# 26.0 Mobile Unit

#### 26.1 Introduction

### 26.1.1 Description

A mobile unit may be described as any mobile, transportable or re-locatable structure intended to provide shared medical services to the community on a permanent or temporary basis. Mobile units are usually pre-manufactured and equipped with services and transported to the desired location for operation. The size of the units is restricted by transportation guidelines and therefore usually low occupancy facilities. A mobile unit does not necessarily have to be on wheels as long as it can be de-mounted and transported easily.

### 26.2 Planning

# 26.2.1 Planning Models

Mobile units generally cater to low occurrence services that may complement services already being provided by a hospital facility. It may also be a service that requires expensive capital investment and thus shared by a community, locality or region. The types of services provided by a mobile unit may depend on the level of services being provided at the main hospital or facility. Some examples of Mobile units are:

- Mobile Hospital/ Dispensary
- Mobile Imaging unit
- Mobile Breast Screening unit

### 26.2.2 Operational Policies

Operational policies will largely depend on the Operational policies adapted by the related departments or the main hospital facility that the mobile unit is affiliated to. It is important that staff working in the mobile unit have input in its working.

# 26.2.3 Functional Relationships

#### LOCATION AND ACCESS

Access to and from the unit should be given proper consideration so as to take into account staff and patients. The location of the unit should preferably be in close proximity to its related department or its patient base. Proper consideration needs to be given with respect to turning radius, parking and service access to the mobile unit.

For mobile MRI units, gauss fields of various strengths generated by the equipment shall be considered; both for the environmental and interference effects. Radio frequency interference shall be considered when planning a site. MRI mobile units shall consider providing adequate access for cryogen-servicing of the magnet.

# PARKING AND DROP-OFF ZONES

Sites shall provide hazard-free drop-off zones and adequate parking for patients.

#### 26.2.4 Functional Areas

#### **ENTRANCE/ RECEPTION**

Protection from the elements during transport to and from the mobile unit shall be provided. This can be achieved by providing permanent or temporary patient/ staff walkways.

#### WAITING AREAS

The facility shall provide waiting space for patient privacy as close to the unit docking area as possible. The facility shall provide patient/staff toilets as close to the unit docking area as possible.



#### **CLINICAL AREAS**

The clinical areas should have easy access to the relevant departments and other critical resources required to provide the services. The internal planning of the unit should provide patient and staff direct access to services located in the mobile unit. Patient access should adhere to disability, privacy and safety guidelines. Adequate hand wash basins should be provided according to infection control guidelines.

# 26.3 Design

### 26.3.1 Environmental Considerations

Mobile units should adhere to local environment laws and regulations as may apply. Natural light may be desirable in patient areas depending on the type of services being provided. Exhaust from mobile units should be directed away from patient areas.

# 26.3.2 Space Standards and Components

Stairs and landings to and from mobile units should comply with local construction codes. Ramps are required for handicapped access and should comply with Disability guidelines. Depending on the planning of the unit, handrails should be provided for patient safety and comfort.

#### CONSTRUCTION STANDARDS

The design and construction of mobile units will be according to the applicable construction codes and subject to approval and testing by the relevant authority. The mobile unit will adhere to all patient/ staff safety regulations relating to fire safety, Occupation health and safety and AERB approved radiation protection.

# 26.3.3 Safety and Security

#### FIRE PROTECTION

Manual fire extinguishers shall be provided in accordance Life safety codes. Fire detection, alarm, and communications capabilities shall be installed and connected to facility central alarm system on all new units in accordance with relevant Life safety codes.

#### 26.3.4 Finishes

Interior finish materials should be fire retardant or non-combustible. Colours can be used to enhance patient experience. Refer to Part C of these guidelines for restrictions on use of specific colours for specific services.

# 26.3.5 Building Services Requirements

#### **ELECTRICAL & HEATING VENTILATION AIR CONDITIONING**

Main switchboards and panels should be located in accessible location for maintenance but away from high traffic areas. They should be located in dry ventilated areas free from explosive flames and corrosive elements. Receptacles should be water proof if they are located externally and should be sufficient for various tasks to be performed. Air-conditioning, heating, ventilating, ductwork, shall be installed in accordance with local construction codes.

#### TELECOMMUNICATION AND INFORMATION SYSTEMS

Locations for terminating telecommunications and information system devices shall be located within easy access to authorized personnel. Special air conditioning and voltage regulation shall be provided when recommended by the manufacturer.

# LIGHTING

Consideration shall be given to the special needs of the elderly. Excessive contrast in lighting levels that makes effective sight adaptation difficult shall be minimized. Approaches to buildings and parking lots and all occupied spaces shall have lighting fixtures that can be illuminated as necessary.



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