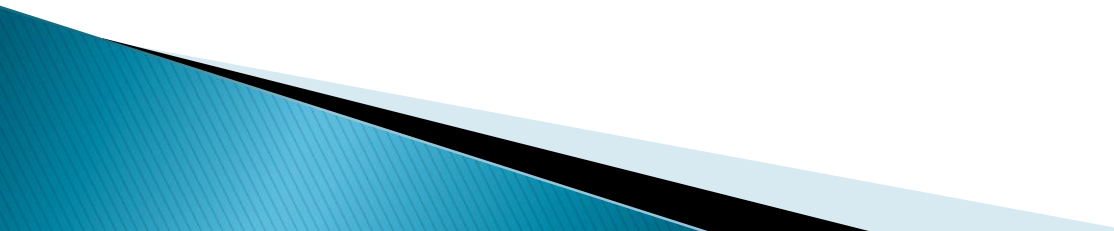




**Buildings and Human Habitation, Department of
Environmental Health September 2016, 4th Year**

Hospital Building

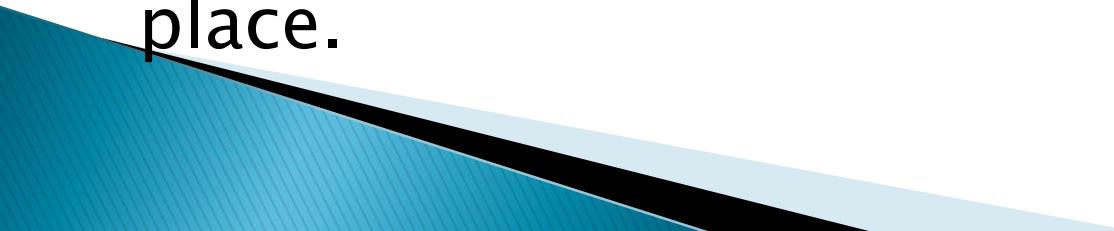
Structure

1. Health Building
 2. Access
 3. Arriving outside the hospital
 4. Arriving inside the hospital
 5. Circulation Area
- 

Health Building

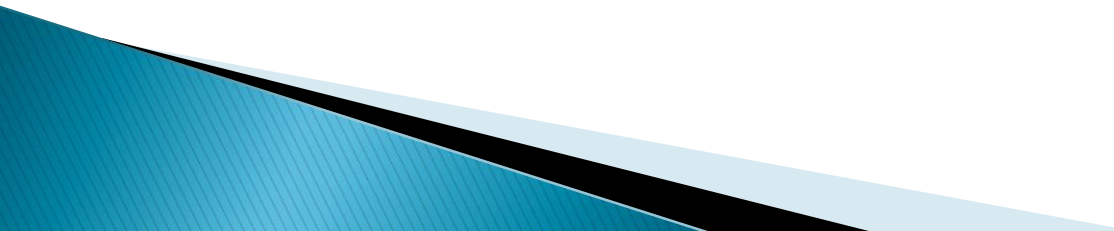
The World Health Organization defined “health” as “a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1946).

Healthcare facilities should provide a therapeutic environment in which the overall design of the building contributes to the process of healing and reduces the risk of healthcare-associated infections rather than simply being a place where treatment takes place.

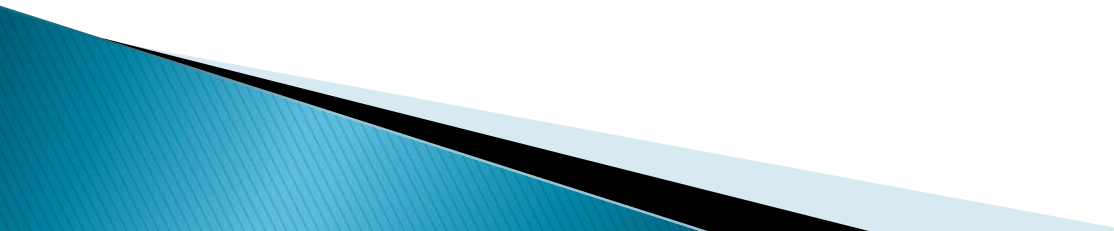


Healthcare buildings exist primarily for the patients and other people who use them. As mentioned, there is a growing body of evidence that if the design is right, satisfaction levels improve as do patients' health outcomes and staff productivity.

A research by the University of Sheffield (UK) found that it was more beneficial to concentrate on the needs and activities of all users – patients, staff and others.




Examples of activities that occur in healthcare premises include:

- arriving;
 - moving around the building;
 - waiting;
 - resting in in-patient facilities;
 - consultation, diagnosis, undergoing tests, examination and treatment;
 - socialising and meeting;
 - shopping;
 - bathing, showering, washing, toilet and grooming;
 - counselling/sanctuary.
- 

Access

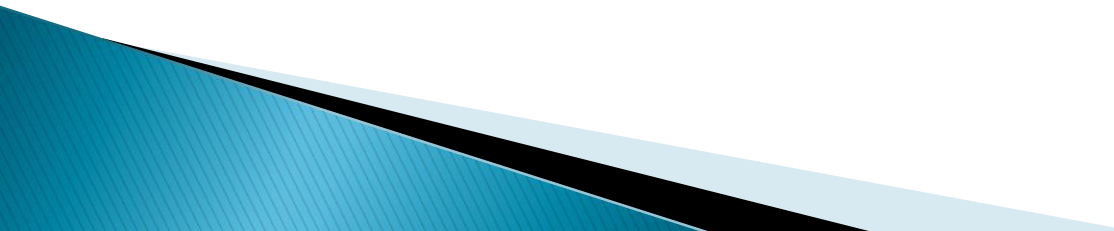
The site of any healthcare facility should be convenient both to the community and to service vehicles, including fire appliances, ambulances and other emergency vehicles. Consideration should be given to:

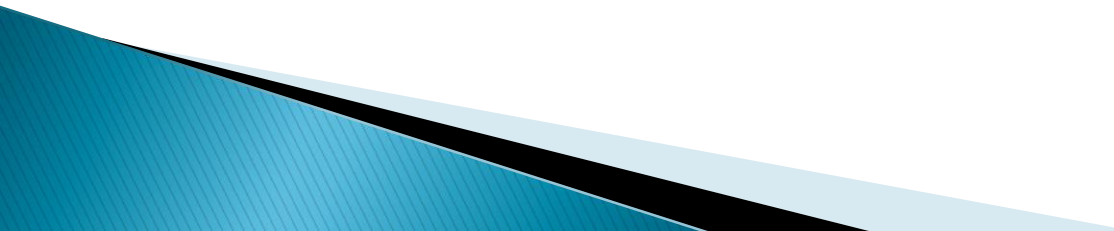
- access and easy circulation for patients, staff and visitors (both non-disabled and disabled) on foot, on bicycles, in cars or on public transport (sustainable transport considerations should be encapsulated in a transport plan);
- 


- dedicated blue–light routes;
- a discrete, segregated access for goods vehicles to receiving and delivery areas.

Liaison with the local highway authority should also take place.

Arriving (outside) the Hospital

- ▶ Introduction of character to the main entrance helps people identify it more willingly and can create a sense of uniqueness, friendliness and individuality for buildings that often seem institutional or faceless.
 - High and generous entrance ways feel welcoming and uplifting.
 - Low or narrow entrances are claustrophobic and oppressive, not easily identified and can cause uncertainty.
- 

- The perceived height of the entrance way will be relative to the building rather than people, so this should be accounted for when the main building is several storeys.
 - Generous space leading up to the entrance further confirms its presence, projects confidence and creates an easily identifiable meeting point.
 - Entrance areas should provide a number of meeting points and places for people to rest or wait.
- 

- There should be uninterrupted and clear views of the entrance from the approach to the site.
 - Low level signs and planting help maintain a clear view to the entrance way.
 - Interesting views can be created for people waiting or resting near the entrance.
 - Protection from the elements should be provided around the entrance.
 - Structures such as canopies and landscaping (with trees and bushes) shelter an entrance from sun, rain, wind and, increasingly in city centres, noise.
 - Nature and greenery around the entrance is reassuring and calming.
- 

Arriving (outside)

Provide canopy for shelter from wind, rain + sun on arrival/departure

Well-lit entrances feel safe + secure but must be free of hazards

Provide a minimum of essential directional information

Easy drop off/ collection point

Design surfaces for all users. Use non-slip colour contrast materials + drop kerbs

Reorientation cues to signal arrival/ departure & recognise different modes of arrival/ departure

Plants/trees/shrubs: inspire confidence, security, safety + modernity but must be well-kept

Lighting creates welcoming cheerful impression

Provide monitored external seating for waiting with adequate lighting + security


External appearance to inspire confidence + well-cared-for look


Obvious visual cues for wayfinding + easy transition (signage, art & sculpture)

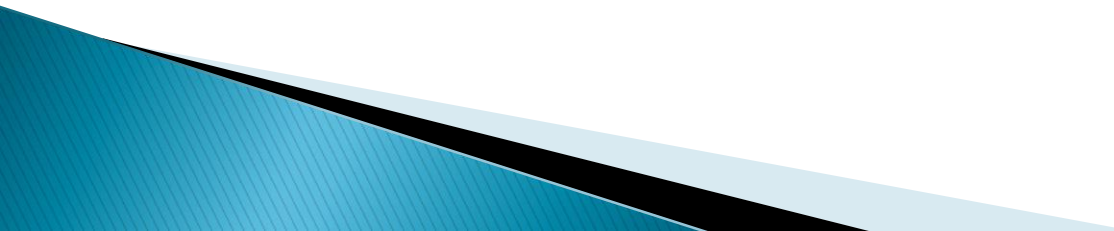


Arriving (inside) The Hospital

The inside arriving area in the hospital should provide the followings:

- Colour can be used to brighten the entrance and make it a refreshing place.
 - Colour in the entrance should be bright, light, fresh and natural.
 - Dark, dull and cold colours should be avoided as they will make an entrance seem inhospitable and austere.
 - Too much colour will detract from important signs.
 - Colour can be used on floors to help identify routes.
 - Destinations such as the reception, waiting area or a café could be further identified through the use of an associated colour.
- 

- Quick and discrete routes into clinical areas should be created for patients who may have arrived in ambulances or be injured or distressed.
 - There should be no views from the entrance to patient areas.
 - The entrance is a transitory place that people pass through on their way to other areas, so views around and beyond the entrance should be clear and uninterrupted.
 - The reception, information or help desk should be immediately apparent but not prevent people seeing the rest of the space or become an obstacle in itself.
- 

- People should be able to see and read signs even when the entrance is very busy.
 - Being able to see shops, cafés, toilets, cash machines and other facilities from the entrance makes people aware of them and reduces the need for signs.
 - Being able to see staircases and lifts from the entrance helps people find their way more quickly.
 - There should be a clear, uninterrupted route to the reception or help desk.
 - Generous pathways prevent bottlenecks and confusion.
 - Variation in materials on the floor can create pathways and help people move around a busy space in a more organised manner.
- 

Arriving (inside)

Light, spacious + airy atmosphere through plenty daylight + double-height space

A variety of seating arrangements:
Sociopetal seating to encourage interaction.
Sociofugal to promote seclusion

A visible + easily recognisable reception/information point

A well-organised uncluttered focal point

Minimal essential directional information

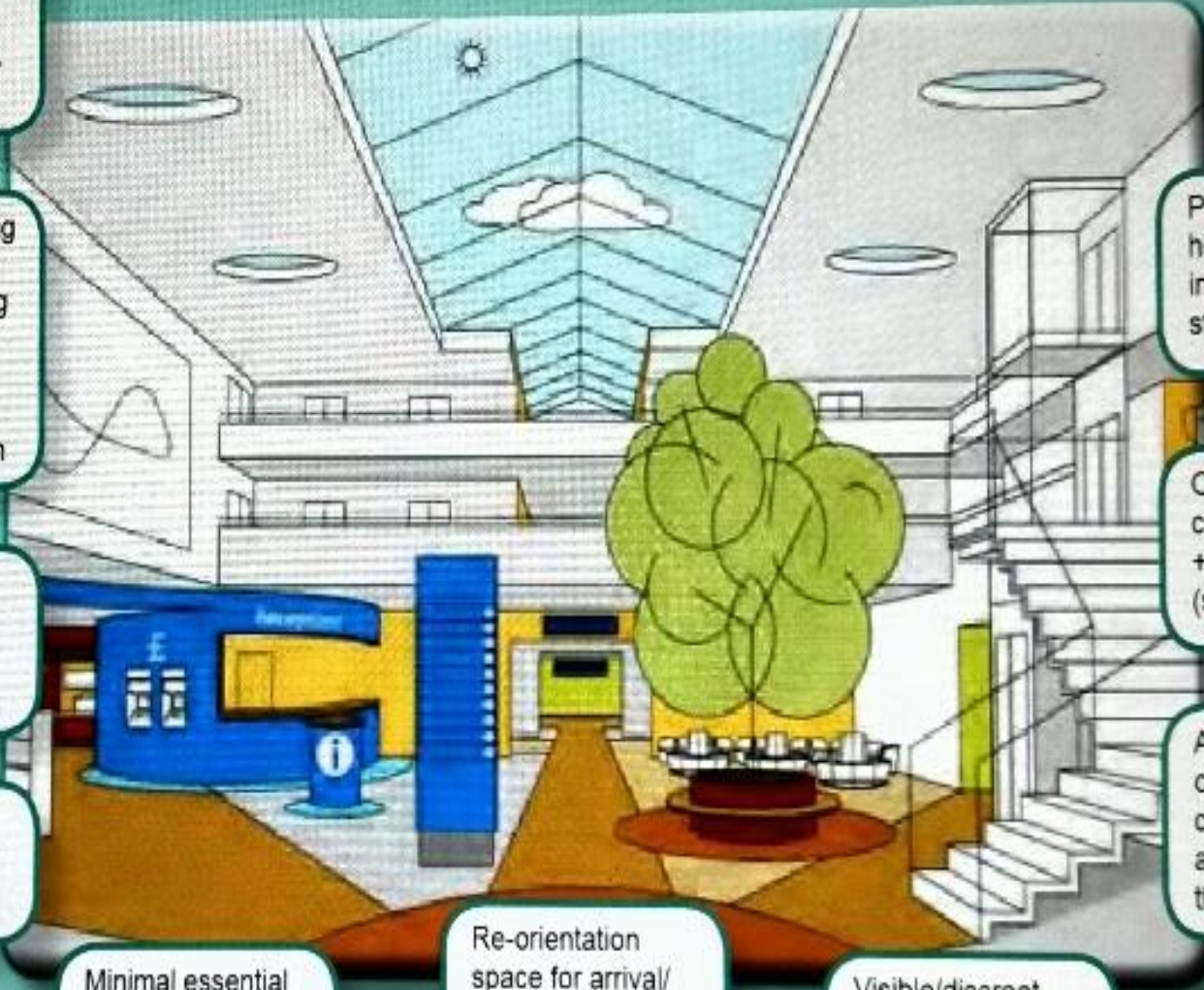
Re-orientation space for arrival/departure that recognises different modes of arrival/departure

Visible/discreet toilets to freshen up

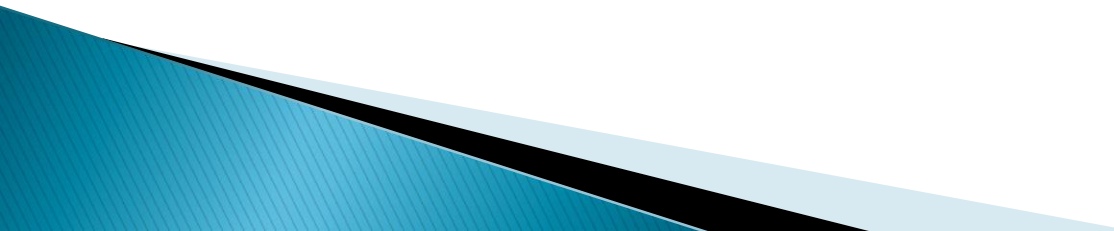
Plants to give a homely + non institutional feel & streamlined look

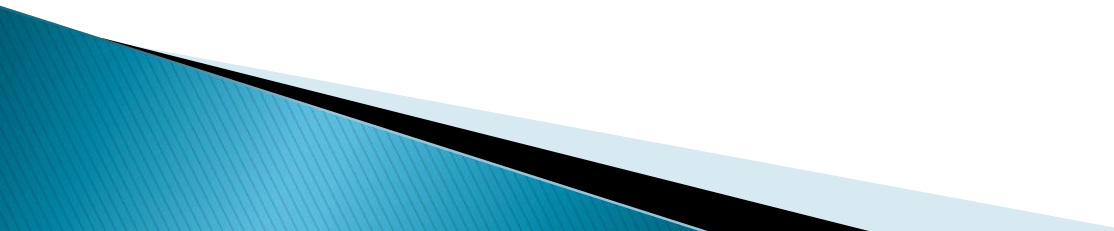
Obvious visual cues for wayfinding + easy transition (stairs, sculpture)

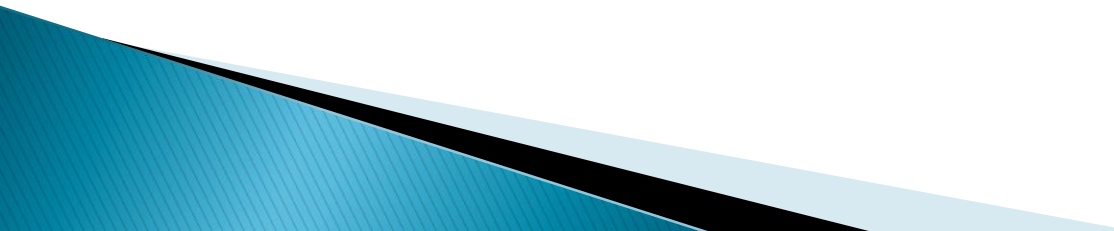
A high standard of finish to inspire confidence + give a positive image of the organisation



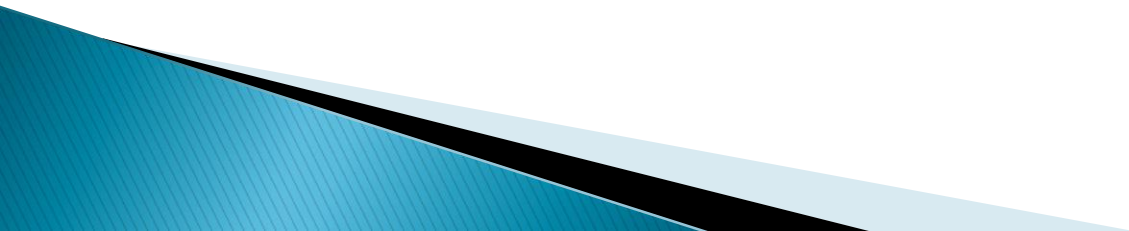
Circulation Area

- Recessed seating areas along corridors provide places for patients and staff to meet and rest.
 - Seating that coincides with views from corridors to the outside offers beneficial respite for patients, staff and visitors
 - Creating character within these spaces demonstrates a commitment to human values beyond the simply functional needs of moving around.
 - Corridors and circulating spaces are an opportunity to introduce design features that may not be practical or suitable in other areas of a hospital.
- 

- Innovative use of design in these areas can help healthcare organisations communicate non-functional or non-clinical information and enhance people's experience of the facility.
 - Typical routes along corridors can be suggested by materials and colours on walls and floors.
 - Flooring colours and/or materials in large open circulation spaces can create pathways.
 - Projecting signs are easier to see when walking down a corridor than signs fixed flat against the wall.
- 

- Signs can be hung from the ceiling or fixed above transverse bulkheads in a corridor.
 - Introducing fake bulkheads and thresholds at junctions helps signal decision points.
 - Placing signs ahead of key decision points helps people to be prepared.
 - Repeating directions down long corridors gives reassurance.
 - Changes in flooring can help suggest preferred routes and also “no entry” areas.
 - Creating landmarks with art, sculptures and design features helps navigation.
- 

- Views from circulating spaces into bed and patient spaces should be limited.



Circulation

Design day/night lighting to make passage a pleasant + safe experience. Minimise "tunnel" effect in corridors

People need to be able to find their way around by building their own mental map

Provide seamless handrails to be grasped by the hand for stability + support

Surfaces: colour + contrast, cushioned flooring to reduce impact of falls

Re-orientation cues for passage that recognises different modes of movement and traffic flows

Plants/views can help create an environment of warmth, peace and function

Provide rest seating at convenient locations in long corridors

Distinguish major nodes that form intersections of routes from minor ones

Obvious visual cues/anchors for wayfinding + easy transition (signs, art + sculptures)

