

COMMENTS ON THE NEW EN-SUITE DESIGN	RESPONSE FROM HBN TEAM
<p>This document details some of the design issues that were being considered by the Building Note team following feedback on the mock up. It is included here to provide a 'snapshot' of the design development process.</p>	
<p>Introductory note</p>	
<p>The size and layout of facilities for independent use and those for assisted use differ fundamentally and are not compatible or interchangeable. Some disabled patients cannot be assisted satisfactorily in a facility designed for independent use and conversely some patients cannot independently use a facility designed for assisted use.</p>	<p>We are not interfering with the Statutory requirements governing the public areas of the hospital under part M of the Building Regulations.</p> <p>The en-suite bathroom is for use by in-patients. The assumption is that any patient admitted to hospital is potentially 'assisted'. However, we have tried to ensure independent wheelchair access as well to ensure the same concept of independence granted to anyone else who may not require or wish for assistance. It should be recognised, however, that full independence may not be so much of a priority in a single bedroom where privacy is not as paramount as, say, in a public toilet. Essentially, this design aims to preserve the dignity and identity of ANY patient using it, and enables them to control their own environment.</p> <p>It has been acknowledged that many aspects of independent and assisted use are not compatible. Consideration has been given to each issue independently and together as a complete facility (ie, in areas proposed for inclusive access, adjustable-height wash basins have been included).</p> <p>It should be noted that the DH approach is that facilities specifically designed for independent access are NOT appropriate for assisted access for anybody.</p>
<p>The Department of Health should reconsider its brief and commission some research into the size and layout of two types of single room en-suite bathrooms to identify space-efficient designs that would separately meet the needs of independent and assisted patients.</p>	<p>Separate guidance is being prepared for other toilets, showers and bathroom facilities, for use within any part of a healthcare facility, for the revision of HBN 40 (HBN 40 Volume 1 – 'Recurring clinical and support spaces', Section 2 – 'Sanitary spaces'), including:</p>

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	<ul style="list-style-type: none"> - Standard - Fully ambulant access; - Semi ambulant access; - Independent wheelchair access; - Assisted access.
<p>Consideration would have to be given to the number, disposition and management of these two types of en-suite bathrooms to accommodate the patient profiles and numbers of each hospital.</p>	<p>This is contrary to the concept of flexibility. However, as mentioned above, separate guidance on independent and assisted facilities will be published in HBN 40.</p>
<p>Mock up layout...Option A:</p>	
<p>If the Mock-up is to “<i>meet the needs of all patients</i>” then, in the worst case, as the consultation group agreed, patient handling equipment and space for two assistants must be available. As overhead track can be shown to be the most efficient space saving patient handling equipment, any successful proposal for en-suite bathrooms should accommodate such a track. It is important that the overhead track is located over the centre line of the WC and also the shower seat for optimum patient and assistants comfort and safety during transfer. If the overhead track is shown in these parameters it is apparent that the suggested location of the wash hand basin could cause distress or injury to a patient using this mode of transport. There is no satisfactory alternative location for the wash hand basin within the Mock-up layout.</p>	<p>The layouts are being developed with consideration for space for two assistants. Additionally variations on the options are being developed for the following:</p> <ul style="list-style-type: none"> - Ceiling hoist access (but with consideration to also allow a floor hoist into the room for when a patient collapses in a corner that is not readily accessible with the ceiling track hoist). Manufacturers are being consulted. The relationship between the basin and hoist had been noted by the team. However, as the shower now includes a seat on a wall track to allow the island positioning of the seat for assisted showering, the risk has now been significantly reduced but is still be considered by manufacturers and the team.
<p>Other issues recommended in BS 8300:2001 that building note team may wish to address are:</p>	
<p>01. There is no shower curtain.</p>	<p>A shower curtain is included. It can be configured in a variety of ways in the space provided. Consideration has and is being given to the specific hospital infection control requirements for shower curtains. Additionally, consideration is being given to</p>

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	<p>the curtain location and conflicts of interest in its location for independent wheelchair and assisted access.</p>
<p>02. There are no vertical grab rails each side of the WC.</p>	<p>A vertical grab-rail is included on the open side of the WC as BS/Part M for independent unsteady male users wishing to urinate. The vertical grab-rails are of limited (if any) use for assisted access.</p>
<p>03. There are no vertical grab rails each side of the wash hand basin.</p>	<p>Vertical grab-rails included</p>
<p>04. There is no horizontal grab rail on the wall side of the shower seat.</p>	<p>A horizontal grab-rail has been included on the wall.</p> <p>However, where a horizontally moveable shower seat is included for assisted access, horizontally adjustable grabrails are mounted on the wall (or attached to the seat) to ensure they are at an appropriate horizontal location wherever the seat is positioned.</p>
<p>05. There is no towel rail.</p>	<p>A horizontal towel rail is provided adjacent to the shower seat (behind the open bi-fold door). A second towel rail is provided at the side of the wash basin. In both cases, grab-rails are being used as towel rails to ensure that they are suitable for someone who needs the rail for support.</p>
<p>06. There are no shelves.</p>	<p>Shelves were and have been included</p>
<p>07. The detailed selection, location and management of accessories including dispensers, hand driers, shelving, disposal bins etc, needs to be addressed.</p> <p>The 'Good Loo Design Guide' by CAE is the best resource for these issues.</p>	<p>The detailed selection, location and management of accessories has (and is) being considered. The 'Good Loo Design Guide' has been reviewed along with many other guidance documents and specialist advice sought in the infection control requirements of health buildings.</p>
<p>08. There are no alarm pull cords beside the WC or the shower seat.</p>	<p>Alarm pull cords have been included by WC, shower and in other corners where patients may collapse. Alarm pull cords are included in all semi-ambulant / wheelchair accessible, independent and assisted healthcare sanitary facilities. The team recognises that electronic sensors might be used in the future.</p>

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<p>09. There are no alarm reset buttons beside the WC or the shower seat.</p>	<p>Alarm reset buttons are generally (in DoH Layouts) being included adjacent to the WC (BS8300 para 12.4.10), shower (BS8300 para 12.3.14) and in specifically assisted rooms near the door to allow staff to reset the alarm immediately on entering. However, in the en-suite layout currently a reset has not been included on the door next to the WC. The team recognises that electronic sensors might be used in the future.</p>
<p>10. The sliding, folding ironmongery to the doors of this configuration, in this context, would be a problem for some disabled users and prone to malfunction.</p>	<p>The system installed in the mock-up was a system developed and now manufactured by one of the market leader(s). Called the Pivette, it comprises a sliding folding arrangement that is very easy to operate provided that the correct ironmongery is specified and is laid out in accordance with ergonomically researched data. It is no more prone to malfunction than other doors, primarily because its usage level will be very low compared to the bedroom door or other hospital doors.</p> <p>The door design was commented on very favourably by all participants in the ergonomic trials. The fact that both doors are supported from the overhead frame should make it very reliable and less subject to catch and lock mis-alignments.</p>
<p>11. The setting-out dimensions of the shower seat and drop-down rail are contrary to hose recommended.</p>	<p>The setting out of the shower seat, rails and controls are being considered in relation to BS8300, Part M, the original research carried out for BS8300, the result of the mock up trials carried out on the rooms and specific issues that relate to the healthcare environment. Where it is agreed that DH guidance will vary from Part M, full derogation statements and supporting research will be provided.</p>
<p>Draft layout of en-suite bathroom 1:</p>	
<p>The sliding doors appear to encroach upon the irregular outlines of the space required by a patient and two assistants in the use of the WC. How can this</p>	<p>They do! This will be addressed in the revised version of the plans following receipt of all comments. It is likely that the</p>

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<p>be? Either the outlines are inexact or the proposed draft is too small!</p>	<p>assisted version will require a quick release for the door pivot which will allow the whole door to be swung outwards by the assistants when full opening is required for manoeuvring someone in a hoist.</p>
<p>The dotted line entering the bathroom is assumed to be an overhead track. If an overhead track is to be used in a confined space it would be prudent to check out the detail of the layout with manufacturers and operatives as this will have a significant influence on the layout. The overhead track shown in BS 8300:2001 Figure 54, if transferred to Draft 1, demonstrates the problem of the wash hand basin location in this layout.</p>	<p>See above. The track is quite flexible but does need to locate the patient in the right place over the WC.</p>
<p>There appear to be two shower seat locations in this layout, presumably for dual assistance.</p>	<p>This is an adjustable shower seat on a track which has been defined more specifically to ensure adequate rails are provided either side.</p>
<p>The floor drainage and the location of the drainage outlet are contrary to the recommendations in BS 8300:2001 Figure 54. If there is a blockage in the outlet in the centre of the floor the patient and the assistants will be obliged to walk through the waste water to use the WC. If the drainage recommendations in BS 8300:2001 Figure 54 are followed in every detail this will make awkward floor profiles. An area around the shower area should be drained under the shower seat. This reduces the floor profiles, facilitates construction and makes the outlet more accessible for maintenance.</p>	<p>We can provide a level access solution or a minimised sloping floor solution - the first using tried and tested technology such as "Netagrille", which allows water to drain through so limiting the potential flooding possibility.</p> <p>The simple answer to potential blocked drains is to provide an unblockable floor outlet by Wade Bros.</p> <p>The best place for the floor outlet is in the middle of the floor. It minimises the falls, reduces the floor profiles, facilitates construction and makes the outlet more accessible for maintenance.</p>
<p>The layout indicates 3 alarm pull cords on the elevations but not on the plans. If alarm pull cords are proposed this would infer independent use of the facility on occasions, although the WC is not designed for independent use! If alarm pull cords are installed there should be reset buttons at each cord location in</p>	<p>See above</p>

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<p>the event of accidental use. The dignity of disabled people is a major aspect of DDA legislation.</p>	
<p>If the WC is to be used independently, the flush control should be a spatula shaped lever in an accessible location to facilitate use by people with arthritic hands.</p>	<p>DH is proposing sensor-operated flush controls for both ease of use and infection control.</p>
<p>Other issues recommended in BS 8300:2001 that building note team may wish to address are:</p>	
<p>01. There is only one vertical grab rail to the WC. This is shown on the wall elevation only.</p>	<p>See above</p>
<p>02. There is no horizontal grab rail on the wall side of the shower seat.</p>	<p>See above</p>
<p>03. Doors, and particularly the sliding, folding ironmongery of this configuration, in this context would be prone to malfunction.</p>	<p>See above</p>
<p>05. 1000mm is the preferred height of the horizontal pull rail to the door.</p>	<p>Currently being reconsidered by DH specialist advisor. 900-1100mm is compliant but 900mm did prove more convenient to the majority of users during trials.</p>
<p>Draft layout of en-suite bathroom 2:</p>	
<p>As this layout appears to be a variation of Draft 1 the comments above would apply.</p>	
<p>The shower unit and controls, being on the same wall as the shower seat, would not come easily to hand to many independent disabled people. This arrangement could be construed to discriminate against a disabled patient who could use a corner unit but would be unable to use this 'in line' arrangement. The shower curtain may well be too close to the shower seat to be comfortably used.</p>	<p>Similar concerns have and are being considered by the team.</p>
<p>Background to the project:</p>	
<p>...this raises the problem of closing the side satisfactorily with doors that will be easily managed independently by disabled patients. Difficult doors are not an acceptable reason for assisting a patient to use a facility.</p>	<p>Sliding doors have been recognised as helpful to independent wheelchair users. This option combines that with ease of use and space saving. Consideration is being given to making the door immediately</p>

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	<p>adjacent to the toilet easily operable by a patient to allow for cases where some extra room for transfer is required on that side. In the default position however it would be firmly locked in place.</p>
<p>Further Consideration</p>	
<p>In the design development consideration should also be given to patients with visual and/or hearing impairment.</p>	<p>Being considered.</p>
<p>All grab rails should be non-slip when wet and contrast strongly with their background. The WC, wash hand basin, shower seat and all accessories should also contrast strongly with their background to facilitate independent use by patients with visual impairment.</p>	<p>Being considered in HBN 40 where this type of guidance is included rather than in departmental guidance like HBN 04.</p>
<p>Consideration should be given to alerting patients with hearing impairment to fire alarms etc,</p>	<p>Being considered.</p>