays, utensils and crockery will be placed in the dishwasher by the central wash-up staff.

Small emergency stocks of crockery will be held at local level in ward pantries and staff tea kitchens for casual or replacement use.

Each ward will have a wash-up facility for the washing of trays, crockery and items of cutlery not required to be returned to the central kitchen to facilitate central plating.

- 2.8 Members of the operating theatre staff will have meals in the staff dining room. If circumstances do not permit this sandwiches may be ordered from the main dining room area.
- 2.9 The snack bar in the Concourse/Out-patients waiting area will be under the control of the Catering Department. Staff working convenient to this area may use the facility during breaks in duty. The snack bar will be operational from 10.30 a.m. to 8.00 p.m. including weekends.
- 2.10 A dietetic service will plan therapeutic diets for in-patients in consultation with medical consultants and will advise both in-patients and out-patients on diets. Special diets will be prepared in the central kitchen.

3. **Special planning/design requirements**

3.1 *Siting relationships:*

The Department should be located as near the Central Supplies Department as possible so as to facilitate the movement of supplies. It should also be sited convenient to the supply routes to the ward units. A location is required that will not introduce noise or nuisance factor to a quiet amenity area of the Hospital.

4. **Accommodation (description of rooms and areas)**

office and general accommodation

1. Catering Officers office: near entrance to kitchen area.
2. Catering office: centrally located in working area of kitchen. Accommodation for two persons.
3. Female staff changing and toilets: 40 lockers for 30 persons at one time, 3 w.c.s., 3 w.h.b.s, and 2 showers.
4. Male staff cloaks and toilets: 10 lockers for 7 persons at one time, 1 w.c., 1 urinal, 1 w.h.b. and 1 shower.

5. Staff rest room : convenient to general work area, 5 persons.
6. Cleaners room: including store for cleaning equipment.
7. Refuse disposal area: for holding bins (including food waste) for disposal and pending removal to central disposal point.
8. Return empties store: for temporary storage of empty boxes, crates, etc. pending removal to the central disposal area. Convenient to preparation area.

Kitchen Stores

9. Vegetable store: en-suite with vegetable preparation
10. Daily supplies stores: for groceries issued from CSD on predetermined supply system. Close to preparation area. Separate and closed in section required for detergents.
11. **Cold Rooms:**
 - Bread Store
 - For Meat - en suite with meat preparation
 - For Fish - refridgerated cabinet in fish preparation area.
 - For dairy products
 - Local cabinets refridgerated also required
 - Deep freeze storage required.
12. Chilled food store: for blast chilling and storing chilled cooked foods.
13. Larder: for prepared food prior to cooking and cooked foods not requiring refridgerated storage.
14. Equipment Store.

Preparation Areas

15. Vegetable preparation: en suite with vegetable store. Adjacent to cooking area. Sinks, drainers and work tops.

16. Meat and fish preparation: sub-divided into two sections. Meat preparation en suite with meal cold room. Convenient to cooking area.
17. Diet preparation: for preparation and cooking of special diets. En suite with kitchen
18. Pastry and sandwiches preparation: adjacent to cooking area. Sink, work-top, shelves, freezer and refridgerators required.
19. Cooking area; principal fixed cooking equipment. Adjacent to preparation area. Work flow arrangement to permit two-way service to patients central plating and to staff cafeteria service counter.
20. Pan and Pot wash/store

Central distribution area

21. Plating area: for central plating of patients meals. Adequate space for conveyors as well as mobile food and plate containers, trays, cutlery etc. and circulation required.
22. Clean trolley park: for trolleys awaiting loading of plated food.
23. Trolley wash: for washing of trolleys on return from wards.
24. Central wash-up area: trays, crockery, cutlery and containers returned from the wards, departments and staff service counter will be washed here using mechanical equipment.

Staff Dining

25. Servery: adjoining dining area. Ease of access to dining room. "Free Flow" arrangement.
26. Dining Room: staff dining accommodation to seat 100 persons at each sitting. A total of 3 sittings required. Room with natural lighting required.

27. Coffee area: will be an extension of main dining room - may require the following equipment : cafe set, dispensing counter, sink, drainers and cupboards.
28. Snack bar : associated with main entrance concourse/out-patients department waiting. See Brief for Out-patient Department.
29. Pantry/linen store: associated with staff dining room for storage of tableware, sugar, butter etc. for table use and table linen.
30. Male staff toilets: associated with dining room, 1.w.c., 2 w.h.b. and 1 urinal.
31. Female staff toilets: associated with dining room. 2.w.c. and 2 w.h.b.s.
32. Chair store: for storage of dining room furniture.
33. Cleaners store.

SCHEDULE OF ACCOMMODATION

Catering and Staff Dining

Room Ref.	Item	No.	Area (m2)	Total Area
<u>Office and General Accommodation</u>				
4/01	Catering Officer Office	1	9	9
4/02	Catering office	1	11	11
4/03	Female staff changing and toilets	1	41	41
4/04	Male staff changing and toilets	1	15	15
4/05	Staff rest room	1	11	11
4/06	Cleaners room	1	4.5	4.5
	(including space for cleaning equipment)			
4/07	Refuse disposal area	1	9	9
4/08	Returned empties store	1	9	9
<u>Kitchen Stores</u>				
4/09	Vegetable Store	1	9	9
4/10	Daily supply store	1	12	12
4/11	Cold rooms and deep freeze	as required		
4/12	Chilled food store	1	20	20
4/13	Larder	1	9	9
4/14	Equipment Store	1	7.5	7.5
<u>Preparation Areas</u>				
4/15	Vegetable preparation	1	19	19
4/16	Meat and fish preparation	1	19	19
4/17	Diet preparation	1	11	11
4/18	Pastry preparation	1	11	11
<u>Cooking and Distribution Area</u>				
4/19	Cooking area	1	50	50
4/20	Pan and Pot wash/store	1	15	15
4/21	Plating area	1	37	37
4/22	Clean trolley park)			
4/23	Trolley wash	1	37	37
4/24	Central wash-up	1	37	37
4/25	Servery	1	33	33
	(including circulation in front of counter)			
4/26	Dining room to seat 100 (3 sittings)	1	65	65
4/27	Coffee area	1	25	25
4/28	Snack bar Schedule under Administration/Concourse Dept.			
4/29	Pantry	1	7.5	7.5
4/30	Male staff toilets	1	5.5	5.5
4/31	Female staff toilets	1	6.5	6.5
4/32	Chair store	1	9	9
4/33	Cleaners room	1	4.5	4.5
Total				559 m2

6.5.3 CHAPLAINCY

1.1 The Hospital Chaplaincy will provide a service which supports the hospital staff's efforts to restore patients to total health and provide church services in the hospital.

1.2 The provision of an inter-denominational chapel is envisaged for the use of patients, staff and visitors.

It is envisaged that the Chapel will be sited adjacent to and opening off the Gymnasium. If feasible it should be situated close to the concourse area.

1.3 The Chapel should function as a base for the Chaplains work and as a quiet contemplative space in the Hospital.

2. Departmental operational policies

2.1 The Chapel will be capable of meeting the needs of various denominations.

2.2 Visitors/relatives and staff will use the Chapel for private prayer or attend to discuss problems with the Chaplains or be comforted in the event of a bereavement.

2.3 Seating accommodation will be provided for 20 persons including space for six wheelchairs.

2.4 The Chapel will be open for use at all times.

2.5 The Blessed Sacrament shall be reserved in an alcove in the Chapel screened from general view.

2.6 Secretarial and reception facilities will be available from the Admissions Office to the Chaplaincy service for typing and co-ordination of activities.

3. Special planning/design requirements

3.1 *Siting relationships:*

The chapel and associated accommodation should be centrally located off the gymnasium area to allow for larger number attending services on special occasions, and should be readily accessible by patients including those from wards. The Chaplains office may be located close to the Admissions office and allied services.

3.2 Expansion:

Provision for future expansion is not considered necessary.

4. Accommodation

- 4/01 Chapel: to seat 20 persons including 6 wheelchairs. The Chapel will be designed to meet the needs of the different denominations. Furnishings and equipment will be provided for formal worship for each church's requirements. Religious artefacts will be moveable. There should be a plain cross.
- 4/02 Chaplain's office: for interviewing patients or relatives. Confessions may also be heard in this room.
- 4/03 Sacristy: a small sacristy is required where vestments and liturgical items are stored and where sacred vessels are kept securely and where clergy and servers vest for services.
- 4/04 Store.

SCHEDULE OF ACCOMMODATION

Chaplaincy

Room Ref.	Item	No.	Area (m2)	Total Area
4/01	Chapel - to seat 20 persons including 6 wheelchairs	1	40	40
4/02	Chaplains office	1	11	11
4/03	Sacristy - toilet en-suite	1	9 + 2.5	- 11.5
4/04	Store	1	7.5	7.5
Total				70 m2

6.5.4 CENTRAL SUPPLIES DEPARTMENT

1. Scope

1.1 The Central Supplies Department is the area where all supplies including food, goods, materials, furnishings, equipment and medical and surgical supplies are received. These items are checked and dispatched directly to the user department or put in storage and issued in accordance with agreed supplies and distribution policies. It will be the holding or dispatch and receiving area for items requiring re-possessing off site e.g. laundry, sterile linen and soft goods. Storage will also be required for temporary holding of condemned goods, items for disposal and returned empties.

1.2 The Department will perform the following functions:

issuing of purchasing orders:
reception, inspection of deliveries:
storage of items referred to in 1.1
issuing/dispatch
Record Keeping

1.3 Stores for a number of items including fuel and gases as well as building and maintenance supplies will not be located at the Department. They will however be under the control of the Supplies Officer.

These stores are as follows:-
timber, building and engineering stores:
fuel stores:
outdoor store:
stores for destructible material immediately prior to disposal.

2. Departmental operational policies

2.1 The Department will operate a 5 day week during normal working hours. Certain days may be set aside for the delivery of specific items.

2.2 Within the Central Supplies Department stock level will be controlled by perpetual inventory system within specified minimum and maximum stock levels.

2.3 The distribution of supplies throughout the hospital will be by routine trolley round. Trolleys will be used for movement of goods within the Department itself and for supplies for other Departments.

- 2.4 Arrangements will be made for emergency access to the stores including the medical and surgical supplies stores outside normal working hours through an authorised officer.
- 2.5 The linen stores attached to the Department will handle new linen and processed items from external laundry. Sewing and repair facilities will be associated with these stores.
- 2.6 After weighing and checking, food will be stored in the Department and issued to the kitchen on a daily basis with the following exceptions:

fish, vegetables, meat and poultry will be taken direct to the appropriate store attached to the central kitchen.

- 2.7 Allocation of items to be stored:

ITEMS

Provisions

Location

Bulk dry goods	CS (Bulk Store). Some R
Bread Store	CS (Bulk Store). Some R
Milk and dairy store	(Milk R) (Dairy R)
Meat (carcass)	Kitchen (cold store) (R)
(Fowl)	Kitchen (cold store) (R)
Fish	Kitchen (cold store) (R)
Vegetables	Kitchen (separate store) (R)
Hardware, crockery and cutlery	CS (Bulk Store)
Furniture and Fittings	CS (Bulk Store)
Printing and Stationary	CS (Bulk Store)
Medical & Surgical	CS (Bulk Store)
Laboratory	CS (Bulk Store)
Sterile goods	CS (Separate Store)
Linen	CS (Separate Store)
Bedding/mattress	CS (Bulk Store)
Cleaning Materials	CS (Bulk Store)
Maintenance (building, engineering & equipment)	CS (Separate Store)
Staff Uniforms	CS (Linen Room)
Patients hospital clothing	CS (Bulk Store)
Patients appliances	CS (Bulk Store)
Miscellaneous	CS (Bulk Store)
Cast items	CS (Separate Store)
Returned empties	CS (Separate Store)
Central disposal	CS (Separate Store)
Refuse	Waste storage area
Gases & inflammable goods	Separate isolated storage or compound
Fuel - including generator fuel	Boiler House

3. Special planning/design requirements

3.1 *Siting relationships:*

The Department should be situated at ground level with convenient direct vehicle access from outside the hospital for the delivery and unloading of goods. It should be conveniently placed for the main circulation system which will be used for the distribution of supplies to the various departments.

3.2 **Special planning design requirements:**

Maximum flexibility in use is required to enable the various sections of the department to expand or contract in the light of future changes in supply arrangements e.g. the increased or decreased use of disposal items.

4. Accommodation

4/01 Goods reception and dispatch area (including loading bay): at entrance to Department. For unloading, breakout, receipt, sorting and routing of stores coming into the hospital, including Ass. Supplies Officer's office.

4/02 Returned empties store: for holding empty changeable containers.

4/03 Central waste handling area: all waste shall be handled in accordance with the Hospitals Waste Management Plan and the Department of Health's waste policy.

A secure handling area shall be provided in relation to the following waste categories:

(a) General Domestic Type Hospital Waste:
suitable concrete base shall be provided to accommodate a mechanical compactor and associated storage container. The facility shall incorporate an area for washing and disinfection of refuse bins.

(b) Health Care Risk Waste:

Secure, lockable, stores are required for:

- (1) Cytotoxic and other hazardous chemical waste
- (2) Sharps containers and pharmaceutical waste
- (3) Recognisable, anatomical waste (including freezer)
- (4) Bagged Healthcare Risk Waste
- (5) Safety equipment (in case of spillages)

Wash- down and staff washing facilities are required in this area.

(c) Soiled Laundry Store

(d) Recycling area

- 4/04 Bulk central store: adjacent to receiving area. Open area subdivided as a supermarket is envisaged except for items to be kept under security e.g. pharmacy and laboratory stores.
- 4/05 Sterile supplies store
- 4/06 Central linen room: for receipt and storage of new items of linen and staff coats etc. And of proceed items from external laundry.
Linen Repair Room
for examination and repair of linen associated with./07.
- 4/07/08 Offices: offices are required for Supplies Officer and clerical staff dealing with ordering, accounting, stock checking and dispatch of supplies.
- 4/09 Maintenance & cleaning area : for cleaning and maintaining items of equipment e.g. beds or trolleys.
- 4/10 Staff toilet: for five staff 1 w.c., 1 w.h.b.
- 4/11 Cleaner's room: as described previously
- 4/12 Inflammable goods store: separate external storage for all inflammable materials, gas cylinders etc.

SCHEDULE OF ACCOMMODATION

CENTRAL SUPPLIES

Room Ref.	Item	No.	Area (m2)	Total Area
4/01	Goods reception and dispatch area (including unloading bay and Asst. Supplies Office)	1	28	28
4/02	Returned empties store	1	9	9
4/03	Waste Handling Area))		
	Domestic Waste Area))		
	Health Risk Waste Area))	25	25
	Laundry Store	1	1	9
4/04	Bulk Central Store	1	180	180
4/05	Sterile Supply Store	1	23	23
4/06	(Central Linen Room Linen Repair Room)	1	41	41
4/07	Supplies Officer's office	1	7.5	7.5
4/08	Clerical Office	1	7.5	7.5
4/09	Maintenance and cleaning area	1	21	21
4/10	Staff toilet	1	1.8	1.8
4/11	Cleaners room	1	4.5	4.5
4/12	Inflammable Store	1	11	11
Total				362.3 m2

6.5.5 Engineering Maintenance

1. Scope

- 1.1** The Works Department will provide the necessary facilities by way of plant, machinery, equipment and stores to enable agreed building and engineering maintenance policy to be carried out in a controlled efficient and economical way.
- 1.2** The Department will cater for the maintenance needs of St.Columcilles Hospital. This will include maintenance of plant, equipment, building structure and fabric, services and grounds. The term 'services' will also include water, gas, electricity, compressed air, telephones, fire precautions and other piped services.
- 1.3** The Department will be responsible for the maintenance and calibration of clinical equipment. This activity will require provision of a small special workshop.

2. Departmental operational policies

- 2.1** The normal five-day week will operate. Emergencies outside of working hours will be dealt with by an 'on-call' or 'shift' rota of tradesmen as appropriate.
- 2.2** Contract maintenance may operate for a selective number of services e.g. lifts and specialised equipment including clinical equipment.
- 2.3** An appropriate system of planned preventive maintenance will operate.
- 2.4** Supervisory office accommodation will be associated with the Department.
- 2.5** Due to the high fire risk in the Department, special fire safety precautions and regulations will apply including the fire regulations of the Department of the Environment and the relevant safety and health regulations. Stores for inflammable materials e.g

paint and timber will require appropriate fire precautions.

2.6 Routine vehicle maintenance will normally be done under the Ambulance Control.

3. **Special planning/design requirements**

3.1 ***Siting Relationships***

The Works Department should be located in the industrial zone of the hospital. Access between stores and workshops should be direct. The medical engineering workshop will be located in the same area as the Maintenance Department.

4. **Accommodation**

Staff Accommodation

4/01 Maintenance Officer : to accommodate two persons

4/02 Foreman's office : to accommodate two persons

4/03 Outdoor staff changing and toilets: fitted with individual lockers and clothes drying facilities.

For 10 staff, provide 10 lockers, 2 w.c.s., 2 urinals, 2 w.h.b.s and 1 shower.

4/04 Snack room: facilities for boiling water. Sink and drainer.

4/05 Cleaner's room : as described previously.

Work areas (including day to day storage)

4/06 Fitter's/plumber's work area: work benches with sinks. Shelving.

4/07 Electrician's works area: work benches with sinks. Shelving

4/08 Joiner's/carpenter's work area: for repairs to furniture and woodwork and preparation of maintenance joinery. Work Benches with sinks, drawers and shelving as well as racks for timber are required. Non-combustible bins for storage of shavings.

4/09 Painter's work area: tables, benches, shelving, racking, cupboards and sinks. Separated from remainder of work area by fire resisting enclosure. Adequate ventilation necessary.

4/10 Medical engineering work shop: for monitoring/repairing/testing of items of medical equipment and storing, preparing and calibration of instruments.

Stores

4/11 Bulk Stores: steel and timber racking in bays. Racks and receptacles for small items. Convenient to work areas.

4/12 Machinery and tools store: for replacement parts and tools supplied for use of staff. Shelving and racking.

4/13 Grounds man store area.

4/14 Building and engineering materials compound: for various building materials e.g. drain pipes, paving slabs, sand, gravel etc. Section of compound to be roofed for storage of ladders, planks etc.

4/15 Bulk medical gases compound: separate compound (not necessarily in association with works area) for storage of bulk medical gases and gas cylinders.

4/16 Parking compound for four maintenance vehicles.

SCHEDULE OF ACCOMMODATION

ENGINEERING MAINTENANCE DEPARTMENT

Room Ref.	Item	No.	Area (m2)	Total Area
4/01	Maintenance Officer	1	11	11
4/02	Foremans Office	1	11	11
4/03	Outdoor staff changing and toilets	1	12	12
4/04	Snack Room	1	20	20
4/05	Cleaner's Room	1	4.5	4.5
<u>Work Areas</u>				
4/06	Fitters/Plumbers	1)		
4/07	Electricians	1)		
4/08	Joiners/Carpenters	1)	150	150
4/09	Painters	1)		
4/10	Medical Engineering Workshop	1)		
<u>Stores</u>				
4/11	Machinery and tools store	1	19	19
4/12	Groundsman store area	1	20	20
4/13	Building and engineering materials compound	1	60	60
4/14	Bulk Medical gas compound	1	18	18
Total				325.5 m2
				(excl. 4/13 and 4/14)

Note: Areas 4/13 and 4/14 are open compound spaces

6.5.6 BOILER PLANT AND ANCILLARY ACCOMMODATION

1. Scope

1.1 The boiler will be the major source of heat for the main Hospital complex.

1.2 Scale of Provision:

This Brief sets down the accommodation requirements for a central natural gas fired installation suitable for the needs of a new 166 bed acute hospital. (The existing boiler plant installation on site will have to be considered in any schemes of re-development).

2. Departmental operation policies

2.1 A 24 hour seven day service will be provided. There will be continuous supervision of the boiler house and associated plant rooms.

2.2 A programme of planned maintenance will operate.

3. Special planning and Design Requirements

3.1 *Siting Relationships*

The Boiler house accommodation was constructed as part of the existing development and consists of the following accommodation.

- Boiler House and Chimneys
- Calorifier and pump room
- Switch and meter centre
- Stand by Generator
- Transformer

7.

MECHANICAL

AND

ELECTRICAL SERVICES

GENERAL DESCRIPTION

7. MECHANICAL AND ELECTRICAL SERVICES

The Consulting Services Engineer will be a fully integrated member of the Design Team (for which the Architect will be the co-ordinator) and will design and supervise the mechanical and electrical services for the project. The Services Engineer will prepare the specification for the mechanical and electrical works.

Basic Principles

7.1 Economy:

Engineering services should be designed to obtain the optimum benefits from the capital invested. Where alternative design solutions are available their consequential capital and revenue costs should be compared using Present Worth techniques, due consideration being given to the need for access for maintenance and the replacement of plant and equipment.

In the interests of energy management, and where practicable, facilities should be provided at intake points for easy attachment of energy monitoring equipment, e.g. meters, thermometers etc., which can be linked into a building management system.

7.2 Maximum Demand:

User demand on engineering services is often difficult to predict but experience indicates that services designed for simultaneous peak conditions are seldom fully utilised in practice. The estimated maximum demand for storage requirement (where appropriate) for each engineering service will need to be assessed individually.

7.3 Plant Rooms:

Recommended spatial requirements for mechanical, electrical and public health engineering services in health buildings are given in HTM 23. This information is specifically intended for use during the initial planning stages when precise dimensional details are not available.

7.4 Room Data:

User requirements, working conditions and arrangement, as exemplified in the Room Data Sheets should be referred to when positioning service components and outlets.

7.5 Fire Safety:

Detailed recommendations for fire protection of health buildings are given in HTM 81, 84-85, and the design of the engineering services should accord with these recommendations.

Recommendations concerning fire detection and alarm systems are given in HTM 82 and BS 5839 pt 1 but agreement with the Chief Officer of the local fire authority regarding means of detection, alarm and escape should be sought jointly by the engineer, architect and other interested parties during the early planning stages.

7.6 Noise:

Excessive noise in individual areas, whether internally or externally generated and transmitted, can detract from the working of the department. The means of control advocated in hospital design Note 4 should provide an acceptable acoustic environment. Care is required to ensure that there is auditory privacy in consulting and treatment rooms particularly where these are located adjacent to public areas.

7.7 Control Access:

The location of engineering distribution control and isolation devices should allow easy access from circulation rather than working areas and they should be protected against unauthorised use, e.g. by concealing switch gear and fuse-boards in discrete cupboards.

7.8 Energy Conservation:

N.B. for Design Team:

The efficiency of the design in regard to energy economy must achieve the following objectives:

Provide adequate thermal comfort.

Reduce heat transmission through fabric and openings.

Reduce heat loss due to ventilation and infiltration.

Control and optimise the distribution of heat within buildings by heating installations, ventilation and by transmission by admission through fabric.

Maximise the use of solar and casual heat gains while controlling overheating.

Optimise the relationship between patterns of occupancy, thermal response of building fabric and thermal response of heating installation.

Select suitable energy sources, improve the efficiency of fuel conversion (to heat, light, etc.) and reduce flue and other losses.

Provide occupants with appropriate controls and ensure that they understand what should be done to achieve economical operation.

Make allowance for future changes.

Ensure adequate standards of workmanship and plant installation and commissioning.

Ensure that the need for maintenance and monitoring is understood and that guidelines are provided.

In order to achieve this the Design Team should take into account the following:-

Chartered Institute of Building Services Publications

Building Energy Code - Part 1.

Guidance towards energy conservation.

Design of Buildings and Services

Building Energy Code - 2

Calculation of energy demands and targets for the design of new buildings and services.

7.9 Boiler House Services:

The scale of provision of boiler house services shall be calculated to provide for the needs of 166 bed hospital and ancillary accommodation.

In addition, the boiler house services shall be capable of being increased to allow for the expansion factor referred to elsewhere in the Brief.

Fuel:

Natural Gas

Distribution Media:

Secondary pipework for heating and domestic hot water supplies shall be for low pressure distribution to ultimate outlets- radiators, air heaters, appropriate sanitary equipment etc.

Sub-Distribution Centre:

To be related to the requirements of each department or functional area of the hospital, appropriate plant room and distribution centres should be provided for the purposes of supply (via appropriate heat exchangers) of all local space-heating, domestic hot water and other pertinent services.

External Mains Between Boiler House(s) and Building Units:

Such mains shall be housed in adequately-sized, fully accessible, ventilated and gravity-drained underground concrete (or equal) ducts. These ducts may be used to house secondary heating and hot water service mains requiring routes between building units, but should not be used to house electrical, gas or cold water distribution mains, unless it is not feasible or economic to plan preferable routes for such (electrical, gas and cold water) mains.

Consideration should, however, be given to pre-insulated pipe in pipe mains directly buried in the ground as described in BS 4508 pt 3&4. Electrical, gas and cold water mains external to and between building units should be separately laid in excavated trenches in well defined routes utilising appropriate materials.

Internal Mains in Building Units:

Use of under-floor ducts in buildings for pipework should be avoided. Distribution routes in buildings should be planned to be at high level in ceiling voids over ground floor corridors etc. Adequate space and access is required for future maintenance of pipework, control valves etc.

Boiler House Ancillary Plant:

Appropriate accommodation and equipment is necessary for associated pumping plant, instrumentation, and for local heating and hot water supplies for boiler house and adjoining workshops, garages etc. An Energy Management System to be provided for the whole Hospital.

7.10 Heating, Ventilation etc;

Space heating shall utilise low pressure hot water central heating systems incorporating steel panel or other suitable radiators or convector and local exposed pipework. Concealed pipework will be necessary in defined areas. Special or supplementary heating may be required in some areas. Heat emitters shall have a maximum touch temperature of 82 c and the space temperature shall be automatically controlled and shall generally conform with those specified in the Hospital Building Notes.

Heating circuits shall be controlled to suite weather condition and zoned to suit circulation and occupancy patterns. Provision should be made for night heating of nurse's station and on-call rooms and night manned stations and for this purpose electric heaters should not be used.

Full mechanical air-conditioning systems incorporating equipment for input air-filtering, heating, cooling, humidity control and air extraction will be required in:

Operating suites and associated reception and recovery areas.

Not more than two operating theatres shall 'share' the same air conditioning plant.

Mechanical ventilation systems incorporating input air filtering, heating and extract equipment will be required in:

Single bed isolation wards:

Intensive Care and Coronary Care Unit:

Special Procedures rooms in Diagnostic X-ray Department:

The main Kitchen:

Other areas as detailed in the Departmental Briefs.

Local mechanical air extraction fans may be required for specific rooms not having natural ventilation. Extract systems from fume cupboards are also required. Air heaters for air conditioning and ventilation systems shall not use steam as the heat medium.

7.11 Hot and Cold Water Services:

Internal high level storage distribution is required for domestic hot and cold water supplies, to include also mains cold water distribution within building units to supply:

Connection to storage tanks:
Internal fire protection:
Clean water (drinking outlets)

Separate flushing water storage is required to serve sluice rooms and for flushing disposal units other than for such equipment as may be provided for waste food disposal).

Hot water calorifiers may be of storage or non-storage type subject to prior approval. Domestic hot water should be stored at a temperature of 60 c and distributed from a local calorifier installation at a temperature not less than 50 c. Reference should be made to HTM 2040 (Control of Legionnella). The total of all cold water services storage tanks to be provided within or over the building units should have the capacity for 24 hour normal usage, and should be distributed on a zoned basis of storage in preference to central storage unless otherwise pre-agreed. In general, heated towel rails are not considered to be necessary, but facilities should be provided for year-round heating of linen rooms and for drying cloaks in the Central Changing Department. Guidance concerning the design and installation cold water supply pipe work and distribution systems is given in HTM 27. For frost protection purposes and to prevent condensation staining decorative finishes all cold water pipework, valves and flanges should be insulated.

7.12 Fire-Fighting and Detection System:

The scope of systems to be provided shall be pre-agreed with the local Chief Fire Officer. Content relating to engineering services should be comprehensive of:

Alarm and detection systems
Emergency lighting system
Fire-fighting installations

Alarm and Detection Systems:

These would comprise manual and automatic equipment e.g. break-glass units, smoke and heat detector units to be monitored at key points in each building zone, also at a central location to be selected. Recommendations are given in HMT 82 and BS 5839 pt 1.

Emergency Lighting System:

Emergency lighting system should be directed towards facilitating evacuation of any occupied area of the Hospital in event of fire coinciding with failure of normal lighting sources and towards ensuring adequate pilot lighting. (The system shall be independent of and additional to stand-by electricity generation for the hospital). Individual self-charging lighting units might be considered as an alternative to a central system in isolated areas. Emergency lighting shall be in accordance with the Building Regulations.

Fire-Fighting Installation:

In so far as requirements relation to engineering services, the scope should cover provision of first aid hose reels, wet or dry risers (if required) and portable chemical or other extinguishers.

Fire Fighting Equipment:

Fire Fighting equipment should consist of hydraulic hose reels and portable fire extinguishers and should be positioned so that adequate cover is given in the area concerned. Hose reels, in accordance with BS 5306 pt 1 and usually with 30m of hose, should be located so that the jet of water from the fully extended hose is capable of reaching every point on the floor area without interruption after due allowance is made for furniture and fittings.

Overlapping of cover by hose reels is preferred to the provision of additional nine litre water extinguishers, except that a nine litre water extinguisher should be provided to cover small isolated areas not exceeding 200m² and not otherwise covered by a hose reel.

Carbon dioxide extinguishers should be provided to cover electrical risks but for other risks, e.g. ignited liquid or gas, either carbon dioxide or dry powder extinguishers are appropriate. Extinguishers should comply with BS 5423 and further guidance concerning their selection and use is given in HTM 81. Additional facilities may be necessary to meet any

requirements of automatic self-closing fire-stop doors and electrical controls involved. (External fire hydrants shall be provided as part of Civil Engineering Site Works).

7.13 Central and Local Catering:

(To be read in conjunction with Whole Hospital Operational Policies, Catering Department and Central Supplies Department).

A Central Kitchen will be provided to cater for all meal requirements of patients and staff - except preparation of tea, coffee, hot milk, toast making etc. for patients for which local pantries will be provided. Central mechanical dish-washing service areas will adjoin the central kitchen for purposes of washing all crockery, glassware and utensils used by patients and staff respectively.

Facilities will be provided for patients choice of meal which will be centrally plated, trayed and transported by trolleys to ward and other areas. Cooking equipment for the central kitchen shall comprise of electrically heated and gas heated items in approximately equal heat - loadings of each heat source towards ensuring a degree of stand-by in event of failure of any one heat source.

Cooking equipment should be consistent with a system of cooking, blast-chilling, chilled storage, pre-plating and reconstitution at ward level and bulk reconstitution for the cafeteria.

The hospital staff cafeteria should adjoin or be close to the central kitchen. Food will be supplied in bulk containers to the staff cafeteria for local plating and service. The staff coffee area will have its own service counter, cafe seats etc. A separate snack bar(s) will be provided for the main hospital concourse/Out-patients Department.

7.14 Cold Storage:

Central walk-in cold rooms will be required in the Central Supplies/kitchen area for storage of bulk perishable raw food. The main Kitchen will require cold storage for day-to-day service and facilities for deep-freeze storage. Separate cold storage will required in the diet preparation area and in the pastry and fish preparation areas.

Domestic type refrigerators with ice making facilities will be required in each ward area and at the snack bar (s).

Blast-freezing and cold storage will be required for the provision and storage of chilled food.

Special refrigeration storage will be required for storage of blood and plasma, etc. in appropriate areas.

Refrigerated storage for bodies will be retained in the mortuary.

7.15 Waste Management and Disposal

See Section 5.7 of this Brief.

7.16 Sterilising

A Hospital Sterile Supply Department will be provided. Refer to Whole Hospital Policy for scope of services.

7.17 Lifts etc.

Provision will be required of lifts for vertical transport of patients, staff visitors and goods. The number of lifts to be provided depends upon the planning of the Hospital.

Lift locations should adjoin main corridors or other arterial circulation routes for horizontal transport, and should be selected with a view to:

Optimum 'coverage' at each floor level; minimum practical and economic lengths of total routes for traffic of classified types, exclusion of noise from ward.

Lifts should be electrical or hydraulic types and sized for the following respective primary functions:

Bed Passenger lifts: For transport of patients and attendant staff

Goods - Passenger lifts: For transport of staff, visitors, food trolleys, Laundry etc.

Goods (only) lifts or hoists: For transport of classified goods or in areas not justifying combined passenger use at economic cost.

Referring to 'Operational Policies for Communication' in the event of consideration being given to other forms of fixed installations for transport, e.g. conveyors etc., it will be necessary to ensure that they conform with all aspects of safety required under State Acts and by local authorities. All lifts etc. Should conform with BS 5655.

7.18 Medical Gases and Allied Services:

Provision is required of piped services for the following areas and requirements:

Standard Wards: Piped oxygen and suction outlets. Piped compressed air will be provided in a number of selected wards.

Accident & Emergency Dept. & Out-Patients Dept. Piped oxygen, nitrous oxide, compressed air, exhalation scavenging and vacuum for resuscitation area.

Operating Dept: Piped oxygen, nitrous oxide, exhalation scavenging, vacuum and compressed air.

Intensive Care/ Coronary Care Unit Piped oxygen, vacuum and compressed air are required

X-Ray, Radio-Isotope and Ultrasound Diagnostics: Oxygen nitrous oxide and suction will be required in certain procedure rooms within x-ray department.

The detailed requirements for medical gases and allied services are referred to in the Engineering Services (Departmental) Section of this Brief.

General:

Subject to final planning of the Hospital, it is considered that piped oxygen and nitrous oxide should be provided from central bulk storage to be located on the site in conformity with safety regulations. In remote areas which may be found to be uneconomic to serve from central storage, use of cylinder supplies may be necessary.

Use of central equipment for vacuum and medical compressed air should be considered for the Operating Department and for such other

Departments as economical for connection. In other departments separate local piped installations may be required or use of portable equipment may be substituted. Information regarding medical gases is given in HTM 22 and any subsequent published amendments.

7.19 Main Electricity Supply and Distribution

Electricity is presently on the H.T. M.D. tariff and distributed in the existing buildings at L.T. Further distribution at H.T. to new substations may be justified. Consideration should be given to the installation of a C.H.P. Unit. The electrical installations shall be designed and installed in accordance with ETCI Regulations and in particular Part 10.1 "Electrical Installations in Medically Used Rooms" as applicable.

7.20 Stand-By Electricity

Check that existing stand-by generator is adequately sized for new development. An option appraisal should be carried out in the use of the stand-by generator for peak/capping in relation to maximum demand.

Emergency Supplies:

In addition, emergency lighting of Theatre lamps in operating theatres, delivery rooms special care areas, etc. shall be provided via local trickle charged battery sets. Also separate provision is necessary for emergency lighting of all evacuation escape routes as referred to under 'Fire-fighting and Detection Systems', and in plant rooms and switch rooms.

7.21 Electrical Interference:

Guidance concerning the avoidance and abatement of electrical interference is given in HTM 14. Where dimming of room lighting is used, care should be taken to avoid mains-borne electrical radio frequency interference affecting electro-medical equipment used elsewhere in the Hospital. All dimming devices should comply with the latest issue of BS 800.

7.22 Lighting:

Practical methods of lighting the various functional spaces are contained in the CIBS Lighting Guide and the choice of luminaries (lighting fitting)

should take account of the requirements of light distribution and visual comfort appropriate to the space. Luminaries should be of a type which are easily cleaned and maintained. Their location should be readily accessible for lamp changing and maintenance, but with the over-riding requirements that (a) the required standard of illumination is provided, at the point of work and (b) three-dimensional definition is provided to emphasise any areas likely to be hazardous to patients with poor vision. Luminaries using fluorescent lamps should be installed when artificial lighting is required for long periods or where areas are devoid of natural light; intermittently used luminaries may be more economically fitted with tungsten lamps.

It is essential that fluorescent lighting in clinical areas is derived from one of the recommending types of lamps having suitable colour rendering characteristics. In such areas the colours chosen for walls, floors and ceilings should be carefully selected; architects and engineers should collaborate to ensure that the decorative finishes are compatible with the colour rendering properties of the lamp and that special distribution of the light source is not unduly altered.

In rooms where blackout facilities are occasionally used fluorescent luminaries should incorporate control-gear that gives fast stable operation. Where sub-divided lighting is also required a separate centrally located tungsten luminaries controlled by a variable voltage device is preferable to dimming the general lighting.

Where acceptable daylight factors in perimeter rooms can be achieved, e.g. owing to obstruction from an adjacent building, it will be necessary to provide supplementary artificial lighting of sufficient intensity to balance and blend with the available daylight. Lighting designed to these higher standards of illumination should avoid excessive contrast with adjacent areas. It is recommended that this additional illumination is provided by multi-lamp luminaries and their output varied by locally switching part of the light source in each luminaries.

All wards in addition require tungsten bed-head lights (one per bed) and also wash-basin lights, and night-lights - the latter preferably at low level. Bed-head lights for intensive and coronary care beds require facilities for dimming. The lighting of corridors and circulation areas, should be to an average level of 150 lux, measured at floor level, and should also comply with colour rendering and glare limitations.

Mounting luminaries longitudinally along a corridor, centrally, or to one side to assist compliance with glare limitations is acceptable, as also is

the occasional transverse luminaries to mark major corridor junctions or unavoidable changes in floor level. The design should provide facilities for reduced level of lighting during low traffic periods. Plant rooms, switch rooms, and accessible service routes should be provided with low voltage lighting sockets-to be specially identifiable. Work-top areas will require local lighting.

Special lighting using shadowless lamps will be required in operating theatres and procedures rooms. Adjustable examination lights will be required in other examination and treatment areas.

Provision is required for external lighting of site roadways, carparks, services yards etc. with automatic and manual switch 'on-off' facilities at appropriate centres.

7.23 Low Voltage Outlets:

Wall socket outlets (13 ampere) will be required as follows:

General Purpose and Cleaning Sockets:

Cleaning sockets should be located above skirting levels in corridors, all wards, day rooms, offices, and etc. and in operating theatres. They will be non-switch type except in operating theatres, where switch sockets will be used.

General Purpose (portable equipment) Sockets;

Where sockets are required for use with light-duty bench-mounted equipment, sockets should be of twin type with switches, installed above bench level or waist height.

Bed-Head Sockets:

In-patient standard wards: one twin socket per bed at patients bed head.

Intensive Care and Coronary Care Units:

Five twin sockets per bed.

Fixed Appliances:

Fixed appliances rated up to 13 amps should be permanently connected to spur boxes and fused as required. Appliances rated in excess of this load or those requiring a three-phase supply should be permanently connected to separate final sub-circuits from fuse boards and independently switched.

Switches or other means of isolation should be provided adjacent to electrical machinery and plant to ensure the safety of operators and maintenance staff. Electro-medical apparatus, heating appliances and automatically operated equipment should be provided with indicator lights to show when the equipment is energised. Such indicators should be incorporated in the control switch or in the socket-outlet from which the apparatus derives its supply.

X-Ray Equipment:

The heavy current surge taken during the operation of mobile x-ray apparatus requires special provision to be made to avoid excessive voltage drop and consequential unsatisfactory operation. A special 13 amp plug is commercially available which has been designed to accommodate the larger sizes of flexible cables used with this equipment. The impedance of the supply of the socket-outlets should be in accordance with HTM 7 paragraphs 185-191.

Shaving Sockets:

Voltage shaving sockets shall be provided in in-patient's toilets.

7.24 Telecommunications:

Telephones:

A central PABX telephone installation is required for internal and external communication purposes with telephone instruments dispersed in locations primarily for staff use. Patients should be able to make and receive telephone calls in patient areas. Coin-box telephone facilities as appropriate for out-going/in-coming calls will be required in resident staff quarters and in selected public areas.

The system should be capable of being used both for voice and data transmission and inter-facing with computer equipment and they should incorporate the current technology available at the detailed design stage.

Nurses/Patients Call:

An audible/visible type patient-to-nurse call system, with wall push located at each patient position, in all sanitary accommodation and treatment rooms complete with reassurance lights, outdoor indicator lights and registration in both nurse's station and Sister's office. The system selected should incorporate the current technology available at the detailed design stage.

Television and Radio:

Provision for local connection to central TV aerials will be necessary for all in-patients single and multi-bed rooms and day rooms associated with standard wards. Each ward to be wired for a single TV receiver and in addition an earphone and wall jacks for sound reception of TV is to be provided at each bed-head. This or a separate wall jack is to be provided in addition at each bed-head for centrally piped radio with a choice of programmes. Routes for T.V. aerial cables will also be required to common rooms in residential accommodation and for staff rest rooms in the Hospital.

Patient Monitoring:

Patient monitoring facilities (conduit routes) are required beside each bedside in recovery areas, Intensive Care and Coronary Care wards, for monitoring at the appropriate nursing station by electro-medical equipment.

Bell System:

Local door security systems will be required.

Alarm Systems:

Monitoring alarm systems will be required as follows:-
in association with medical gases:
in association with blood fridge:
in fire protection installation:
concealed attack alarm system required in the Pharmacy.

Security alarm systems are required for central dangerous drugs storage cabinets in the Pharmacy and in certain stores used for storage of valuables and of important records to give visual and audible alarm at selected centre(s).

Controlled Drugs Cupboard:

In compliance with the relevant sections of BS 2881 a red indicating lamp should be provided on each controlled drugs cupboard with parallel indicating lamps where appropriate at the doorway to the room in which the cupboard is located, the corresponding staff base, and after hours, in a continuously manned area external to the department. The lamps should be interlocked with the cupboard to give visual indication when the cupboard is unlocked.

Battery Clocks:

Battery clocks in minimum numbers necessary should be provided on walls etc. for general use in public areas, corridors, service areas etc.

Paging System:

A paging system for calling selected staff on portable radio 'Bleep' instruments will be required. The instruments should be two-way speech type. The central equipment should adjoin the PABX telephone console. This system may also be incorporated with the nurse call system.

Computer Facilities:

Cable route facilities shall be provided between the Computer Centre and detailed locations in each department.

Expansion:

Consideration must be given to expansion of services to correspond with expansion factors stated in the Brief.

In relation to engineering services, provision for phasing or expansion should be made for:

any additional boiler or other plant which may later be required and sizing of arterial distribution systems at initial stage in order to provide for increased loads in directions to be anticipated by the Design Team.

7.25 General Provision for Maintenance etc:

All engineering services and equipment within buildings should be designed and installed in such a manner as to facilitate future access and operation of planned maintenance procedures. Electrical cable arterial routes (in particular those for low-voltage communication cables) should be so sized as to facilitate introduction at any stage of additional cables, should need arise.

Spaces for engineering plant and distribution should be sized in accordance with norms suggested in Hospital Technical Memorandum No. 23 published by the Department of Health and Social Security, London.

8.

MECHANICAL

AND

ELECTRICAL SERVICES

DEPARTMENTAL DESIGN

REQUIREMENTS

8. MECHANICAL AND ELECTRICAL SERVICES DEPARTMENTAL DESIGN REQUIREMENTS

8.1.1. In-Patient Standard Wards

Hospital Building Note Number 4 applies

1. Mechanical

Note: While natural ventilation should be the basis of planning and design, air extraction facilities may be required for ancillary rooms not so ventilated e.g. internal w.c.s. sluice rooms etc. A corner cupboard with ventilation grid for the holding of specimens for 24 hours should be provided in the Sluice Room.

- 1.1 Heating by means of radiators.
- 1.2 Supplementary heating is required for nurses station and duty rooms. This may be supplied from the domestic hot water system.
- 1.3 Separate isolation and control valves should be provided for each ward unit. Automatic thermostatic control should be provided, the building being zoned as to aspect.
- 1.4 Separate high level cold water storage tanks are required for flushing of equipment not provided with a separate flushing cistern.
- 1.5 Piped oxygen and vacuum outlets are required in all single and multi-bed wards as follows:
 - 6 - bed ward - 3 outlets
 - 3 - bed ward - 2 outlets
 - 1 - bed ward - 1 outlet
- 1.6 Drinking water to be provided in each ward kitchen.

2. Electrical

- 2.1 General lighting to be by way of high efficiency lamps. Colour corrected lamps will be required in treatment areas.

- 2.2 Low level night lights to be provided in wards and facilities for reduced level of illumination in corridors.
- 2.3 A bed head light is required at each bed.
- 2.4 One twin 13 amp socket at each patient's bed.
- 2.5 One twin 13 amp socket in each ward for cleaning and general purposes and one single socket for T.V. set.
- 2.6 A luminous and audible patient-to-nurse call system is required for each ward unit with audible and visual indicator board in prominent location adjoining nurses station: separate visual indication outside each room: reassurance light in each room with re-set switch at each call point: wall socket and pear-push at each bed wall or ceiling call points in other rooms as appropriate.
- 2.7 The PABX telephone system should be extended to staff area on each ward unit. Fixed Telecom Eireann coin box telephones should be provided for use by ambulant patients and visitors. Jack sockets for a portable Telecom Eireann coin box telephone should be provided in each ward for the use of patients confined to bed.
- 2.8 Shaving sockets to be provided in bathrooms. Portable shaving sockets to be provided for each ward.
- 2.9 13 amp sockets for portable x-ray machines to be provided in multi-bed wards, treatment rooms and isolation rooms.
- 2.10 Provision for T.V. and radio reception is required in all in-patient single and multi-bed rooms and day rooms. Each ward to be wired for a single TV receiver and in addition a wall jack and earphone for TV sound reception is to be provided at each bed-head. This, or a separate wall jack should also provide radio reception with choice of programmes at each bed-head. Incoming TV signals will be either from a cable company or roof aerial.
- 2.11 Provision for computer outlets to be provided in the following areas:
 - Sister's office
 - Consultant's office

Nurses station
Medical Staff office
Ward Clerks office

8.1.2./3 Intensive Care And Coronary Care

Hospital Building Note Number 27 applies

1. Mechanical

- 1.1 Heating in patient areas to be by means of a warm air system with filtration and humidity control. Air handling plant should include space for air cooling if required. Precautions to be taken to cover event of failure of primary heat source.
- 1.2 Heating by radiators in non-patient areas.
- 1.3 Provide twin outlets for piped oxygen, N₂O, vacuum and compressed air at each bed. Scavenging system will be required. Oxygen, vacuum and compressed air to be provided at technicians bench in the I.C.U.
- 1.4 Provide warning pressure gauge on oxygen at suitable locations in the Department in order to visually ensure that gas pressure is maintained.

2. Electrical

- 2.1 Dimming control of bed-head lights is required.
- 2.2 Provide one 13 amp socket for portable x-ray machine in each bed area.
- 2.3 Provide five 13 amp twin sockets at each bed-head, three one side and two on the other.
- 2.4 Provide conduit routes for monitor cables from each bed-head to central monitor at nurses station.

2.5 Provide computer outlets to Sister's office, Doctors office and duty station.

2.6 Provide for stabilised and interference free electrical supply.

8.1.4. Geriatric Department

Hospital Building Note Number 38 to Day Hospital

Hospital Building Note Number 4 applies to Geriatric Assessment

Hospital Building Note Number 8 applies to Geriatric Rehabilitation

1. Mechanical

Note: While natural ventilation should be the basis of planning and design, air extraction facilities may be required for ancillary rooms not so ventilated, e.g. internal w.c.s., sluice rooms etc.

1.1 Supplementary heating is required for nurse's station. This may be supplied from the domestic hot water system.

1.2 Where possible separate isolating and control valves should be provided. Automatic thermostatic control should be provided the building being zoned as to aspect. Heating to be maintained at a minimum of 70°F.

1.3 Piped oxygen and vacuum outlets are required in the treatment room.

2. Electrical

2.1 General lighting to be provided by fluroescent fittings. Colour corrected lamps will be required in the treatment areas.

2.2 Low level lighting to be provided and facilities for reduced level of illumination in corridors.

2.3 A bed-head light is required at each bed.

2.4 One twin 13 amp socket at each patients bed.

- 2.5 Ensure adequate provision of twin 13 amp sockets for cleaning and general purposes in the Day Area and the Physiotherapy Treatment Room.
- 2.6 The PABX telephone system should be extended to staff. Fixed Telecom Eireann coin box telephones should be provided for use by ambulant patients and visitors.
- 2.7 Shaving sockets to be provided in male toilets.
- 2.8 Provision of TV and radio reception is required in the Day Area only.
- 2.9 Provision for computer outlets to be provided in the following areas:

Sister's office
Consultant's office
Nurses station
Medical Staff office
Social Worker's office
Secretary/Typists office

**8.2.1 Out-patients Department
Hospital Building Note Number 12 applies**

1. Mechanical

- 1.1 Provide heating by radiators having regard to the following conditions.
The OPD will normally be unoccupied after office hours: during the summer season, and periods when general heating is not required elsewhere, it may be necessary to provide for the heating needs in patients undressing, examination and treatment rooms.
- 1.2 Local extract ventilation may be required in some areas.
- 1.3 Provide drinking water outlets as required.

- 1.4 Provide medical gases as follows:
Treatment room - O2, NO2 and suction
Bed accommodation - O2 and suction as in standard wards.
Compressed air, O2 and suction in Endoscopy Room.

2. Electrical

- 2.1 Provide fluorscent general lighting
- 2.2 Wall sockets to be twin type
- 2.3 Provide PABX telephones in staff areas and Telecom Eireann box phones in patient waiting area.
- 2.4 Provide patient-to-nurse call system in all consulting/examination rooms, ward bed accommodation, bathrooms and patients' toilets.
- 2.5 Provision for computer outlets to be provided in the following areas:

- Reception
- Sister's office
- Administration Office
- Area Medical Officer's office
- Senior Dental Officer's office
- Consultants office
- Public Health Officer's office
- Social Workers office

8.2.2. Accident and Emergency Department Hospital Building Note Number 22 applies

1. Mechanical

- 1.1 Provision required for 24 hour use and heating of the Accident & Emergency Department.
- 1.2 Heating by radiator
- 1.3 Piped Oxygen, N02 and suction required in the resuscitation

room and treatment rooms. Oxygen N02 and suction required in plaster room. Four oxygen and four x suction points to be provided in treatment/examination area.

2. Electrical

- 2.1 General lighting of flourscent type. External lighting incandescent/flourscent lighting for ambulance bay.
- 2.2 Provide 13 amp x-ray sockets in resuscitation and treatment area
- 2.3 Provide fixed, adjustable examination lights in treatment and examination cubicles.
- 2.4 Provision for computer outlets to be provided in the following areas:

- Reception
- Duty Doctor's office
- Consultant's office
- Sister's office
- Nursing station

8.2.3. Radiology

Hospital Building Number 6 applies in relation to x-ray accommodation and to other areas of this department except as qualified under.

1. Mechanical

- 1.1 Central heating generally shall be by means of a low temperature hot water system with radiators.
- 1.2 Heating of all areas will be on a 40-hour week basis and should be controlled so that the level of heating may be reduced during non working hours. Provision should be made for heating patient areas outside the normal heating season.
- 1.3 If planning is such that natural ventilation is available to x-ray this should be adequate for rooms serving general radiography, ultra

sound and gastro enterology. However, mechanical air extraction for intermittent use should be provided.

A mechanical ventilation system incorporating full fresh air intake heating, filtration to operating theatre standards and full exhaust is required in x-ray rooms and associated control areas serving vascular radiology, special procedures and gastro enterology.

1.4 If planning does not allow natural ventilation to x-ray rooms a warm air heating and ventilation system should be employed. If significant heat gain is envisaged it may be necessary to use air conditioning, but this should be confined to the areas where it is essential.

1.5 Mechanical air extract ventilation is required in:

- (a) Film sorting and current records filing
- (b) Changing cubicles
- (c) Film processing areas and dark rooms
- (d) Imaging rooms, one of these rooms should also be fitted with facilities for extraction of patients' exhalations.
- (e) Fume cupboards

1.6 Medical gases: provide piped oxygen, nitrous oxide and suction in x-ray rooms serving special procedures.

2. **Electrical**

2.1 In the design of the electrical distribution system in this Department it is essential that voltage fluctuations are kept within the required tolerance limits for sensitive diagnostic equipment.

2.2 Provide 13 amp twin sockets and a cleaning socket in each x-ray room and 2 twin sockets in control room.

2.3 General lighting shall be fluroescent.

2.4 Dimming or facilities for reduced lighting is required in x-ray rooms.

2.5 Special lighting is required in film processing rooms.

- 2.6 Provide emergency pilot lighting in x-ray rooms.
- 2.7 Provision for computer outlets to be provided in the following areas:
 - Reception
 - Radiologists offices
 - Radiographers office
 - Conference room
 - Clerk-typist Office
- 2.8 Provision for I.T. Digital X-Ray viewing to be provided in Radiologists and Radiographers offices.

8.2.4 Physical Medicine Department

The mechanical and electrical engineering services requirements of this Department are similar to the Out-patients Department with the addition of services to treatment facilities which will be detailed at a later stage.

8.2.5 Operating Department Hospital Building Note Number 26 applies

1. Mechanical

- 1.1 Full air conditioning is required in operating theatres and recovery room, including primary and secondary air filtration, air heating, cooling and humidifying. Full fresh air and exhaust is required.
- 1.2 Warm air heating and ventilation may be required in auxiliary areas in the Operating Department.
- 1.3 Individual air conditioning plants should not serve more than two theatres.
- 1.4 A thermostatically controlled LPHW radiator system should be provided so as to maintain a temperature of 18 c throughout the Department during periods when the theatres are not in use.
- 1.5 Medical gases are required as follows:

Operating theatres and anaesthetic rooms - oxygen, N₂O,
compressed air, anaesthetic gases scavenging.
Recovery room - oxygen and suction at each bed.

- 1.6 Sterilising requirement for the Operating Department are dealt with in the Departmental Brief for the Hospital Sterile Supply Department.

2. Electrical

- 2.1 General lighting via flush-mounted fluorescent ceiling fittings with provision for partially maintained lighting via tungsten or fluorescent lighting using emergency lighting batteries provided to serve operating lamps.
- 2.2 Dimming facilities will be required for general lighting of theatres
- 2.3 'No-touch' PABX telephones will be required in each operating theatre. Normal type instruments in other areas.
- 2.4 An 'elapsed-time' clock and a sweep second hand clock will be required in each theatre.
- 2.5 Trickle charge battery set required to serve emergency lamps in operating lamps and for a limited number of lights in the operating theatre.
- 2.6 Provide 13 amp socket for mobile x-ray machine in each theatre and recovery room.
- 2.7 Provision for computer outlets to be provided in the following areas:

Theatre Sister's office
Anaesthetists offices

8.2.6. Pathology Department

**(See Departmental Brief 6.2.6. which is in outline form only,
for the purpose of preparation of DCP)
Hospital Building Note Number 15 applies**

1. Mechanical

- 1.1 Heating by radiators. Location of radiators under work benches should be avoided where possible.
- 1.2 Provide local mechanical air extraction from fume cupboards. No input mechanical ventilation is required.
- 1.3 Provide for incubator room (insulated) and cold room, with local temperature recorder for each.
- 1.4 Down draft vent at selected points.

2. Electrical

- 2.1 General lighting via fluorescent fitting
- 2.2 Provide twin, switched socket outlets at two metre intervals over work benches.
- 2.3 Provide outlet point for autoclave, hot air steriliser and fridges.
- 2.4 Provide alarm system from blood bank fridge to register at Central Telephone Exchange.
- 2.5 Provide automatic smoke detection fire alarm system.
- 2.6 Fittings to be explosion proof.
- 2.7 Provision for computer outlets to be provided in all offices and the reception area.

8.2.7 Mortuary
Hospital Building Note Number 20 applies

1. Mechanical

- 1.1 Provide radiator heating
- 1.2 Provide mechanical air extraction from body store
- 1.3 Provide refridgerated body chamber (12 bodies).

2. Electrical

- 2.1 General lighting using fluorescent fittings - to be water proof in PM room and body store.
- 2.2 Overhead lamp in PM room
- 2.3 Wall sockets in PM room and body store to be moisture proof.

8.3.1. Medical Records/Admission Office
Hospital Building Note Number 18 applies

1. Mechanical

- 1.1 Heating by radiators
- 1.2 No mechanical ventilation required

2. **Electrical**

2.1 Flourscent lighting in general

2.2 Provision for computer outlets to be provided for in the following areas:

Reception area
Medical Records Officer's office
Records Office
Admissions office
Medical typists office

**8.3.2 Hospital Sterile Supply Department
Hospital Building Note Number 13 applies (in relation to
Engineering Services and Environmental Standards)**

1. Sterilisers should be of high vacuum, pulsing type

2. The equipment to be provided and installed should comply with the needs set out in the operation policy for this Department.

3. Mechanical and extract ventilation should be provided in the sterilising area, disinfecting areas and packing area. The latter should be under positive pressure.

4. Provision for computer outlets to be provided for in the following areas:

Reception area
Medical Records Officer's office
Records Office
Admissions office
Medical Typists office

8.3.3. Pharmaceutical Department
Hospital Building Note Number 29 applies

1. Mechanical

- 1.1 Central heating should be by means of radiators
- 1.2 Natural ventilation should apply in most areas. A laminar flow cabinet or hood is required in the preparation area.
- 1.3 Steam supply is not required.
- 1.4 No piped provisions are required for suction or compressed air.
- 1.5 A limited number of combustible gas outlets will be required in the preparation area.

2. Electrical

- 2.1 Provide twin 13 amp sockets at 2m intervals over work tops in addition to normal provision of sockets elsewhere.
- 2.2 An automatic burglar system is required for the central drugs, poisons and DDA store. It should activate audible and visual alarm points in the Chief Pharmacist's office and at the Porter's desk in the main concourse. See misuse of Drugs (Safe Custody) Regulations 1982 and Memorandum of the Safe Custody of Controlled Drugs.
- 2.3 The fire alarm system in this Department should include automatic detectors in all stores, reception and working areas.
- 2.4 Provision for computer outlets to be provided for in the following areas:

Pharmacist's office
Clerk Typists office
Reception area

8.4.1 Central Staff Changing

1. Mechanical

- 1.1 Central heating by radiators.
- 1.2 Clean uniform storage area required continuous year round protection against condensation by means of heating and ventilation.
- 1.3 Drying facilities with adequate ventilation (natural or mechanical extract) will be necessary on year round basis for outdoor clothing and in the drying room.

2. Electrical

- 2.1 General lighting shall be fluorescent
- 2.2 Provide PABX telephone in Supervisor's office and conduit for Telecom Eireann coin box phone for staff use near entrance to Department.

8.4.2. On-Call Accommodation

1. Mechanical

- 1.1 Heating to be by means of radiators and exposed pipework.

2. Electrical

- 2.1 Lighting to be incandescent with a bed-head light in each bed-sitting room.
- 2.2 Provide two twin socket outlets in each bed-sitting room and in common room.
- 2.3 Provide PABX telephone outlet in each bed-sitting room and in common room and Telecom Eireann coin box in common room.
- 2.4 Provide TV aerial outlet in common room.

**8.5.1. Administrative Services and Concourse Area
Hospital Building Note Number 18 applies**

1. Mechanical

1.1 Heating by exposed pipework and radiators

1.2 No mechanical ventilation required

2. Electrical

2.1 Fluorescent lighting in general

2.2 Central telephone exchange and console, radio, 'bleep' staff location console and allied equipment to be located in this area.

2.3 Provide conduit for direct Telecom Eireann line telephone to computer room.

2.4 Provision for computer outlets to be provided for in the following areas:

General office
Accounts and payments
Typing pool
Administrator's office
Assistant Administrator's office
Administrator's Secretary's office
Matron's office
Matron's Secretary's office
Assistant Matron's office
Maintenance Officer's office
Consultants office.

8.5.2. Catering Staff Dining

Kitchen - Hospital Building Note Number 10 applies

1. Mechanical

- 1.1 Main cooking area to be provided with mechanical warm air ventilation and air extraction, with extract hoods over vapour-emitting equipment.
- 1.2 Heating in ancillary areas to be by radiators
- 1.3 Electricity and gas, in approximately equal measure, to be media for cooking in order to ensure continuity of production in the event of failure of any one medium.
- 1.4 Services, supplies and connections to equipment should be protected from accidental damage but accessible for maintenance.
- 1.5 Cooking, plating, distribution and dishwashing equipment will be based on the operational policies as set out in the Catering Department Brief. Briefly, these policies are central cooking, blast chilling and chilled storage. Patient's meals will be plated in the kitchen and reheated in re-constitution ovens in each ward kitchen. Staff meals will be reheated in bulk in the kitchen and plated at the servery counter.

2. Electrical

- 2.1 General lighting via vapour proof fluorescent fittings
- 2.2 Provide for background music

Central Dining

Hospital Building Note Number 11 applies

1. Mechanical

- 1.1 Heating of dining area and ancillary area by radiators and/or fan convectors.

- 1.2 Provide mechanical air extraction over main servery and tea/coffee servery.

2. Electrical

- 2.1 Provide local piped music/public address system.
- 2.2 Provide Telecom Eireann coin box telephone in addition to PABX requirements.

8.5.3 Chaplaincy

No particular Hospital Building Note applies, but the standards relating to Administrative Services and Concourse Area shall apply in general.

The Chapel shall be heated by exposed pipework and radiators. General lighting in it shall include lightings and fittings in keeping with its functions. Special lighting shall be considered for the altar space. Provision is necessary of a microphone point from the chapel to connect with the central radio and public address equipment for purposes of transmission to wards, etc. of religious services.

8.5.4 Central Supplies

1. Mechanical

- 1.1 Provide for continuous year round heating of linen and sterile supplies storage.
- 1.2 Offices and ancillary areas to be heated on a 40-hour week basis.
- 1.3 Provide for steam cleaning of beds, trolleys, mattresses etc.
- 1.4 Provide fire-fighting installations to County Fire Officer's requirements.

2. Electrical

- 2.1 In addition to normal provision of socket outlets, further provision

is required for electrical supplies for internal operation of such fixed or mobile goods handling equipment or conveyors as may be found necessary in the course of detailed planning.

- 2.2 Provide automatic smoke detection fire alarm system linked to the general fire alarm system.
- 2.3 Provide PABX telephones in each office and major store, together with local intercom system.
- 2.4 Provision for computer outlets to be provided for in the following areas:

Reception
Supplies Officers office
Clerical office

8.5.5. Engineering/Maintenance

1. Mechanical

- 1.1 Heating in office, changing rooms, etc. by means of radiators. Heating in workshops and stores may be by radiators, unit heaters or radiant panels as appropriate.
- 1.2 Compressed air is required in some workshops. This should be provided from a separate compressor serving the maintenance complex. No other piped gases are required.

2. Electrical

- 2.1 Provide twin sockets at bench level in workshops with low voltage sockets for inspection lamps in the latter. Sockets to be protected by ELCB.
- 2.2 Power points will be required for fixed equipment which will be detailed at a later stage.
- 2.3 Provide PABX telephones in office.
- 2.4 Fire Alarms System shall include automatic smoke and/or heat detectors as appropriate.
- 2.5 Provision for computer outlets to be provided for in the Foreman's

9.

CIVIL ENGINEERING SITE

WORKS

&

BUILDING STRUCTURAL

WORK

9. CIVIL ENGINEERING SITE WORKS AND BUILDING STRUCTURAL WORK

Introduction

The consulting Civil/Structural Engineer will be a fully integrated member of the Design Team (for which the Architect will be the co-ordinator) and will design and supervise the civil engineering site works and building structures. The Civil/Structural Engineer will prepare the specification for the civil engineering site works for incorporation in the Building specification and Bills of Quantities.

The works and structures will generally be as follows but their design should be preceded by a comprehensive site subsoil investigation e.g. by trial pits or borings as considered necessary, so that the characteristics of the subsoil, rock levels, ground water conditions and flood levels which might affect the design, layout and method of construction of the works may be known and the most economical design solution for underground services and foundations obtained.

Verification of the positions, levels, capacities and condition of existing underground services must be made so that they may be utilised to best advantage and that construction costs and possible disruptions to services of existing buildings are minimised when siting the proposed new buildings and associated services for the project. The load bearing capacity of existing structures, e.g. subsoil, foundations, walls, floors, roofs etc. shall be investigated in the event of their being required to carry additional superimposed loading.

Site Works

The site works will comprise:

- (i) Water supply including external water mains and fire hydrants, main storage tanks, pumping plant as may be necessary. (The local Authorities policy and requirements regarding main cold water storage should be ascertained and complied with).
- (ii) Sewerage comprising main site surface water sewers, foul sewers and outfall sewers external to site if required: site subsoil drainage

where necessary. (The Local Authorities policy regarding separate or combined sewerage should be ascertained and complied with).

- (iii) External ducts where these are required to house and link the new underground engineering services between buildings. These ducts should be provided with subsoil external floor and wall drains as necessary to prevent ground water gaining access to the duct interior.
- (iv) Roads, carpark, hard standing, helipad, earthworks and retaining walls as may be required.

Structural Works

Foundations, reinforced concrete, structural steelwork, load bearing masonry, structural timberwork and alterations to existing structures including structural investigation work and surveys as necessary.

Civil Engineering Site Works

Water Supply

After consultation with the services consultants, the total ultimate water requirements for both the existing and proposed new hospital buildings should be discussed with the Hospital Authorities and if necessary with the Water Supply Authority.

The position, diameter and condition of the mains should be checked and any further point (s) of connection that might be required for Hospital supply (e.g. to give an alternative supply in the event of breakdown) agreed with the Water Authority. Pressure and hydrant flow tests should be carried out to check that satisfactory conditions exist throughout the 24-hour day for the proposed new hospital buildings, domestic and fire-fighting requirements. Chemical and bacteriological analyses of the water should be obtained.

Water treatment for boiler or other mechanical services plant is a matter for the mechanical services consultants.

Suitable watermeter (s) and by-pass (es) to the satisfaction of the chief Fire Officer and of the Water Authority should be provided.

Main Water Storage

It is generally desirable to provide a total storage capacity adequate for 24 hours normal consumption, account shall be taken of the ultimate population for the development as a whole. (See also Mechanical and Electrical Brief). A suitable by-pass should be provided for the main storage tank.

The pressure available for external ring fire main should be verified as adequate to operate the highest first aid hose reel in the group of buildings (this may be taken as providing 100 kilopascals residual pressure at a minimum flow of 0.4 litres/second in the hose reel situated on the highest corridor level in the group of hospital buildings).

External Ring Mains

These will consist of external ring mains and hydrants. The layout of such ring mains, the location of hydrants and the type of hydrant outlet should be agreed with the Chief Fire Officer. These ring mains will serve both as fire mains and distribution mains for the domestic cold water services to the new buildings. Special drinking water taps and first aid hose reels will be fed directly off this ring main.

Sewerage

Survey of the levels and capacities as necessary of the existing main sewers on the site is required to check that they will accept the ultimate foul sewage and surface water discharges from the existing and proposed new buildings. If required, obtain permission to discharge to the urban system and agree any new point(s) of discharge necessary. The Local Authority may wish all new drainage to be on the separate system; surface water should be diverted from the existing sewerage system where practicable. The runs and levels of the main internal (site) sewers (i.e. those which pick up each building) should be agreed with the Architect. Local drainage around the buildings will be the architect's responsibility.

External Ducts

The external duct sizes and runs will be agreed with the Architect and Services Consultant. Lengths should be kept to a minimum. Internal dimensions will be to Services Consultant's requirements. Duct floors must be provided with self-draining falls and any low points which occur drained via non-return valves to existing or new surface water sewer manholes provided there is no possibility of back flow. In the case of shallow ducts, it would be advisable to provide pre-cast concrete roof covers, for easy access for maintenance. Roof design should be such as to avoid any possibility of water drips on the service pipes. Adequate ventilation should be provided. No sewers or water mains should pass through ducts at crossings *and all intersections of underground services on plan should be carefully checked to avoid conflict.*

Roads, Carparks, Helicopter Pad, Earthworks, Retaining Walls

When the position and geometry from the safety viewpoint of all hospital entrances/exits required have been decided in consultation with the Architect, they should be agreed with the Local Authority so that there may be no conflict with any future urban road improvements. Suitable traffic warning notices should be provided on the urban road at each side of the hospital entrances (where kerb radii of 12m are suggested).

Provision shall be made in planning to ensure that all entrances and areas used by patients or public are accessible to wheelchairs and other disabled patients.

The layout of internal roads and carparks should be agreed with the Architect. Road width of 6m, 5m and 4m are suggested, with concrete kerbing limited to essential areas such as entrances, carparks and service areas. Whenever possible, bituminous macadam should be adopted, using a fine textured mix to ensure that the carpet is sealed. The type of road thickness of surfacing and road widths should take account of traffic requirements. Provision for traffic management and control shall also be made (i.e. signs and markings).

Building Structures

The structural design shall conform to the requirements of the 1991 Building Regulations. Current Irish standards and codes of practice, or other equivalent standards, shall apply.

Particular attention shall be paid in the design to durability and to avoiding possible problems resulting from movement of the structure or from movement in the elements in the structure.

Expansion joints should be provided in the building from roof level to D.P.C. at distances preferably not exceeding 50m at abrupt changes in section and at junction with link corridors or covered ways.

10.

STAFFING

Projected Staff Complement for Completed Hospital

Classification	Grade	Projected Complement	Total No.
Medical	Consultants	25	-
	Registrars	20	75
	Casualty Officers	4	
	H. Officers	20	
	Interns	6	
Nursing	Including Management/ Supervisory	180	180
Para-Medical	Laboratory	15)	
	Physiotherapy	12)	
	Radiography	15)	
	Occupational Therapy	3)	
	Speech Therapy	1)	53
	Dietetics	2)	
	Social Worker	2)	
	Others	3)	
Non-Nursing	Catering/Domestic	40)	
	Linen/Laundry	3)	68
	Portering	25)	
Maintenance		10	10
Administration		38	38
Miscellaneous		21	<u>21</u>
			445

Staffing:

The staffing numbers are to be taken only as a considered guide for the purpose of preparing a Brief, and not the actual numbers, which will be decided at a later stage in the planning process.

11.

PHASING & TIMESCALE

PHASING AND TIMESCALE

Phasing

It should be the Design Team's objective to find an acceptable and workable solution to develop the hospital in an appropriate number of separate phases. While the precise extent and type of phasing most suitable for the project must await the initial site appraisal and assessment of the existing structures and study of alternative phasing solutions, it is the client's desire that this project be constructed in approximately two separate building phases - the content of each phase to coincide insofar as is feasible, with each corresponding list of priorities.

Final decisions on these matters will be made by the project team in consultation with the Design Team during Stage 2.

Each Phase should allow for the hospital to continue to be operational to a satisfactory degree without the necessary and immediate completion of subsequent phase. It would be important that the optimum departmental relationships be achieved as closely as possible during the different phases. Adequate communications routes for patients, visitors, staff, supplies and food distribution during the interim period would also be required.

Patients must continue to receive treatment in circumstances that are medically acceptable and the staff continue to perform their duties without the imposition of temporary arrangements that could make normal working difficult.

There are other factors relating to phasing which must also be considered such as:

- The client's priorities in order of importance
- The availability of areas of the site, either immediate availability or by demolition of existing buildings.
- The need to consider incorporating existing buildings, insofar as possible, in the DCP either in their present format and usage or in a modified form and for a different usage. In this regard the possible expenditure on existing buildings will be of considerable importance.

- The type of accommodation and departments that must be purpose built and cannot be considered suitable for provision in the existing structure either long or short term.
- Departments that may require decanting into alternative accommodation to free portions of the site for new building/extension work and which (i) can be provided inexpensively with no special requirements or (ii) expensively and with special requirements. In certain cases this may be achieved by a planned 'misuse' of areas in completed departments which would revert to their proper function at a later stage of the development.
- The need to inject (or upgrade) in advance, certain departments e.g. centralised services, either in temporary or permanent accommodation, to meet the requirements of the operational policies of new or upgraded departments forming the initial phase of the project. During certain phases it may be necessary to introduce temporary operation policies to meet short term or transient solutions.

The provision of (or improvement of) the patient service at each phase of development will require an appropriate and approved level of back-up facilities including medical (e.g. x-ray) staff facilities and general services. It is not proposed to list priorities of such facilities as decisions on whether to provide them (or extend existing facilities) in whole or in part will be subject to the Design Team investigation and study of the existing facilities on the site and their suitability for use on a short or long term basis.

Timescale:

A period of two months from the date of handing over the Brief will be allowed for revision of the Development Control Plan for the ultimate development.

12.

BUDGET COST

COST CONTROL and COST LIMIT

The primary objective of cost control is achieving the most economically advantageous solution to the service requirements set out in this Brief. By far the most significant cost factor over the life of the development will be the revenue or running costs of the Unit. The Design Team should therefore, in consultation with the Client, place particular emphasis on the running cost affect of options being considered during Option Appraisal/Feasibility stage.

A Construction Cost Limit is stated hereunder for the construction cost of the development.

On completion of the Option Appraisal and Feasibility stages and verification of the construction cost limit the cost control objective is to enable the cost of the project on completion (net of fluctuations where applicable) to be contained within the Construction Cost Limit.

Cost Control concerns all members of the Project and Design Team and is broadly divided into two parts.

Pre-contract

This is the most important stage of cost control as most of the construction costs and the development's revenue or running cost are decided relatively early in the design process. It is necessary to ensure that the Construction Cost Limit is adhered to throughout all stages in the design process. The Design Team should, however, always keep in mind the consequential revenue or running costs of any design decision and the primary cost control objective of achieving the most economically advantageous solution. Where there is an option, that on the basis of a thorough investment appraisal (using Net Present Value) indicates an economic advantage by increasing capital expenditure the Design Team should advise the Client accordingly.

The design must always be tailored to the Construction Cost Limit. The departments and schedules of net floor areas in the Brief reflect the accommodation which, on the basis of a preliminary option appraisal, the client considers can reasonably be achieved, to an acceptable functional and quality standard, for the Construction Cost Limit. It may be

necessary to modify the Brief following Option Appraisal/Feasibility stage to reflect affordable accommodation.

Post-contract

Post-contract cost control involves ensuring that, from placing the contract to the issue of the Final Certificate, control is exercised to ensure the Final Account is agreed within the Latest Approved Sum (see also "Health Facilities Procurement - Capital Works (Construction) - Post Contract Progress and Cost Control Procedures, ref. 10C").

Changes in Prices

The construction Cost Limit is set at a stated date and is based on market prices available by competitive tender at that date. Adjustments will be made to the cost limit for price movements that occur after the said date until the Designated Date of the tender and thereafter to cover costs due to allowable wage and price variations due after the conditions of contracts where applicable. Where a tender is fixed price or where a fixed price premium is negotiated post tender due allowance will be made to the cost limit.

Cost Limit

Construction Cost Limit for Phase

Price Base Date