Emergency Department Estate Standards

Authors

Adrian Boyle | Susan Robinson

Introduction

This section defines the physical structure of an Emergency Department.

Standards

1. The building of new emergency departments must, at a minimum, comply with the Health Building Note 15-01: Accident and Emergency departments planning and design guidance [1].

2. Areas where children are cared for must comply with the standards described in Facing the Future: Standards for children in emergency care settings [2]. Children must have separate waiting rooms and assessment areas from the main department.

    a. Ideally there must be a separate entrance to the paediatric emergency department.

3. Every Emergency Department must have at least one Psychiatric Liaison Accreditation Network (PLAN) compliant room for people presenting with mental illness [3].

    a. Furthermore, there must be a similar room for children and young people who present in mental health crisis.

4. Every Emergency Department that cares for adults must have an environment that is suitable for older persons and those who are living with frailty [4].

5. Every department must be able to provide equity of access to all areas for people with disabilities, both patients and members of staff.

Standards

6. Emergency Departments that treat women presenting with gynaecological symptoms must have a private clinical examination space that affords an appropriate level of privacy to allow necessary examinations to take place with a chaperone. This would include a room that has a securable door and is visually separated from the remainder of the clinical space. [5].

7. Every Emergency Department must have the ability to isolate patients who are potentially infectious on arrival to reduce the risk of nosocomial infection of staff and other patients.

8. Every Emergency Department must have a room that can provide a suitable environment to break bad news. This should provide a quiet and controlled environment.

9. Every Emergency Department must have an area where staff handovers can be conducted without breaching patient confidentiality.

10. There must be dedicated space within the ED able to provide critical care interventions to the level of mechanical ventilation and invasive haemodynamic monitoring. The equipment used for critical care interventions in Emergency Departments must be standardised across a hospital.

11. All staff must have access to a break room of an adequate size with sufficient facilities for the number of staff within the ED where staff can prepare hot food, eat and rest. Staff must also have access to appropriate changing facilities.

12. Post Graduate Doctors in Training and trainee Advanced Care Practitioners must have access to a separate non-clinical space. This allows important non-clinical work to be conducted, such as research, quality improvement and management [6].

13. Senior staff and departmental administrative staff need appropriate non-clinical space. Some of this needs to allow confidential discussions, for example between a Post Graduate Doctor in Training and their educational supervisor.

14. Departments without in-situ ‘hot labs’ must have access to automated, rapid and reliable transport systems (eg. Pods) for pathology specimens.

Recommendations

1. Patients should not be cared for in corridors.

2. Every Emergency Department should consider how they care for bariatric patients.

3. Departments should have a separate, dedicated areas for the preparation of intravenous medications and infusions, ideally a room(s). This reduces the risk of drug errors.

4. Larger departments should consider developing a separate area for adolescents.

Background

Many departments have developed as the result of creative use of space. Whilst pragmatism is commendable, this has resulted in departments whose design does not support efficient use of staff, optimal flow, high quality of infection prevention and control and a good patient and staff experience. There are some useful guiding principles that should be followed when considering how space is used in an Emergency Department.

1. Linear design. A series of assessment spaces using a linear design, rather than a pod or circular layout, evens out workload across staff and is more efficient.

2. Flexibility, being able to adapt assessment spaces for different acuity and patient needs promotes good patient flow.

3. Dignity and privacy. There has been an unwelcome trend to care for emergency patients in small, poorly adapted spaces as departments have become increasingly crowded. Patients should be able to provide their history and discuss their care without being overheard. Patients must be able to be examined in privacy. Individual rooms should be the normal.

4. An assessment and treatment space must have visual and auditory privacy, have access to oxygen, suction and a way of contacting staff quickly. A space that does not meet these requirements should not be counted as an assessment space.

5. The number of assessment spaces is dependent on the number of attendances, the case mix and acuity, and their length of stay. Calculations about the number of assessment spaces should be made on the 80th centile of activity, rather than the average number of attendances.

6. Non-clinical areas in departments provide a necessary function, both for senior permanent staff and for Post Graduate Doctors in Training. These must be designed in such a way that they cannot turned into clinical spaces to mitigate short term operational pressures.

7. Multidisciplinary in situ training within the ED provides a high-quality educational experience and contributes to safer care. These facilities (such as meeting spaces, seminar rooms or simulation suite) need to be provided close to the ED or ideally, within it.

8. Staff need to be able to take breaks in an area that signals respect for their contribution to the department. Adequate staff facilities that include sufficient toilets, space for changing, expressing breast milk and the safe storage of personal effects are crucial. These should have adequate electrical and IT points.

References

1. *Health Building Note 15-01: Accident & emergency departments planning and design guidance. University College London, NHS Cambridge University Hospitals, The College of Emergency Medicine. Apr 2013. NHS England » Health Building Note 15-01: Accident and emergency departments*

2. *Facing the Future: Standards for children in emergency care settings. RCPCH. Jun 2018.*
FTFEC Digital updated final.pdf (rcpch.ac.uk)

3. *Plan 7th edition standards. RCPSYCH. Aug 2022.*
plan-7th-edition-standards.pdf (rcpsych.ac.uk)

4. *Price, A & Panzartis, E. Silver Book II: Frailty-friendly building design. BGS. Feb 2021.*
Silver Book II: Frailty-friendly building design | British Geriatrics Society (bgs.org.uk)

5. *Position Statement on Complications of Early Pregnancy and the role of the Emergency Department. RCEM. Apr 2017.*
Early_Pregnancy_Position_Statement_Final.pdf (rcem.ac.uk)

6. *Promoting Excellence in Emergency Medicine Training. RCEM. Jul 2020.*
Promoting_Excellence_in_Emergency_Medicine_Training.pdf (rcem.ac.uk)