



# Guidance on police custody medical services facility design and cleaning



January 2014

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## 1.0 Introduction

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This document provides national facility guidance to support Police Scotland and NHSScotland Health Board partnerships on the delivery of Police custody medical services. Estates, facilities and infection control staff should use this design and cleaning guidance to facilitate the joint delivery of health and forensic services.

These services are defined in the Memorandum of Understanding and National Guidance on Delivery of Police Custody Healthcare and Forensic Medical Services. These are in the process of agreement between the NHS and Police, to compose this document, drafts CNB 2013/11 and CNB 2013/18 were used respectively.

*“In July 2011 the Director General of NHSScotland, NHS Board Chief Executives and representatives of ACPOS agreed to move towards a partnership arrangement for Custody Healthcare and Forensic Medical Services, whereby the services provided by Police Forces under the Scottish Home Department Circular 7362, dated March 1950, should now be jointly enabled by Police and Health and delivered by NHS Boards.”* CNB 2013/11 National Memorandum of Understanding, (MOU) for the provision of healthcare and forensic medical services for those in the care of police service of Scotland

In 2013, 200,000 custodies were processed, continuing a year on year decline. Approximately 45% are detained for court, and 70,000 required medical assessment / intervention; of these 46,000 had substance misuse issues and 5,000 had mental disorders. 72% are male. It is estimated, some 15,000 forensic examinations take place annually, out with those in hospital. Medical and forensic services are currently provided in 48 primary custody centres across Scotland. The majority of custodies occur between Friday and Monday, and the larger urban stations are the busiest.

*“There is an expectation that any person brought into police custody in Scotland will have access, where required, to competent healthcare professionals who will address any physical health, mental health and substance abuse issues in a way which is sensitive and appropriate to their individual needs”.* HMICS custody report Jan 2013.

Her Majesty Inspector of Constabulary in Scotland (HMICS) state an example of best practice is St Leonard’s Police Station in Edinburgh, the busiest custody centre in Scotland, in which NHS Lothian provide a constant (24/7) nurse-led, custody service. This service is in line with the recommendations from the Bradley Report April 2009, to improve the early screening for mental health and learning disability, and access to both general health and social care, for this socially excluded population group.

The following provide key guidance for the development of this custody medical room design and cleaning requirements:

The Faculty of Forensic and Legal Medicine (FFLM) UK guidelines are:

- Operational procedures and equipment for medical rooms in police stations, <http://fflm.ac.uk/upload/documents/1348663475.pdf>
- Operational procedures and equipment for medical facilities in victim examination suites or Sexual Assault Referral Centres (SARCs) <http://fflm.ac.uk/upload/documents/1348663369.pdf>
- Safe and secure administration of medication in police custody, <http://fflm.ac.uk/upload/documents/1382019563.pdf>

The current NHS Estates guidance for generic clinical facilities core elements are:

- HBN 00-03 Clinical and clinical support spaces, 2010 [www.gov.uk/government/uploads/.../HBN\\_00-03\\_Final.pdf](http://www.gov.uk/government/uploads/.../HBN_00-03_Final.pdf)
- HBN 00-02 Sanitary spaces, 2008 (for new or upgraded medical room en-suites) [https://www.gov.uk/government/uploads/.../HBN\\_00-02\\_Final.pdf](https://www.gov.uk/government/uploads/.../HBN_00-02_Final.pdf)

Also in NHS Scotland, Health Facilities Scotland (HFS) guidance on core building components, cleaning specifications etc are available from <http://www.hfs.scot.nhs.uk/publications/>

A more comprehensive list of [References](#) is available near the end of this document.

This document utilises the above FFLM and NHS guidance to describe the key activities, facility design, specification and cleaning requirements for a typical generic Police custody medical room. It is assumed this room is used exclusively for detainee medical / forensic purposes, e.g. assessment, consultation and examination, and not any other Police functions. It includes IT / administration functions by healthcare staff.

The current service in Police custody is generally delivered by an on-call GP doctor led healthcare model. NHS Lothian have pioneered a nurse led model, with nursing and management staff being based 24/7 within the custody area. This model has a number of benefits and is being rolled out across south east Scotland. The medical room developed in this guidance is relevant to both healthcare models, however if the 24/7 option is agreed by the local Police NHS partnership then a second room, e.g. a healthcare administration / meeting room, as St Leonard's Police station in Edinburgh, should be considered.

This guidance is not intended for victim forensic examination suites, as these should no longer be located in a Police custody setting. If an alternative location is not immediately available, the basic activities, finishes, equipment and cleaning requirements are all similar, however the design should emphasise comfort, reassurance and privacy where practicable.

## 2.0 National Design Guidance

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The national, exemplar room is based on the NHS Activity Data Base (ADB), current and HBN 00:03 compliant C0235 Room Data Sheet (RDS) and layout in for a 12m<sup>2</sup> Consulting Examination room with a single sided accessible examination couch. This room has been minimally adapted by NHSScotland following discussion with Police, FMEs and Health Board representatives to provide additional safety/security and storage, due to the custodial and stand alone context of this healthcare facility.

[Appendix 1 - Room Data Sheet and Layout](#) should be used to review the existing Police Scotland estate, and where compromises or enhancements are required, these should be risk assessed and priorities agreed by Police and Health Boards.

The benefits of a dual access couch, increased administration and medical storage facilities are discussed below, however where this requires new build or major reconfiguration, it must dovetail with the wider Police Scotland estate and facilities programme. The spatial implications of potential service enhancements leads to a room size of between 16m<sup>2</sup> and 20m<sup>2</sup> (reference NHS ADB C0237 dual access consulting exam room and FFLM suggested medical room of 5.5m x 3.6m). Where practicable for new build or major upgrade of custodial estate by Police Scotland, this larger medical room, ideally with a second room, e.g. a healthcare administration / meeting room, or a second medical / forensic room will provide excellent resilience.

### Safe and secure design

The MOU states the Police are responsible for risk assessment, safety and security of detainees and all partner staff (e.g. healthcare staff). The Police escort all detainees to and from the medical room and remain immediately available throughout medical consultation. Typically, at St Leonards, Police stand outside medical room's ajar door. Standing Operational Procedures, (SOPs) should be available for all medical rooms.

In the medical room, a detainee will never be left alone or unsupervised. All detainees will be escorted by Police, healthcare staff or both. NHS standard requirements for staff-call, anti-ligature and low surface temperature are not a priority in this context.

However, healthcare staff safety and security facilities, beyond those assumed in a standard NHS clinic in ADB, should be considered to reduce the risk of barricading or hostage taking, and provide additional reassurance / deterrence. These include:

- desk and couch location, to enable healthcare staff to occupy the space between the detainee and the door, for easy escape;
- staff alarm buttons / strips, the quantity and location is dependent on specific room size and layout. Two shown in the exemplar. (Or a portable, personal alarm). Sounder to be clearly audible to ensure swift police response, e.g. at custody bar;
- no curtains (or project option for anti-ligature disposable curtain and track);
- door should not be lockable from inside, to reduce the risk of barricading.

If the medical room is new or major upgrade, consider:

- a door that opens outward in an emergency to reduce the risk of barricading;
- a door vision panel; clear or partially obscured glass, e.g. obscured but with a sliding privacy override from the outside, to enhance detainee privacy.

## Key functional activities

The custody medical room should be lockable from outside, but not from inside in case of barricading. Unless in use by healthcare staff or maintenance, e.g. cleaning, it should generally be kept locked to reduce risk of forensic contamination etc.

Internally, there are four distinct, functional activity zones:

### A. Consultation / administration zone

The size of the consultation table / desk has increased from C0235 900mm to minimum 1200mm in length to allow for some administration and storage, including lockable drawers. NHS staff will require privacy for any healthcare notes / medical records in this room, unless an alternative administration space is made available. IT and power points should be available to the desk to allow for a computer to access and enter healthcare information into electronic patient records (EPRs), thus reducing local record storage / stationary to minimum. Wipable covers for PC / keyboard if required.

The desk is shown in two potential positions to allow for local preference/space constraints. A task chair for staff and a chair for the detainee should both be wipable and, along with the desk, should be assessed to reduce risk of whole or parts being easily used as weapons, for example, the desk could potentially be secured to floor or wall with a locking bracket. A fixed workstation / worktop with lockable drawers below, is an alternative project option.

Staff emergency call points or strips should be considered and located where staff spend a majority of time with detainees; for example at the staff side of desk and near head of exam couch. The alarm should be clearly audible, and ideally visual, from a nearby occupied Police area to ensure a rapid response, e.g. outside door or at custody bar. An alternative project option is a mobile personal alarm carried at all times by staff, and utilising a remote sensor.

### B. Examination / assessment zone

In a custody medical room, the use of the examination couch is considered negligible, as the vast majority of consultations, assessments and interventions are carried out in the consultation zone, e.g. dependency, mental health, nail scrapings. However it is deemed healthcare best practice, to 'just in case' have couch access available if at all practicable. In existing Police Scotland custody medical rooms, compromised by spatial constraints, a folding or retractable chair / couch is a project option, e.g. Lanark. The single sided, wipable, couch should ideally allow the detainee to lie in two positions to allow access to detainee's right or left side, if required. An enhanced project option, if additional space available, is a couch with dual access.

Power points should be available near the couch to allow potential for a clinical examination lamp and monitoring equipment. In St Leonard's a mobile exam lamp is available, plus beneath the couch has mobile medical dressing storage units.

### C. Clinical hand washing/ waste disposal zone

The clinical hand washing and disposal area is near the examination area as shown in NHS ADB C0235. Alternatively this zone can be swapped with the storage zone, which has the benefit of placing this closer to the consulting zone and entrance / exit to encourage use. The clinical wash hand basin requires either no-touch sensor taps or elbow-operated tap levers, Appendix 2 - NHS Guidance relevant extracts. Swan-necked taps and ceramic tiling are not to current NHS standards and as stated in SHTM 64, these should be replaced at next scheduled estate upgrade. Consider an Alcohol Based Hand Rub (ABHR) dispenser wall mounted near the consultation desk.

The quality of the disposal service should be to NHS cleaning standards, but must be practical for local volumes and custody requirements. Waste receptacles to be colour coded, with foot-operated lids, see the [Management of waste](#) section below. An SOP for safe waste disposal is required, e.g. drugs, with appropriate record keeping.

### D. Immediate medical storage / preparation zone

The 12m<sup>2</sup> area of the Appendix 1 - Room Data Sheet and Layout, allows only immediate storage of small quantities of key medical supplies as shown in the layout. Due to the bulk nature of most medical supply deliveries, local agreements between NHS Boards and Police Scotland will require to be put in place for use of additional secure storage in each custodial facility. Where practicable, e.g. new build, the area of this room should be increased to between 16–20m<sup>2</sup> to improve storage capacity.

Wall mounted, lockable, standard stock and controlled drugs cupboards are located above a worktop, with lockable, medical storage cupboards below, ideally with pull-out modular shelving to HTM 71. All units should be easily cleanable, and if above shoulder height, should go all the way up to the ceiling or have sloping tops to reduce dust / infection control. A wall mounted lockable drugs cupboard at the custody bar for detainees' dispensed medicines, will allow separation from general stocked drugs.

There should be allowance for power points near the worktop for equipment charging and a drugs fridge, e.g. bench mounted. An SOP for safe drugs storage is required, with appropriate record keeping e.g. fridge temperatures.

## Finishes design guidance

Finish	SHTM	Category if new (and risk assessment notes if existing)
Wall	56	<b>= 5 &amp; Normal humidity:</b> min. 2 coats oil or acrylic eggshell. Splash protection, min 300mm high wall vinyl or laminate sheet; laminated IPS preferred (existing tiling / grout to be in good condition and sealed; and all to be removed on next estate upgrade)
Floor	61	<b>= 3:</b> impervious - able to resist penetration of liquids; jointless - without joints or having welded/ sealed joints; plus coved skirting -prevents the collection of dirt and bacteria at edges/joints with walls etc; and either smooth or anti-slip safety surface – see SHTM 61 slip risk assessment. (remove all carpet; timber skirting /joints; to be sealed; vinyl to be in good condition; on next estate upgrade: cove skirtings & anti-slip safety vinyl)
Ceiling	60	<b>=5:</b> imperforate, wipable – no holes in membrane; normal humidity; Class 1 surface spread of flame (remove all dust ledges on next upgrade/ new)
Door	58-59	solid core, flush, wipable; lockable from outside only (consider: vision panel and/or outward opening on next upgrade / new)
Window	55-57	obscured glass or film; sloping/ wipable cill; no curtains / blinds.
Sanitary	64	clinical wash basin; and if applicable, WC en-suite, as SHTM 64 (existing sanitary ware to be in good condition and all joints sealed; elbow lever for taps; urinals removed; on next upgrade fully align to SHTM 64)
Furniture	63 (+HTM 71)	worktop: wipable laminate min 650 D, 750 H, 50 thick + 50mm upstand. cupboards: lockable, wipable metal/ laminate, modular, with tray/ baskets.  Secure controlled drugs; stock drugs; drugs fridge & forensic packs etc.  All furniture finishes to be robust and wipable, including chair, couch etc

## Building engineering services design guidance

Descriptions of an exemplar new build custody medical room’s building engineering services requirements for power, heating, ventilation air, lighting, noise and safety are detailed in Appendix 1 - Room Data Sheet and Layout. This may be used to review the existing Police estate, however as engineering is designed as whole building, not room, systems these new build targets may not be practicable for an existing estate. Where building services compromises or enhancements are required, these should be risk assessed and priorities agreed by Police and Health Boards. NHS IT and power local to the desk for EPRs should be risk assessed as a high priority, to allow a safe and effective healthcare service. Ventilation, heating, etc, as long as clean and working, should generally be deemed as a low risk.



## En-suite WC and shower facilities

Where WC and / or shower facilities are available these must be clean, in a good state of repair, and in good working order, see section 3.0 National Healthcare Cleaning Guidance. The WC is useful for supervised, forensic urine samples, and having this en-suite improves safety and efficiency. Where a major upgrade or new build project is being considered by Police Scotland, HBN 00-02 and SHTM 64 should be used for NHS design guidance on sanitary facilities. The finishes will be to this guidance, including no door locking from inside. Consider disabled access under Equality Act.

Existing facilities should be risk assessed and upgrades / removal priorities agreed by Police and Health Boards. En-suites may be removed, if suitable alternatives exist.

## Cleaners room

A cleaners room / Domestic Services Room (DSR), must be in the vicinity, clean and in good working order. See section 3.0 National Healthcare Cleaning Guidance, for NHS standards to achieve appropriate decontamination for infection control and forensic integrity, applicable in the custody medical room and en-suite facilities. An SOP for cleaning is required, including appropriate record keeping. Cleaning should be subject to regular audit, to ensure standards are met

Where a major upgrade or new build project is being considered by Police Scotland, HBN 00-03 and SHTM 64 should be used for NHS design guidance on cleaning and sanitary facilities. The NHS have also agreed to provide initial training on NHS cleaning standards to Police Scotland staff and contractors.

## Management of waste

There are a number of regulatory and best practice requirements specific to waste management. Producers of waste have a responsibility to ensure that their waste is managed (packaged, transported, recycled and / or disposed of) correctly from 'point of production' until final disposal. This responsibility cannot be passed on via contract, and producers must check that those who collect and treat waste do so correctly. Certain waste with hazardous characteristics, e.g. clinical waste, are subject to the requirements specified in the Special Waste Regulations (1996, as amended). All waste must be managed in accordance with local written procedures / SOPs and care should be taken to ensure that compliant colour-coded receptacles are used.



**Figure 1: Waste hierarchy**

The Waste (Scotland) Regulations 2012 place a number of requirements on waste producers and require them to take all reasonable steps to apply the waste hierarchy (see Figure 1) - a list of preferred waste management options with a focus on the recovery of materials for high quality recycling. The Waste (Scotland) Regulations 2012 require source segregation of dry recyclable materials (glass, metals, plastics, paper, and card/cardboard), either as separate waste streams, or as a 'dry mixed recyclates' (DMR) stream, by the 1st January 2014. Once segregated, these materials must be sent for material recovery and must not be disposed of in a landfill or by incineration. The Residual waste should represent a small fraction of the total waste produced, and may be disposed of in landfill facilities.

Once removed from the clinical area, waste must be stored in a dedicated storage room or bins; of a suitable size to ensure segregation of waste types is maintained.

### **Management of healthcare (clinical and drugs) waste**

It is best practice for those who manage healthcare waste (including clinical waste) to follow NHSScotland SHTN 3: Parts A-E Waste Management. This provides a colour-coded segregation system used by both public and private sectors across Scotland.

SHTN 3 requires that appropriate waste receptacles, usually foot pedal-operated, solid bodied sack holders, meeting fire safety requirements are installed. The sack colour reflects the most appropriate management route for the waste. In Scotland, most clinical waste (potentially infectious waste) is placed in orange sacks and is suitable for treatment. Sharps waste must be placed in approved sharps bins. Drug waste (non-sharp) must be placed in purpose designed, yellow rigid containers

These waste receptacles should be clearly labelled, identifying the source and the date the waste was generated. Receptacles should never be filled more than  $\frac{3}{4}$  full, or to manufacturer's fill-line. Receptacles for infectious (non-sharp) waste should be changed at least daily. Controlled drugs destruction and disposal records (witnessed) must be maintained under the Misuse of Drugs Regulations (2001 as amended).

All clinical waste to be stored in a secure area and not easily accessible by members of the public. This area should be ventilated and easily cleaned, with hand washing facilities, PPE and equipment to clean up spills readily available.

## 3.0 National Healthcare Cleaning Guidance

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Cleaning staff are an essential part of a multidisciplinary approach to good health and safety, by ensuring that the environment cleaned to a high standard. Critical activities such as cleaning and hand hygiene must be embedded into every day practice.

Cleaning products, processes and frequencies may differ from those proposed here. The organisation instigating any change to recommended practices is responsible for ensuring safe systems of work, including documented risk assessments and SOPs.

### Cleaning generally

- Each medical room should receive a full clean as per schedule below, each day of use, and locked when not in use, e.g. Fri-Mon if open only at weekends.
- A neutral detergent solution should be used for all daily cleaning tasks diluted as per the manufactures instruction, e.g. dilution: 5ml to 10 litres of water.
- A disinfectant (chlorine releasing agent) solution e.g. Actichlor Plus, should be used for the decontamination of all blood and body fluid contamination, see Cleaning flowchart for body fluid spillages below. The disinfectant solution used must be diluted as per manufacturer's instructions, e.g. for Actichlor Plus: 1 tablet (1.7g) to 1 litre of water provides the required 1000ppm available chlorine.
- Personal Protective Equipment (PPE) e.g. disposable plastic apron and disposable gloves should be worn during cleaning.
- Disposable mop heads and disposable cloths are recommended. If reusable mops are used they must be decontaminated as per NHSScotland laundry policies and procedures.
- Appropriate cleaning solutions, disposable aprons, gloves, mops and all other cleaning equipment will be provided by the Police Scotland's cleaning contractor.
- Police Scotland will retain responsibility for safe uplift of all healthcare (including clinical) and domestic waste.
- Color-coded waste bins, clinical (orange) waste bags, domestic (clear) waste bags, paper towels, toilet tissue, hand soap, ABHR and examination couch covers will be provided by Police Scotland.
- To reduce the risks of cross infection/ contamination, emphasis should be placed on the cleaning of frequently touched, contact surfaces, e.g. handles.

### Cleaning tasks

The cleaning frequencies must be signed off and reviewed using standard forms, see [Cleaning schedule](#).

#### A. Hard Floors

- Remove debris – pick up litter which cannot / should not be removed by suction

- cleaning. This includes: paper towels, tissues, empty drink cans, paper clips etc.
- Dust control – remove dust and litter from all hard floor surfaces including floor edges and corners using disposable dust control mops and frame.
  - Suction clean – remove dry dust and soil using dry suction equipment. This includes floor edges and corners. Maintain filters per manufactures instructions.
  - Damp mop – remove soil and dirt from hard floors using a cotton or mixed fibre mop with neutral detergent per manufacturers dilution instructions. Mop water should be changed when dirty, at least every 15 minutes and between rooms. Use a hazard warning sign at the entrance of treated room.
  - Scrub floor – remove floor soil, ingrained dirt and scuff marks using floor scrubbing machine, an appropriate pad/brush and neutral detergent per manufacturers' dilution instructions. Using appropriate equipment rinse and dry hard floors. Use a hazard warning sign at the entrance of treated room.

### ***Required outcome***

- The floor is free of dust, grit, litter, chewing gum, marks and spots, and all liquids.
- The floor is free of polish or build-up at the edges and corners or in traffic lanes.
- The floor is free of spots, scuffs or scratches on the traffic lanes, around furniture and at pivot points.
- Hard to access areas (edges, corners, below furniture), free of dust, grit, lint etc.
- Polished or buffed floors are of a uniform lustre.

Appropriate warning signs and precautions to be taken regarding pedestrian safety on newly cleaned or wet floors.

## **B. Sanitary Fittings**

- Wearing Personal Protective Equipment (PPE), remove any debris. Damp wipe using disposable cloth, appropriate cleaning agent and hand hot water.
- For sanitary fittings e.g. wash hand basin, use disinfectant solution per manufacturers instructions up to twice daily, Ensure all surfaces are rinsed thoroughly.
- Dry and buff any metal, mirror and ceramic surfaces.
- Flush the WC; flush/ run taps and showers.
- Report dripping taps, chipped or cracked sanitary ware, loose fittings and any other faults to the appropriate responsible person.
- This process applies to all sanitary fittings and surrounds, e.g. wash hand basins, sinks and soap and towel dispensers.

### ***Required outcome***

- All porcelain, cubicle rails and plastic surfaces to be free from smudges, smears,

- body fluids, soap build-up, mineral deposits and manufacturer's labels.
- All metal surfaces, shower and mirrors to be free from streaks, soil, smudges, soap build-up and oxide deposits.
  - Wall finishes and fixtures (including soap dispensers and towel holders) to be free of dust, grit, smudges / streaks, mould, soap build-up and mineral deposits.
  - Shower curtains and mats to be free from stains, smudges, smears, odours, mould and body fluids.
  - Fixtures to be free of smudges, dust, soap build-up and mineral deposits.
  - Sanitary fixtures to be free from unpleasant odours.
  - Polished surfaces to be a uniform lustre.
  - Sanitary disposal units to be clean, functional and regularly serviced.
  - Consumable items to be in sufficient supply.
  - Waste to be removed regularly in accordance with [Cleaning schedule](#) / SOP.

### **C. Furnishings and Fittings**

- Remove debris.
- Wearing Personal Protective Equipment (PPE), damp clean using a disposable cloth immersed in hand hot water containing correctly diluted neutral detergent solution and wring out as dry as possible. Detergent solution should be changed when dirty, at least every 15 minutes and between rooms.
- Clean all wheels and castors and lower part of furnishings and fittings. To be performed in accordance with [Cleaning schedule](#) / SOP.
- This process applies to door handles, desks, lockers, tables, examination couches, chairs, cabinets, examination lights, light switches, control panels, call buttons / strips, worktops, trolleys, radiators, pipe work, and ledges.

#### ***Required outcome***

- Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillage.
- Soft furnishings are free from stains, soil, film and dust.
- Furniture legs, wheels and castors are free from soil, film, dust and cobwebs.
- Edges, corners, folds and crevices are free of dust, grit, lint and spots where accessible.
- High surfaces are free from dust and cobwebs.
- Equipment is free of tape / plastic etc which may compromise cleaning.
- Furniture has no unpleasant odour.
- Shelves, worktops, drawers and cupboards are clean; free of dust, litter or stains.

## **D. Low level surfaces**

- Wearing Personal Protective Equipment (PPE), damp clean using a disposable cloth immersed in hand hot water, containing correctly diluted neutral detergent. Wring out as dry as possible. Neutral detergent solution must be changed when dirty, at least every 15 minutes and between rooms.
- Low level surfaces include This process applies to dado rails, window ledges, doors and door frames, vents, partition ledges, pipes and skirting and any other surface which might attract dust, graffiti and spillages.

### ***Required outcome***

- Surfaces are free of dust, grit, lint, soil, film, graffiti and cobwebs.
- Walls are free of marks caused by furniture/equipment or users.
- Light switches are free of fingerprints, and any other marks.
- Low level light fittings are free of dust, grit, lint and cobwebs.

## **E. High level surfaces**

- Wearing Personal Protective Equipment (PPE), damp clean all wall surfaces, ledges, cabinets, furnishings, pipes, direction signs and rails. Use either suction cleaner or dust control mop with appropriate attachments to clean all accessible dry surfaces, including edges and corners. In sanitary areas, dust down to tile or impervious wall covering level and damp clean these and internal glass surfaces.
- This process applies to window ledges, partition ledges and any other surfaces which might attract dust, cobwebs and any form of spillage.

### ***Required outcome***

- Surfaces are free of dust, grit, lint, soil, film, graffiti and cobwebs.
- Walls and ceilings are free of marks caused by furniture, equipment or site users.

## **F. Paintwork – Walls and Doors**

- Wearing Personal Protective Equipment (PPE), remove marks, damp clean using a disposable cloth immersed in hand hot water, containing correctly diluted neutral detergent. Wring out as dry as possible. The neutral detergent solution should be changed when dirty, at least every 15 minutes and between rooms. Remove all forms of soiling and graffiti.

### ***Required outcome***

- Internal and external doors and door frames, door handles, kick plates and contact surfaces are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs.
- Doors, door frames and contact surfaces are free of marks caused by furniture, equipment or staff.

- Air vents, grilles and other ventilation outlets are free of dust, grit, soil, film, cobwebs, scuffs and any other marks.
- Door tracks and door jambs are free of grit and other debris.

### **G. Hand Hygiene Products**

- Replenish consumables, ensuring sufficient supplies for regular use until next check. Supplies include liquid soap, ABHR, paper hand towels, and paper rolls.

#### ***Required outcome***

- Containers should be free from marks/stains etc.
- Consumable items are in sufficient supply.

### **H. Refuse and waste**

- Wearing Personal Protective Equipment (PPE), collect and dispose of refuse from holders, and containers in accordance with local arrangements.
- Clean holders/containers, damp clean outside and then inside of holder/container with disposable cloth, immersed in correctly diluted neutral detergent and wring out as dry as possible. The detergent solution should be changed when dirty, at least every 15 minutes and between rooms. Remove all soiling and graffiti.

#### ***Required outcome***

- Holders/ containers to be clean, mechanically intact and free of stains or odours.
- Waste is removed regularly in accordance with [Cleaning schedule](#)/ SOP.

## Cleaning of blood and body fluids

- Staff members dealing with blood and bodily spillages (e.g. urine/faeces/vomit) must have the appropriate training and occupational health checks.
- The Cleaning flowchart for body fluid spillages below provides guidance on the safe management of blood and body fluid spillages.
- Slips, trips or falls can cause injury, but with body fluids, also potentially an exposure to infection leading to illness.
- Body fluids spills / residues may cause cross-contamination for forensic services.

## Equipment

- PPE e.g. disposable gloves and disposable plastic apron
- Paper towels/paper roll
- Colour coded bucket: hand-hot water and disinfectant
- Plastic bag - clinical waste bag (e.g. orange)
- Disposable cloth
- 'Cleaning in progress' hazard warning signage

## Methodology

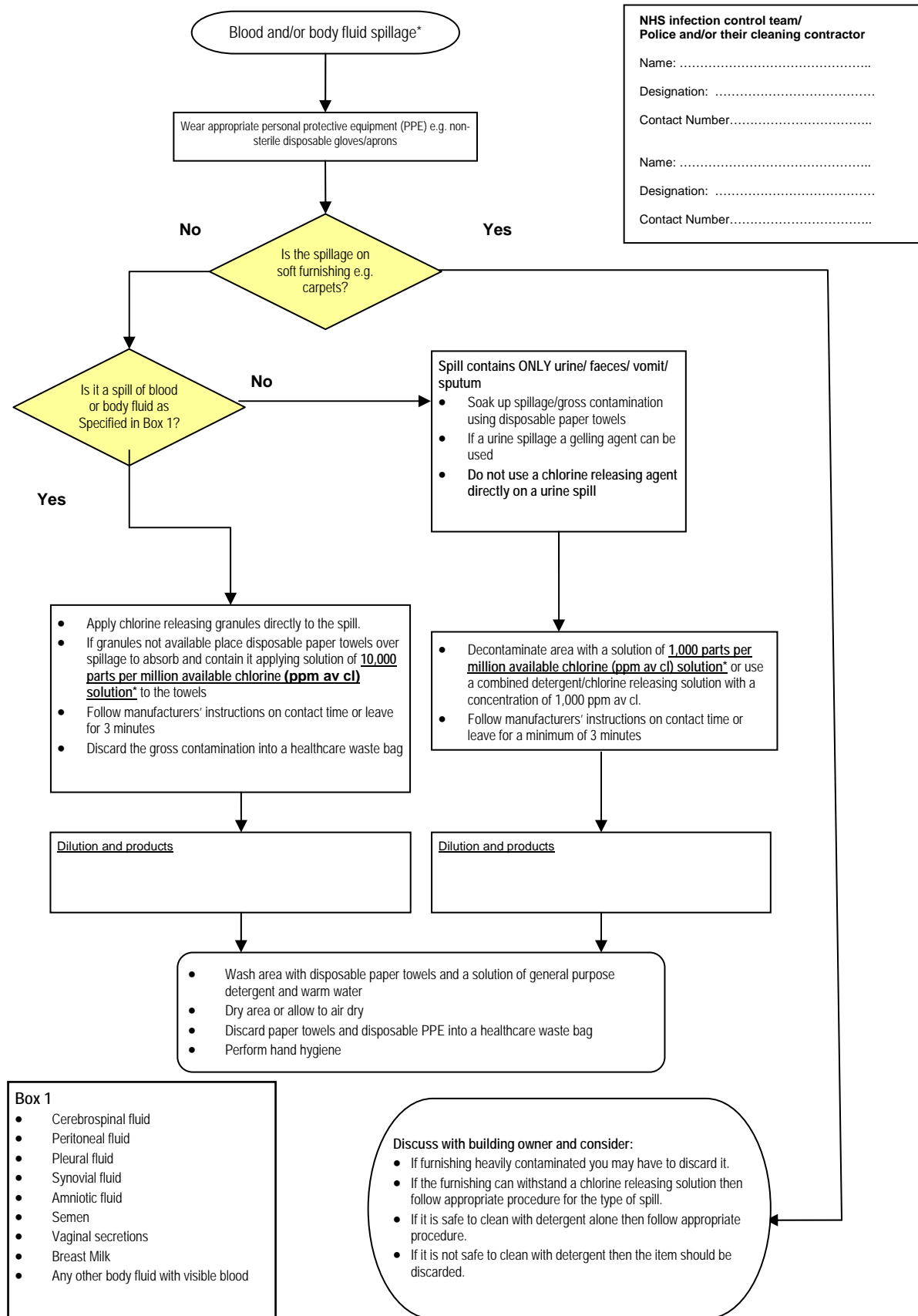
- Wear PPE then deploy signage
- Soak up or pick up spill with paper towel/roll
- Dispose of all used paper towel/roll into a clinical waste bag (orange)
- Wash the affected area using hand-hot water diluted disinfectant, as per manufacturer's instructions.
- Dispose of used disposable cloths and mop heads into a clinical waste bag (orange). If the mop used is reusable, it must be placed in the appropriate clear bag for laundering following NHSScotland laundering policy and procedure.
- Dispose of PPE in an clinical waste bag (orange).
- Tag and seal clinical waste bags (orange); and place for collection into secure clinical waste disposal store within the police station.
- Wash hands thoroughly.

## Other

*"In larger custody suites, consideration should be given to separate examination room to carry out forensic examinations, the room being forensically cleaned after each examination and sealed. This would maintain forensic integrity in a similar way to SARCs."* (Sexual Assault Referral Centres) Operational procedures and equipment for medical rooms in Police stations; Faculty of Forensic and Legal Medicine (FFLM), UK guidelines 2012, clause 13



## Cleaning flowchart for body fluid spillages



## Cleaning schedule

Police Custody Medical Room										
<u>Cleaning Schedules</u>										
<u>All tasks below must be signed off to ratify completed by the Cleaning Technician</u>										
Monthly tasks are highlighted in Grey - when you have completed this task and signed it off mark the date in the appropriate scrubbing schedule and check this daily to ensure this task is pick up on its next schedule										
Week commencing .....			<b>This cleaning schedule is required to be signed off at the end of each week by the Ward Manager</b>							
Task	Frequency	Period	Task	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			<b>Floors hard</b>							
1.1	1 D		Remove debris daily - refer to task definitions within Guidance notes							
1.2	1 D		Dust control daily using appropriate dust control frame and disposable cloth - refer to task definitions within guidance note							
1.4	1 D		Damp mop daily using disposable, or colour coded, mop and neutral detergent, refer to task definitions within guidance note							
1.8	1 M		Scrub all hard floors once Monthly using appropriate scrubbing machine, green scrubbing pad, neutral detergent, dilution 5ml to 10litres of water - refer to task definitions within guidance note							
			<b>Sanitary fixtures, e.g. Sinks, Basins, Taps &amp; Shower Fixtures</b>							
3.1	2 D		Clean all sanitary fixtures and fittings twice daily, if used, using disposable cloth and disinfectant to manufacturers instructions, e.g. suma sol, 10g to 1ltr litre of water - refer to task definitions within							
3.2	1 D		Flush /run all sanitary fixtures and fittings once daily - refer to task definitions within Guidance note							
			<b>Furnishings</b>							
4.1	1 D		Remove debris once daily - refer to definitions within guidance note							
4.2	1 D		Damp Clean furniture and fittings once daily using disposable cloth and neutral detergent, refer to definitions within guidance note							
4.4	1 w		Damp Clean all wheels and castors once weekly using disposable cloth and neutral detergent, refer to definitions within guidance note							
			<b>Low Level Surfaces</b>							
5.1	1 W		Damp Clean all low level surfaces once weekly using disposable cloth and neutral detergent, refer to definitions within guidance note							
			<b>High Level Surfaces</b>							
6.1	1 W		Damp Clean all high level surfaces once weekly using disposable cloth and neutral detergent, refer to definitions within guidance note							
			<b>Paintwork - Walls, Doors</b>							

Continued

8.1	1 D	Check for and remove marks once Daily. Damp clean once weekly using disposable cloth and neutral detergent, refer to definitions within guidance note							
<b>Replenish consumable supplies</b>									
12.1	1 D	Check/replenish Soap, Gel, Hand towels, Toilet tissue once daily, or as required - refer to definitions within guidance note							
<b>Refuse</b>									
14.1	2 D	Collect and Dispose twice daily, or as required - refer to definitions within guidance note							
14.2	1 D	Check for and remove marks once Daily. Damp Clean holders/containers once weekly using disposable cloth and neutral detergent, refer to definitions within guidance note							
14.3	2 D	Replace Disposable Liners/Containers twice daily - refer to definitions within guidance note							
<b>Cleaning Equipment</b>									
16.1	1 D	Clean and Dry equipment once daily, and after use - refer to definitions within guidance note							

**Cleaning Service Provider - Signature.....**

Comments

**Police Scotland Representative - Signature.....**

Comments

## References

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### Acts and Regulations

**(The) Building (Miscellaneous Amendment) (Scotland) Regulations (2013)**  
<http://www.scotland.gov.uk/Topics/Built-Environment/Building/Building-standards>

**The Construction (Design and Management) Regulations (2007)**

**(The) Health and Safety at Work Act (1974)**

**(The) Equality Act (2010)**  
<http://www.legislation.hmsso.gov.uk>

### Scottish guidance

**SHPN 36:** Part 1 General Medical Practice Premises in Scotland

**SHTM 56:** Partitions

**SHTM 60:** Ceilings

**SHTM 61:** Flooring

**SHTM 63:** Fitted storage system

**SHTM 64:** Sanitary Assemblies

**SHTM 68:** Duct and panel assemblies

**SHTM 2040:** The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems

**SHTN 3: Parts A-E Waste Management**

**SHFN 30:** Infection control in the built environment: Design and planning

**HAI-SCRIBE** (Healthcare Associated Infection System for Controlling Risk in the Built Environment)

**Property Appraisal Guidance for NHSScotland:** A risk based methodology for property appraisal

**The NHSScotland National Cleaning Services Specification**

All available from <http://www.hfs.scot.nhs.uk/publications/>

**NHSScotland's National Infection Prevention and Control Manual**  
<http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=49785>

## Department of Health resources

**HBN 00-02:** Sanitary spaces

[www.dhsspsni.gov.uk/hbn\\_00\\_02.pdf](http://www.dhsspsni.gov.uk/hbn_00_02.pdf)

**HBN 00-03:** Clinical and clinical support spaces [www.dhsspsni.gov.uk/hbn\\_00\\_03.pdf](http://www.dhsspsni.gov.uk/hbn_00_03.pdf)

**HTM 71:** Materials management modular storage

**Model Engineering Specification**

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

**Activity DataBase**

<http://adb.dh.gov.uk/>

## The Faculty of Forensic and Legal Medicine

**Operational procedures and equipment for medical rooms in police stations**

<http://fflm.ac.uk/upload/documents/1348663475.pdf>

**Operational procedures and equipment for medical facilities in victim examination suites or Sexual Assault Referral Centres (SARCs)**

<http://fflm.ac.uk/upload/documents/1348663369.pdf>

**Safe and secure administration of medication in police custody**

<http://fflm.ac.uk/upload/documents/1382019563.pdf>

## Police Scotland / NHS Scotland Partnership

**CNB 2013/11:** National Memorandum of Understanding: for the provision of healthcare and forensic services for those in the care of police service of Scotland

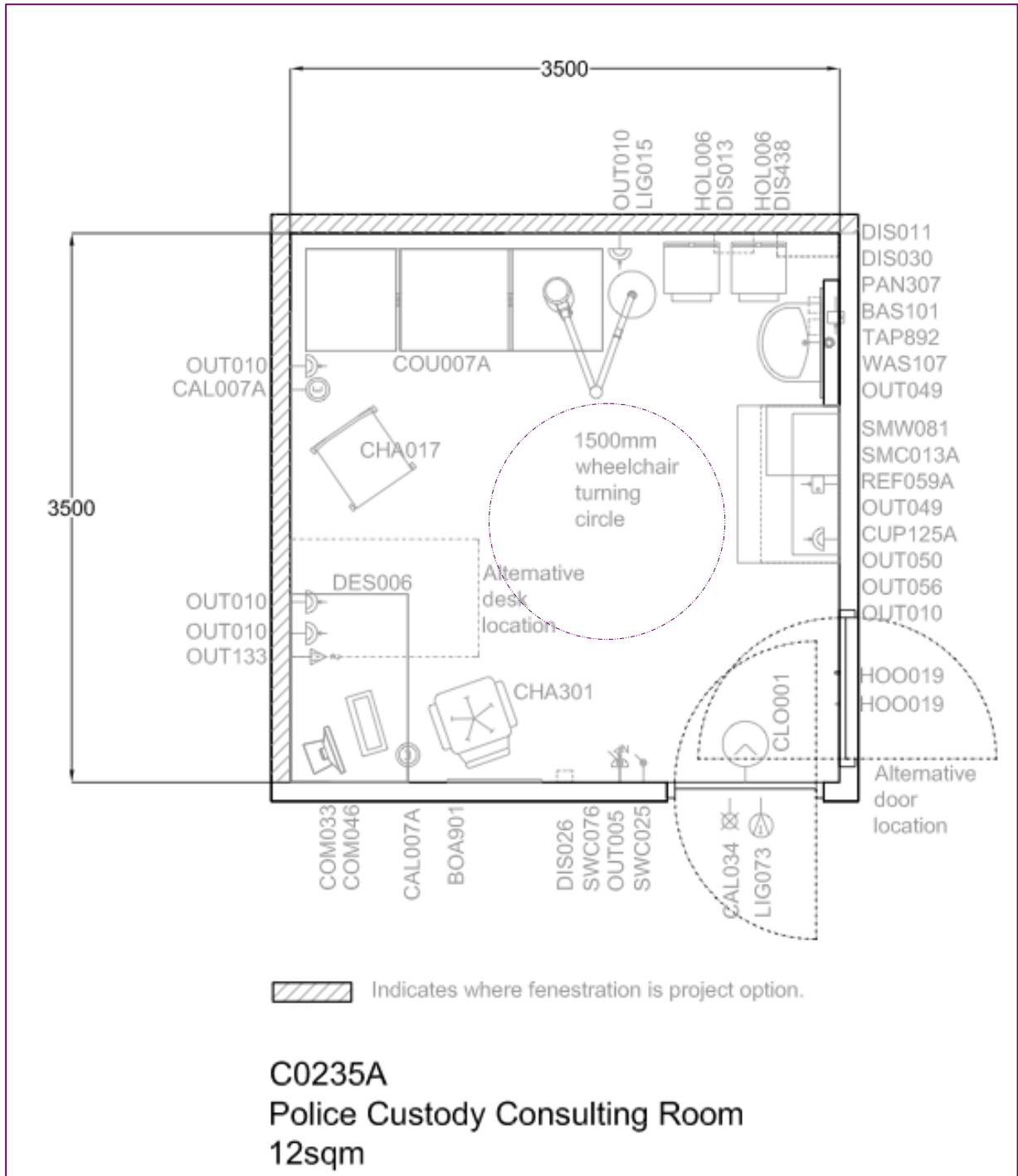
**CNB 2013/18:** National Guidance on Delivery of Police Custody Healthcare and Forensic Medical Services

## HM Inspectorate of Constabulary for Scotland (HMICS)

**Thematic Inspection: Custody facilities** Jan 2013

<http://www.hmics.org/sites/default/files/publications/Thematic%20-%20Inspection%20of%20the%20Care%20and%20Welfare%20of%20persons%20detained%20in%20police%20custody%20in%20Scotland.pdf>

## Appendix 1 - Room Data Sheet and Layout



This exemplar room layout should be used to review the existing Police Scotland estate, and where compromises or enhancements are required, these should be risk assessed and priorities agreed by Police and Health Boards. If new build or major upgrade planned by Police Scotland, consider 16 -20 sqm room to provide enhanced/ resilient service.

<b>ADB</b>		<b>Room Data Sheet</b>		<b>C0235A</b>	
<b>Project:</b>	ADB2009A	Activity Database Version 2009a © Crown Copyright			
<b>Department:</b>	00-03	Clinical and clinical support spaces; List of rooms			
<b>Room:</b>	C0235A	Police Custody Consulting Room: single-sided couch access - HBN 00-03			
<b>Room Number:</b>	<b>NHS 01</b>	<b>Revision Date:</b>	08/01/2014		
<b>Activities:</b>	1) Detainee Assessments and Consultations. 2) Examinations from one side of the couch. 3) Minimally invasive clinical procedures from one side of the couch. 4) Holding sterile supplies and consumables. 5) Undressing and dressing. 6) Accessing and updating electronic patient records (EPRs). 7) Use of clinical wash-hand basin. 8) Collection of forensic evidence				
<b>Personnel:</b>	1 x patient / detainee (never left alone) 1-2 x staff				
<b>Planning Relationships:</b>	located within Police Scotland Custody Suite access to WC for urine sample, healthcare storage & cleaners room				
<b>Space Data:</b>	<b>Area (m<sup>2</sup>):</b>	12.00	<b>Height (mm):</b>	2,700	
<b>Notes:</b>	The alarm sounder / lamp is situated outside room, e.g. over the door. The following items are shown on the room layout but are project options: - clinical examination light ; - room 'In use' indicator e.g. switch with lamp outside door ,or sliding sign; - controlled drugs cabinet, lockable ; - drugs fridge, lockable, bench mounted ; - door, two-way opening, to prevent barricading ; - door vision panel; clear or partially obscured glass, e.g. obscured but with a sliding privacy override from the outside, to enhance privacy.				

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<b>ADB</b>	<b>Room Data Sheet</b>		<b>C0235A</b>
<b>Project:</b>	ADB2009A	Activity Database Version 2009a © Crown Copyright	
<b>Department:</b>	00-03	Clinical and clinical support spaces; List of rooms	
<b>Room:</b>	C0235A	Police Custody Consulting Room: single-sided couch access - HBN 00-03	
<b>Room Number:</b>	<b>NHS 01</b>	<b>Revision Date:</b>	08/01/2014
<b>AIR</b>	<b>Requirements</b>	<b>Notes</b>	
<b>Winter Temperature (DegC):</b>		Permissible space temperature range (dry bulb) (degC): 18 - 28 Range over which the temperature may float.	
<b>Summer Temperature (DegC):</b>		Heating design temperature (degC): 22 1. Minimum internal room temperature that the heating system will sustain at an outside temperature of minus 5 oC. 2. External temperature values may be modified in accordance with CIBSE Guide A subject to Healthcare Organisation approval.	
<b>Mechanical Ventilation (Supply ac/hr):</b>		Minimum air changes per hour (AC/hr): 6 100% primary fresh air.	
<b>Mechanical Ventilation (Extract ac/hr):</b>		Ventilation type: S/E/N S =Supply; E = Extract; N = Natural Ventilation	
		Supply air - final filter class: G4 To comply with BS EN 779 or BS EN 3928, as applicable.	
<b>Pressure Relative to Adjoining Space:</b>	Bal or -ve	Bal = Balanced -ve = Negative +ve = Positive	
<b>Filtration (%DSE and % Arrestance):</b>	/		
<b>Humidity (%RH):</b>		Permissible relative humidity range (%): 35-70 RH control not normally required but subject to local risk assessment.	
<b>General Notes:</b>	Heating and ventilation system installations to comply with the following documents, as applicable:- 1. HTM 03-01; Part A and Appendix 2. 2. Building Regulations Approved Document F 3. CIBSE Guides A and B2		

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LIGHTING	Requirements	Notes
<b>Service Illumination (Lux):</b>		Daytime - general (lux): 300 1. At couch level. 2. Permissible range 300-520 lux.  Daytime - specific (lux):
<b>Service Illumination Night (Lux):</b>		Night - general (lux): Night - specific (lux):
<b>Local Illumination (Lux):</b>		Local task illumination (lux): 1000 1. At couch level. 2. Clinical examination lamp.
<b>Colour Rendering Required:</b>	<b>Y</b>	Colour rendering characteristics (Ra): 80 Minimum colour appearance of 4000K
<b>Standby Lighting Grade:</b>		General lighting: B Reduced lighting level between 30% and 50% of the normal lighting sufficient to enable general hospital activities to be carried out.  Local lighting: A Lighting of the level and quality equal or nearly equal (i.e. 90+%) to that provided by the normal mains lighting.
<b>General Notes:</b>	Type of control: S/V; N = Normal; S = Selective; V = Variable; EM = Energy Management System	Unified glare rating limit (UGRL): 19 Areas in which VDT present to comply with CIBSE Lighting Guide LG3 "The Visual Environment for Display Screen Use" Addendum 2001  Emergency escape route lighting required? (Yes/No): N Not normally required unless need to comply with BS 5266.  General lighting notes: 1. Healthcare environment lighting installations to comply with CIBSE Lighting Guides LG2, LG3, & LG7 as applicable. 2. Default values to be used where surface reflectance factors not known: Ceilings: 0.7 ; Walls: 0.5; Floors: 0.2 3. The working plane is 0.85 metres above finished floor level.

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	Requirements	Notes
<b>NOISE</b>		
<b>Privacy Factor Required (dB):</b>		Noise intrusion from external sources: equivalent continuous sound pressure level, 1hr. Daytime: 40 ; Night: Maximum f night:
<b>Mechanical Services (NR):</b>		1. Maximum value inside room space. 2. See Table 1 of HTM 08-01
<b>Intrusive Noise (NR Leq):</b>		Maximum internal noise from M&E services (NR): 35 1. See Table 2 of HTM 08-01. 2. All plant to be operating at maximum normal design duty.
		Sound insulation parameters: See Table 3 of HTM 08-01 Privacy: Confidential Noise generation: Typical Noise sensitivity: Medium
		Sound insulation rating: 47 1. Minimum value of noise sensitivity of receiving room. 2. See Table 4 of HTM 08-01. 3. Adjust for specific room adjacencies in accordance with table 5 of HTM 08-01.
<b>*Acceptable Sound Level [L10dB(A)]:</b>		
<b>*Speech Privacy Required:</b>	N	
<b>*Quality Which Cannot Be Tolerated:</b>		
<b>(* alternative format)</b>		
<b>General Notes:</b>		1. Acoustic design to be compliant with HTM 08-01. 2. Maximum weighted standardised impact sound pressure level (L'nT,w) to be 65 dB for floors over noise sensitive areas. 2. A minimum Speech Transmission Index (STI) of 0.5 to BS EN 60268-16 (or equivalent standard) to apply to assessing speech intelligibility of audio systems for public announcements.
<b>SAFETY</b>		
<b>Hot Surface Max. Temp (DegC):</b>		Maximum surface temperature ( degC): 43 To be achieved in compliance with HGN 'Safe' hot water and surface temperatures: 1998.
<b>Hot Water Max. Temp (DegC):</b>		
<b>General Notes:</b>		Domestic hot water maximum discharge temp (degC): 41 1. Temperature equilibrium to be achieved within 1 minute of draw-off period. 2. Type 3 Thermostatic Mixing Valve.
		Maximum cold water discharge temperature (degC): 20 Temperature equilibrium to be achieved within 2 minutes of draw-off period.
		Safe temperature systems to comply, as applicable, with HTM 04-01, Parts A & B and HSC ACOP 'Legionnaires' disease L8: the control of legionella bacteria in water systems.
		Clinical risk: 3 Maximum patient clinical risk category for which the room should be used. Business risk: 3 Maximum non-clinical business continuity risk category applicable to the room. See HTM 06-01, Part A for definition and application of risk categories.

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<b>FIRE</b>	<b>Requirements</b>	<b>Notes</b>
<b>Enclosure:</b>		
<b>Automatic Detection:</b>		Smoke Ceiling mounted.
<b>General Notes:</b>	1. Fire detection and alarm systems to comply with HTM 05-03, Part B and BS 5839, where applicable. 2. Fire safety generally to comply with relevant parts of Firecode (HTM 05) together with Building Regulations 2011 and associated Approved Codes of Practice (ACOP).	
<b>FINISHES</b>	<b>Requirements</b>	
<b>Walls:</b>	Surface Finish (SHTM 56): 5: eggshell Moisture Resistance (SHTM 56): N: normal humidity. Hygiene and cleaning (HTM 56): Paragraphs 2.3 - 2.4	
<b>Floor:</b>	Surface Finish (SHTM 61): 3: hard, impervious, jointless, smooth or anti-slip safety Hygiene and cleaning (HTM 61): Paragraphs 2.7 - 2.9	
<b>Ceiling:</b>	Surface Finish (SHTM 60): 5: imperforate Moisture Resistance (SHTM 60): N: normal humidity. Hygiene and cleaning (HTM 60): Paragraphs 2.9 - 2.10	
<b>Doorsets:</b>	(SHTM 58) 1000mm doorset; i.e.1 x 925 mm, single leaf, plain flush, lockable external only. See HBN 00-04 for effective clear width access requirements. Door vision panel as detailed in "Internal Glazing. Option: two-way swing for anti-barricade.	
<b>Windows:</b>	(SHTM 55) Obscured glass for privacy.	
<b>Internal Glazing:</b>	(SHTM 57) door vision panel; clear or partially obscured glass, e.g. obscured but with a sliding privacy override from the outside.	
<b>Hatch:</b>	N/A	
<b>Notes:</b>	Facilities/ surfaces should be sufficiently robust, to withstand potential ad- hoc abuse from detainees.	

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ADB		Room Data Sheet			C0235A	
<b>Project:</b>	ADB2009A	Activity Database Version 2009a © Crown Copyright				
<b>Department:</b>	00-03	Clinical and clinical support spaces; List of rooms				
<b>Room:</b>	C0235A	Police Custody Consulting Room: single-sided couch access - HBN 00-03				
<b>Room Number:</b>	NHS 01	<b>Revision Date:</b>			08/01/2014	
Grp	Qty	New	Trans	Code	Description	
1	1	1		CHA301	CHAIR, swivel, height adjustable, high back, with arms, wipeable, 5 star base, on castors	
3N	1	1		COM033	COMPUTER KEYBOARD	
3N	1	1		COM046	COMPUTER MONITOR, 15"; TFT, digital flat panel display, desk top	
1	5	5		OUT010	SOCKET outlet, switched, 13 amp, twin	
1	1	1		OUT133	SOCKET outlet, phone/ data, twin	
1	2	2		HOO019	HOOK, single, small, wall mounted	
1	2	2		CAL007A	CALL PUSH BUTTON or STRIP, staff emergency alarm, reset and integral external sounder/ lamp.	
1	1	1		CAL034	LAMP, repeat call, staff emergency or assistance call	
1	1	1		SWC076	SWITCH, 'Room in use' for illuminated sign	
1	1	1		LIG073	ILLUMINATED SIGN, 'Room in use', or sliding sign	
1	1	1		OUT005	SOCKET outlet, switched, 13 amp, cleaning	
1	1	1		SWC025	SWITCH, light	
3	1	1		COU007A	COUCH, examination/treatment, (2 or 3 section), with paper roll holder, variable height, retractable wheels, (potential medical storage space below)	
3N	1	1		LIG015	LUMINAIRE, clinical examination	
2P	1	1		DIS013	DISPENSER, paper towel, wall mounted	
2N	1	1		DIS026	DISPENSER, Medical hand sanitizer, lever action, wall mounted (e.g. alcohol gel)	
2P	1	1		DIS438	DISPENSER, disposable gloves set of 3 and disposable apron, wall mounted	
1	1	1		BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D. SHTM64LBHM	
1	1	1		TAP892	TAP, bib, 2x8 mm thermostatic mixer, automatic action, elbow lever or sensor operated, non-touch, SHTM 64 TBH6	
1	1	1		WAS107	TRAP, bottle, 1.1/4 in, plastic resealing. SHTM64TRR1/P	
2	1	1		DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted	
2	1	1		DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted	
1	2	2		OUT049	CONNECTION UNIT, switched, 13 amp, flex outlet. (for sensor tap and / or fridge if needed)	

ADB		Room Data Sheet			C0235A	
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<b>Room:</b>	C0235A	Police Custody Consulting Room: single-sided couch access - HBN 00-03				
<b>Room Number:</b>	NHS 01	<b>Revision Date:</b>	08/01/2014			
Grp	Qty	New	Trans	Code	Description	
1	1	1		PAN307	SANITARY BACK-PANEL: IPS type; 700W laminated panel	
1	1	1		CHA017	CHAIR, upright, stacking, wipeable	
1	1	1		DOR100	Doorset, 1000mm, left hand 925mm leaf	
1P	2+	2+		HOL006	HOLDER, waste sack, with lid foot operated min 1no general, 1no clinical, and access to recycling	
3N	1	1		REF059A	REFRIGERATOR, drugs (e.g.46 litre capacity, lockable, bench mounted;535H 445W 465D)	
2N	1	1		CUP125A	CUPBOARD, controlled drugs, lockable, metal, securely wall-mounted, sloped top (e.g. 161 litre capacity, 50kg, 600H 898W 300D)	
1	1	1		OUT050	OUTLET, controlled drugs cupboard (if alarmed)	
1	1	1		OUT056	CONNECTION UNIT, unswitched (if fridge below worktop wanted)	
3	1	1		DES006	DESK, cantilever, single pedestal, lockable drawers, modesty panel, 1200W 750D	
1	1	1		SMW081	WORKTOP, clinical, 650D min 1000W	
1	1	1		SMC013A	STORAGE, base unit on plinth, for pull out trays /baskets for stock medicines etc (e.g.8 No), with doors, lockable 850H 500D min1000W. HTM 71.	
1	1	1		BOA901	BOARD, marker/magnetic; 600x600mm, wall mounted.	
1	1	1		CLO001	Clock, battery, wall mounted	

### Equipment Codes:

<b>Trans</b>	TRANSFER- equipment can be transferred from Police Scotland
<b>New</b>	NEW- equipment is supplied new by Police / NHS partnership
<b>Grp 1</b>	equipment is a fixture; supplied and fitted via building contract by building owner (Police)
<b>Grp 2</b>	equipment is a fixture; supplied by NHS/ Police and fitted via building contract
<b>Grp 3</b>	loose equipment; supplied by NHS/ Police
<b>N or P</b>	a supplier's suffix should be added to each Group (Grp) 2 & 3 code when confirmed

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## Appendix 2 - NHS Guidance relevant extracts

### Sheet 7: Basin assemblies for use in connection with clinical procedures

The typical assembly requirements are:

1. Hospital pattern basin, integral back outlet, large or medium.
2. Washing hands and forearms under running water (therefore no plug).
3. Hospital pattern (lever-action) tap or automatically by sensor to avoid contamination.
4. Single horizontal spout, open nozzle and flow straightener.
5. Thermostatic mixer in hot supply (TMV3 D08-approved).
6. Connecting to concealed services.

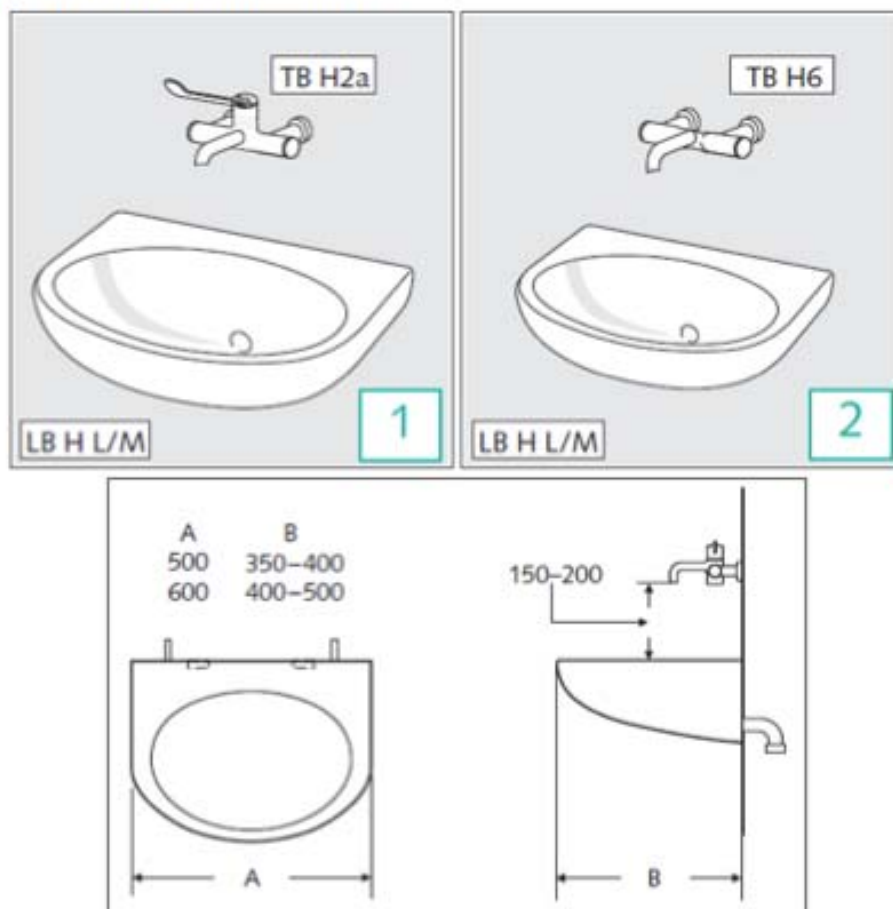


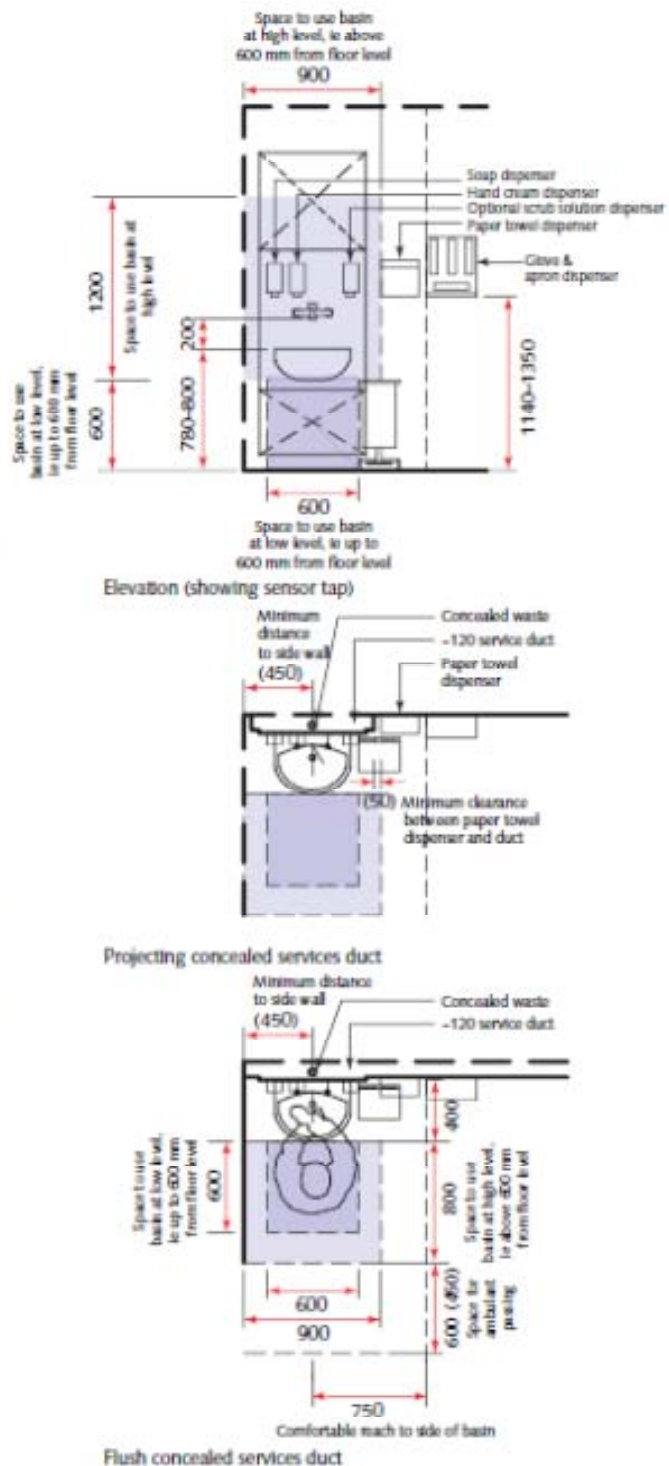
Figure 8: Basin assemblies for use in connection with clinical procedures

SHTM 64 Sanitary Assemblies 1, 2009, page 44

**Clinical wash-hand basin**

- 3.12 These ergonomic drawings (see Figure 6) show the space requirements for standing use of a clinical wash-hand basin assembly. For seated use, the basin will need to be lowered.
- 3.13 The basin should be fitted with non-touch taps.
- 3.14 The recommended fixing height of a lever tap on a clinical wash-hand basin is 1095 mm. Where a lever tap is used, the fixing height of the dispensers should be chosen to reduce any possible conflicts in use.
- 3.15 The illustrated clinical wash-hand basin projects 400 mm from the back panel or wall. However, clinical wash-hand basins may vary from 350 to 500 mm projection. Where basins deeper than 400 mm are used, the impact on/from other components and/or activities undertaken within any space should be considered when evaluating any room layout.
- 3.16 The glove and apron dispenser illustrated is a combined unit; this is considered the most compact solution although separate units may also be used. Even the most compact unit cannot practically be located within comfortable reach of the basin; it should, however, be conveniently located within the room.
- 3.17 The ergonomic advice for the height of horizontal elbow operated lever taps is based on the following data:  
 "Elbow height for shod, slightly bent posture (as when leaning forward) for 50%ile UK male = 1134 mm, for female 1049 mm. 1090 mm is considered the best compromise for an elbow height for both male and female use. The ergonomic advice for the height of a lever tap is 75 mm below elbow height giving a figure height of approx 1015 mm."
- 3.18 Lever taps are not illustrated.
- 3.19 For detailed information on basins, see Health Building Note 00-10 Part C – 'Sanitary assemblies'.

Figure 6 Space requirements for standing use of a clinical wash-hand basin assembly



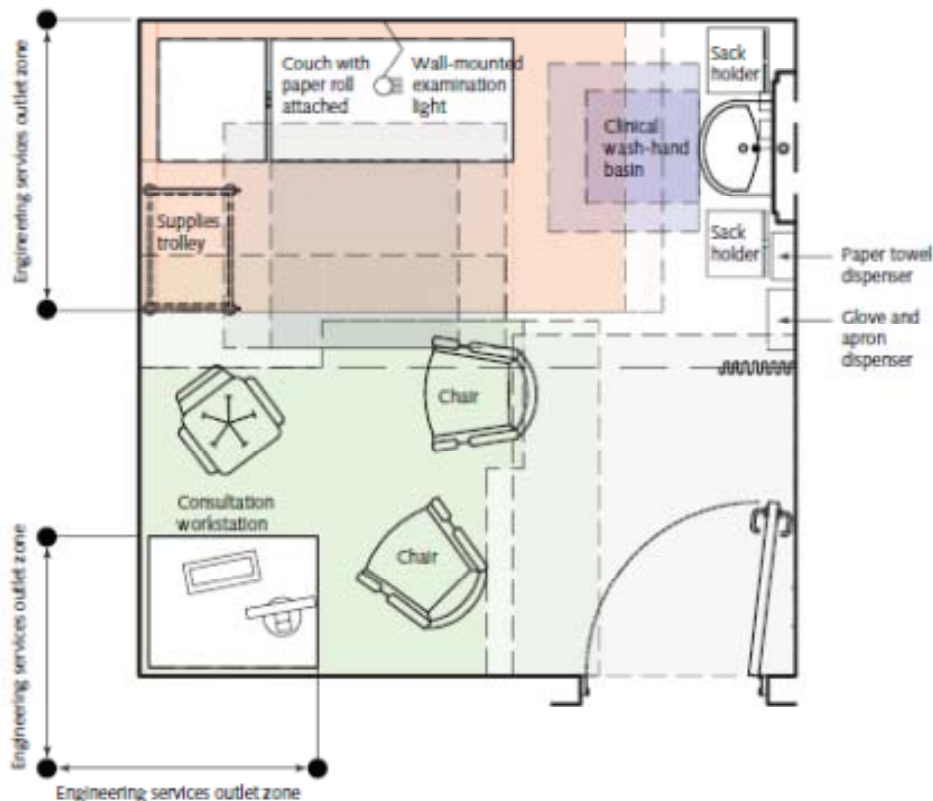
### Consulting/examination room: single-sided couch access

#### Room description and layout

- 3.56 This room is intended as a flexible space for consultations and examinations for use by a wide range of specialties.
- 3.57 The following procedures may take place in this room:
- non-invasive procedures, that is, procedures that do not break the skin, for example changing a dressing;
  - minimally invasive procedures, that is, procedures that break or puncture the skin, for example injections, taking blood etc.
- 3.58 The room layout provided (see Figure 15) includes a two-section couch.
- 3.59 Where it is not necessary to access both sides of the couch, the single-sided room layout may be used but to maximise flexibility and adaptability double-sided couch access is generally recommended.

- 3.60 The layout shows the clinical wash-hand basin within the curtained examination area. However, its location should be subject to local policy and infection control advice. It must be easily accessible from both the consultation and examination areas. The curtain should be located to prevent it becoming contaminated from use of the clinical wash-hand basin.
- 3.61 Piped medical gases are generally not required. In emergency situations it is anticipated that bottled oxygen and mobile suction equipment will be readily available.
- 3.62 The room layout provided mean the patient/client will be positioned between the practitioner and the door during consultation. Consideration may be given to altering the layout to position the practitioner between the patient/client and the door for staff safety.
- 3.63 The layout has the disadvantage of the consultation area being located on the inside wall (that is, generally away from natural light) and the examination area being located on the outside wall (that is, requiring privacy control due to the likely proximity of a window).

Figure 15 Consulting/examination room, single-sided couch access



HBN 00-03 Clinical and clinical support spaces, 2010, page 20 - extract



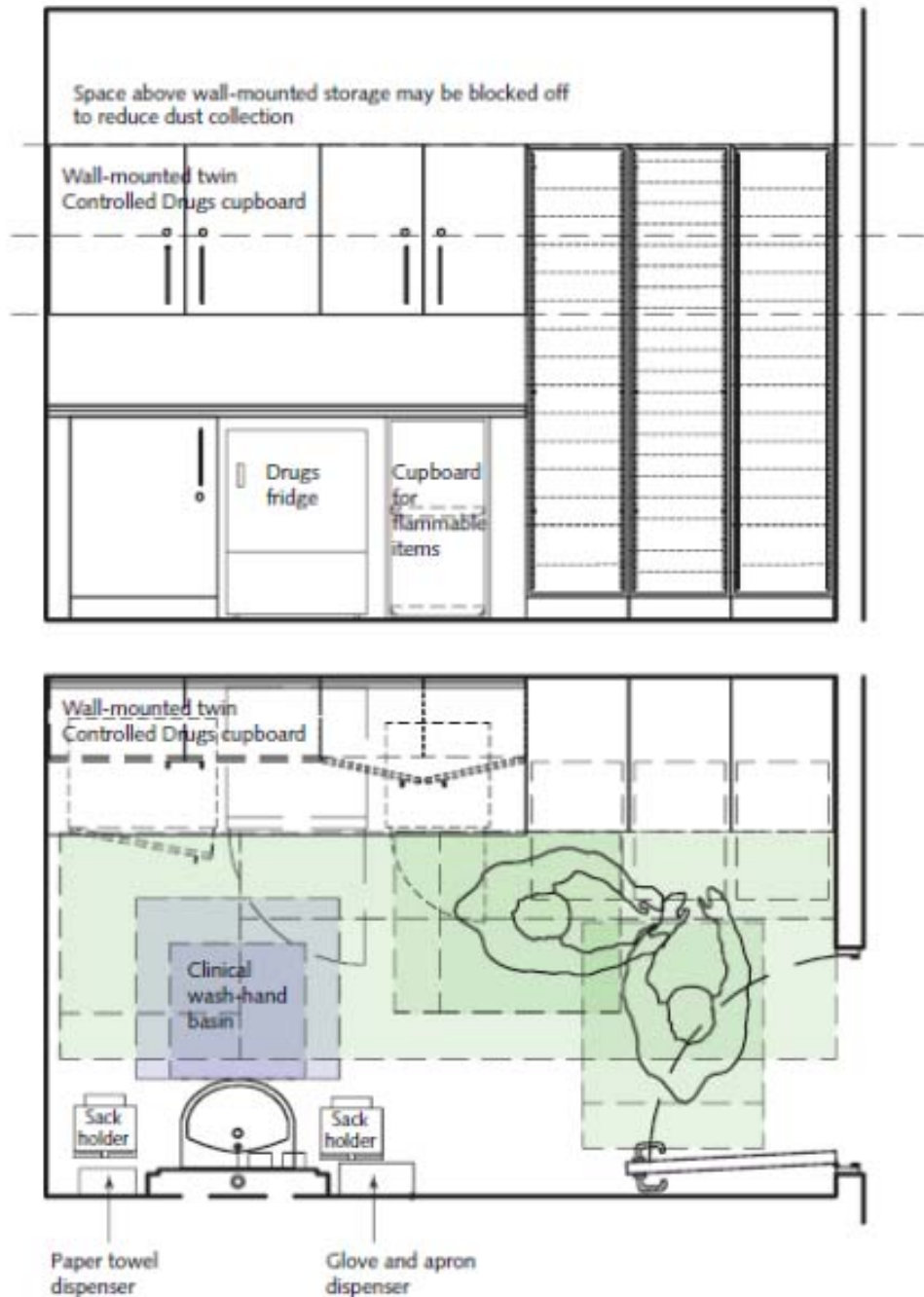
## Medicine store/preparation room

### Room description and layout

8.101 This room is used for storing and preparing medicines, including controlled drugs. This space will only be needed if a central clean supply room is used instead of clean utility rooms and

medicines storage/preparation is required outside clinical rooms. The illustrated space requirements (see Figure 83) for accessing modular base and upper cabinets is based on space to access standard cupboards, not using baskets or trays. However, adequate space is available for side access to baskets or trays.

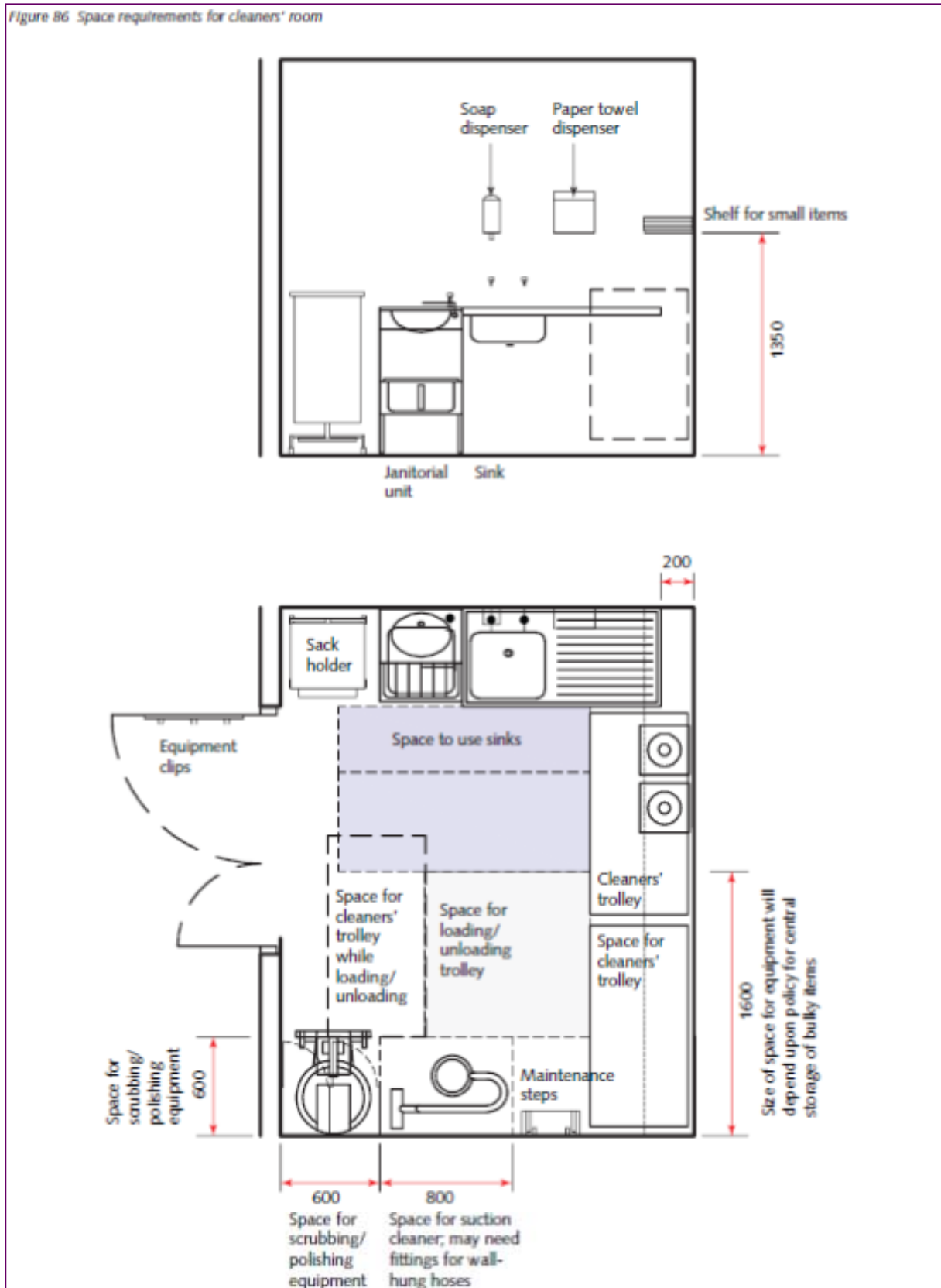
Figure 83 Space requirements for medicine store/preparation room



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## Cleaner's room

Figure B6 Space requirements for cleaners' room



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