



SUBMISSION

NCH Emergency Department- Design Advice

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Health Care Consumers' Association

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About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not-for-profits Commission.

ED waiting room features

1. Furniture and furniture layout

- A mix of chairs with and without arms to accommodate people with different needs (body size, lower chairs for small children, children on your lap, feeding babies, small couches that two people can cuddle on, esp in Children's ED)
- Ergonomic, height adjustable and well padded chairs designed for long periods of sitting and people with pain/sore hips, backs.
- Chairs oriented to have direct sight lines to information sources, i.e. where they will be called by clinicians or monitors displaying status or wait times
- Chairs arranged small groups that allow people to be separated from strangers yet close with family members? Do they allow for some level of auditory and visual privacy i.e. not just unbroken rows of chairs all facing the same way?
- Is there enough space for people with wheelchairs, strollers and other mobility aids to move around and while waiting?
- If bench seats are used they should be well padded and contain some kind of back support
- Chair arrangements with a variety of spaces to allow wheelchair users to select their location.

2. Privacy, comfort and basic needs

- Device charging point/s for carers and people waiting
- A water station where people can fill up their drink bottles or provided paper cups
- Screens displaying the wait time
- Using frosted glass to maintain the natural light but provide privacy and wind protection from the entrance and thoroughfare
- Design at the counter to provide privacy for people who are disclosing traumatic information.
- Information readily available about non-urgent care options. If the wait time is long and consumers have injuries that could be treated at walk in clinics and details about available mental health support such as Safe Haven and the Head to Health clinic. There should be printed materials (for triage, waiting room nurse or volunteers to handout) or information on the screens about non-urgent care alternatives available
- Information readily available about food options. Although you may not want to encourage patients to eat, it may be necessary for them, and the people with them will need to eat too. Having some information about the café open times and where vending machines are located throughout the Xavier building would be useful. This could be on the screens, a handout, a poster and/or a map

- Consider a 'call back system'. Perhaps this could be something similar to the pagers that light up and vibrate at cafes when your order is ready.
- Consider a vending machine nearby with healthier options and food for after hours.
- Noise reduction- baffling materials can be integrated into seats, flooring, walls and ceilings. The reception hall in building 5 is a good example of this.
- Visual calming - declutter, use of colour, plants, natural materials like wood, natural light etc.

3. Health literacy and inclusion measures

- We support the relabelling of ED toilet/amenities cubicles as 'all gender' and would like to see any new cubicles continue to be labelled as all gender. Many different parts of the community benefit from all gender amenities.
- Greater recognition of multicultural community needs:
 - placing a welcome sign with words like "welcome" or "hello" in other languages near the entrance/volunteer desk.
 - A clear, obvious, designated area for handouts in language.
 - Signage or QR codes to explain TIS availability.
 - Visual signs of inclusion like art or flags.
 - Icons (standard international) should be used as much as possible on signs as well as words, for example, a sign to Madeleine's containing the universal coffee cup symbol
- In building 5 at TCH all the counters have a lower height, wheelchair accessible section placed at the very front of the counter to avoid people feeling like they are pushed off to the side. If there are any new desks or even adjustments made to the nurse/volunteer station this could be included.
- Deliberate choice of plain/ simple English words on signage and information, to ensure maximum accessibility for a range of consumers. In building 5 at TCH, part of the new ED is just called '**Children's**' not 'Paediatric'. This terminology change was advocated by HCCA and consumers, as part of a broader philosophy to put everyday language on consumer-facing signage, to improve accessibility. HCCA staff have health literacy expertise/ training and can advise on wording choices.

4. Paediatric waiting room

- Same features as above are recommended, re furniture, layout, needs, inclusion features etc.
- Children and their adults waiting separately to adult patients, with visual/ sound barrier between them.

- The new sensory room in children's area of Building 5 ED at TCH has not yet been formally evaluated. This space was designed with the assistance of parents whose children need low sensory spaces. We have heard positive feedback from parents whose children have used it already, and at this stage it seems to be helping as intended. The use of sensory spaces as a therapeutic and de-escalation tool in health care is well known.

Considerations inside the ED

- A communal space nearby for carers to have a short break, or where they can wait while their person is attended to, while remaining close, with access to basic amenities (water, tea, coffee, a place to sit)
- An easily accessible, private space for carers to feel their distress in private or where staff can have sensitive conversations with them
- Measures to help prevent delirium – make clocks/the time visible from beds, windows/ access to outdoors, natural light, etc

Consider a dedicated sensory de-escalation room for children and adults

Who benefits from sensory friendly spaces?

- Neurodivergent consumers of all ages
- Consumers with epilepsy, asthma, Multiple Chemical Sensitivities (MCS), sensory processing disorders, migraine headaches, cognitive impairments.

Lighting

Ideally lighting is dimmable/low/adjustable but additional lighting could also be used for visual stimming (e.g. lamps, coloured lights) to create a quiet/calming space.

Maintaining natural light where possible (or using the artificial/LED skylights that mimic the sky outside) is also important to reduce incidence of delirium.

Sound

Sound-reduced or soundproofed spaces.

Fragrance and scent

Consumers may be badly affected by strong smells and for some this can be dangerous or worsen their condition (consumers with asthma, Multiple Chemical Sensitivities and allergies). While some may benefit from calming smells, this may distress others. Air purifiers could be used in smaller sensory rooms to remove overstimulating or harmful smells.

Appropriate materials and colours

Avoiding reflective materials or materials that cause a lot of glare, to avoid overstimulation for people who are neurodivergent or have cognitive impairment. See more about this here: [Designing dementia-friendly care environments | Dementia Australia](#) Consider including materials and objects that allow stimming (e.g. A lava lamp, light projections, a sensory toy box) and colours proven to have a calming effect.

Temperature

Ability to control the temperature in a space. Consider storage spaces to hold blankets (perhaps under the seats or with sensory kits in a sensory room)



