Part A – Administrative Provisions

International Health Facility Guidelines

Version 3 December 2012

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1 Introduction

This document, consisting of several volumes and their respective appendices, represents the International Health Facility Guidelines minimum requirements for the Design and Construction of various types of Health Facilities and for the prequalification of Design Consultants.

Throughout this document, the requirements set out are referred to as the “Guidelines” or “these Guidelines”.

The Guidelines consist of several volumes, as outlined below:

- Part A - Administrative Provisions
- Part B - Health Facility Briefing and Planning
- Part C - Access, Mobility, OHS and Security
- Part D - Infection Prevention and Control
- Part E - Building Services and Environmental Design

Part A - Administrative Provisions

This section outlines the licensing process for Health Facilities and the prequalification process for Design Consultants. Part A basically sets out the different processes whereas Parts B to E provide the design tools to design fully compliant Health Facilities:

- Approval Process – The five step approval process is explained in detail, including the validity of the interim approvals and the deliverables for each submission.
- Standards and Guidelines – All Standards and Guidelines are listed for both the Health Planning and Engineering disciplines.
- Prequalification – Provides all requirements to become prequalified and explains the process in detail.

Part B - Health Facility Briefing and Planning

This chapter includes all Architectural and Health Facility Planning Guidelines including:

- Planning.
- Role Delineation Level Guide (RDL).
- Individual Functional Planning Units (FPU’s).
- Required Rooms and Areas by RDL and FPU.
- Functional Relationships.
- Typical Room Layout Sheets (RLS) for Standard Components.
- Room Data Sheets (RDS) for Standard Components.

Part C - Access, Mobility, OHS and Security

Part C includes the over-riding requirements for Access, Mobility, OHS and Security which include such considerations as corridor widths, slip resistance of floors, need for natural light, ergonomic guides and other safety requirements. These are focused on health projects unlike other generalised standards and guidelines such as those used for disability access or fire evacuation. Where there is a conflict with other standards, the most onerous standard will need to be adhered to.

Part D - Infection Prevention and Control

This section incorporates the requirements for infection control. Having a separate section for these features prevents the need to re-state these requirements many times, in the context of each department.

Part E - Building Services and Environmental Design

Part E focuses on the engineering systems and environmental settings such as Temperature range, humidity control, air changes per hour, size and type of lifts, acceptable methods of hot water reticulation, ESD etc.

1 The Purpose of the Guidelines

These Guidelines do not represent the ideal or best standards; neither do they cover management practices beyond the influence of design. The main objective of these Guidelines is to:

- Establish the minimum acceptable standards for Health Facility Design and Construction;
- Maintain public confidence in the standard of Health Care Facilities;
- Determine the basis for the approval and licensing of hospitals;
- Provide general guidance to designers seeking information on the special needs of typical Health Facilities;
- Promote the design of Health Facilities with due regard for safety, privacy and dignity of patients, staff and visitors;
- Eliminate design features that result in unacceptable practices; and
- Eliminate duplication and confusion between various Standards and Guidelines.

In many instances it may be desirable to exceed minimum requirements to achieve optimum standards. Designers, operators and applicants for Health Facilities are encouraged to innovate and exceed these requirements wherever possible.

These Guidelines have been compiled for IHFG (International Health Facility Guidelines). Many existing International Guidelines have been referenced in these Guidelines, especially in Part E. However, the specific and unique requirements of the local Health Authority are clearly set out and these will over-ride any other Guidelines.

These Guidelines place emphasis on achieving Health Facilities that reflect current health care functions and procedures in a safe and appropriate environment at a reasonable facility cost.

2 Disclaimer

Although the quality of design and construction has a major impact on the quality of health care, it is not the only influence. Management practices, staff quality and regulatory framework potentially have a greater impact. Consequently, compliance with these Guidelines can influence but not guarantee good healthcare outcomes.

The local Health Authority will endeavour to identify for elimination any design and construction non-compliances through the review of design submissions and through pre-completion building inspections, however, the responsibility for compliance with the Guidelines remains solely with the applicant.

Any design and construction non-compliances identified during or after the approval process, may need to be rectified at the sole discretion of the local Health Authority at the expense of the applicant.

Therefore, the local Health Authority, its officers and the authors of these Guidelines accept no responsibility for adverse outcomes in Health Facilities even if they are designed or approved under these Guidelines.

Compliance with these Guidelines does not imply that the facility will automatically qualify for accreditation. Accreditation is primarily concerned with hospital management and patient care practices, although the design and construction standard of the facility is certainly a consideration.

2 Approval Process for Health Facilities

1 Introduction

Purpose

The purpose of the Approval Process for Health Facilities is to ensure all Health Facilities within the local Health Authority are designed and constructed to a minimum acceptable standard. This will maintain the public confidence in the quality of Health Facilities approved, inspected and licensed by the local Health Authority.

References within Part A of the Guidelines

Where "underlined script" is used, the applicant should refer to the section "Appendices – Standard documents, Templates and Samples" at the rear of Part A.

Where "italic script" is used, the applicant should refer to the applicable section within Part A.

2 The Approval Process

The Approval Process - A Five Step Process Integrated within the General Building Approval Process

The Approval Process consists of the following 5 steps, as illustrated in this section:

- STEP 1 - Registration of the Health Facility
- STEP 2 - Schematic Design Submission
- STEP 3 - Detailed Design Submission
- STEP 4 - 90% Completion Inspection
- STEP 5 - 100% Completion Inspection

New Health Facilities and Existing Health Facilities Undergoing Changes

The Approval Process not only applies to Health Facilities yet to be developed, existing Health Facilities undergoing changes are also required to follow the process. Although already registered and licensed, when existing Health Facilities make changes to their infrastructure and/or scope of service, the local Health Authority will assess whether there could be any adverse impacts on the quality and safety of patient care. Types of changes could be:

- Changing the scope of the facility's service – reductions or expansions of scope; changing the type of service provided;
- Changing the infrastructure of the facility – reductions or expansions in area; refurbishing existing area or
- Any combination of the above.

Owners/Operators are therefore required to register any changes in the scope of service and/or changes to the existing Health Facility's infrastructure. The local Health Authority will assess on a case by case basis, which steps of the Approval Process which will apply to existing projects lodged for registration.

New Health Facilities Undergoing Design Changes while going through the Approval Process

Should Owners/Operators implement design changes whilst proceeding through the Approval Process, the portion that remains unchanged may proceed with the current process whereas the changed portion should be documented and re-lodged for Registration with the local Health Authority. These changes will be treated in the same way as changes to an existing Health

Facility - the local Health Authority will assess on a case by case basis and advise which steps of the Approval Process will apply to the changes re-lodged for registration.

The Approval Process and its Integration in the General Building Approval Process

The Health Facility Approval Process is integrated and part of the General Building Approval Process. The exact timing of the different submissions to the local Health Authority should be adhered to and pre-requisites for the submissions are therefore in place.

The General Building Approval Process is governed by the Urban Planning Council and by the different Municipalities operating in the local Health Authority.

Refer to pages 7-8 for the typical General Building Approval Process diagram and how the Approval Process for Health Facilities is integrated and sequenced within.

Design Changes Requested by the Municipality or Other Authorities giving Approval after the Approval in Principle – Detailed (AIP-D) was Issued.

It is the Owner/Operator's obligation and responsibility to notify the local Health Authority of any changes requested by the Municipality and other authorities after issue of AIP-D. The Owner/ Operator should be aware that significant changes requested by the Municipality or other authorities not reported to the local Health Authority will risk future penalties such as denial of 'License to Operate' certificate post completion.

3 STEP 1 – Registration

Purpose

All Health Facilities in the local Health Authorities are required to be licensed. The registration is the first step to obtain a license and describes the type and size of the facility, the type(s) of health services provided, an approximate construction cost, etc.

Process

- The Owner/Operator is to register the Health Facility by lodging the Health Facility Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged by hand to the local Health Authority office.
- If approved, the "Approval in Principle – Registration" (AIP-R) granted by the local Health Authority remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 2 of the Approval Process for Health Facilities is to be initiated.
- If required, the validity of the AIP-R can be extended for a further twelve (12) months, by special application prior to the expiry of the twelve (12) months period, allowing the Owner/Operator to finalise the design.
- If not approved, the Registration needs to be re-lodged within twelve (12) months.

Considerations

- Should the Owner/Operator let the AIP-R expire, the registration process is to be re-initiated.
- Only two (2) registration attempts will be permitted per project.

Deliverables

- Health Facility Registration Form to be lodged online.
- Signed copy of the Health Facility Registration Form to be lodged at the local Health Authority office.

4 STEP 2 – Schematic Submission

Purpose

To allow the local Health Authority to identify major design anomalies or errors prior to detailed development of the Health Facility, a first submission of the documentation is expected at Schematic Design level. An approval will also be a pre-requisite for an approval by the Urban Planning Council.

Process

- The Owner/Operator is to register the submission by lodging the Schematic Submission Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when are where the submission can be lodged.
- The Owner/Operator is to prepare an Architectural Submission only - all the required documents in compliance with the deliverables as described on the Deliverables for Schematic Submission. The documents are then lodged in both hard copy and soft copy, at the local Health Authority office.
- The submission is checked for completeness by the receiving the local Health Authority official. Incomplete or non-complying submissions will be rejected.
- The local Health Authority then will review the submission against the Standards and Guidelines.
- If approved, the "Approval in Principle – Schematic" (AIP-S) will be granted together with an Assessment Report listing all non-compliances to be rectified. The AIP-S remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 3 of the Approval Process for Health Facilities is to be initiated.
- If required, the validity of the AIP-S can be extended for a further twelve (12) months, by special application prior to expiry of the twelve (12) months period, allowing the Owner/Operator to finalise the design.
- If not approved, the Schematic Submission is to be re-lodged within three (3) months.

Considerations

- Should the Owner/Operator let the AIP-S expire, the Schematic Submission process is to be re-initiated.
- Only two (2) Schematic Submissions will be permitted for the same project or the Registration will be revoked.
- For Standards and Guidelines to adhere to, refer to Standards and Guidelines on pages 13 and 14.

Deliverables

- Applications must include drawings and other documents to represent the proposed design. These documents must be in compliance with the Deliverables for Schematic Submission to simplify and speed up the process of evaluation.
- Incomplete submissions or submissions that do not follow the prescribed format may be rejected.
- Deliver:
  - Schematic Submission Registration Form to be lodged online
  - Signed copy of the Schematic Submission Registration Form
  - Signed copy of the Deliverables for Schematic Submission
  - Architectural Schematic Design drawings and reports as indicated on the Deliverables for Schematic Submission

5 STEP 3 – Detailed Submission

Purpose

To allow the local Health Authority to identify detailed design anomalies or errors prior to construction of the Health Facility, a second submission of the documentation is expected at Detailed Design level. An approval will also be a pre-requisite for an approval by the governing Municipality

Process

- The Owner/Operator is to register the submission by lodging the Detailed Submission Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.
- The Owner/Operator is to prepare a submission both containing Architectural and MEP Engineering documentation - all the required documents in compliance with the deliverables as described on the Deliverables for Detailed Submission. The documents are then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed registration form.
- The submission is checked for completeness by the receiving official. Incomplete or non-complying submissions will be rejected.
- The local Health Authority then will review the submission against the Standards and Guidelines and against the Assessment Report of the Schematic Design submission.
- If approved, the "Approval in Principle – Detailed" (AIP-D) will be granted together with an Assessment Report listing all non-compliances to be rectified. The AIP-D remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 4 needs to be initiated.
- If required, the validity of the AIP-D can be extended for a further twelve (12) months or longer (to be agreed with the local Health Authority and depending on the size of the project), by special application prior to the expiry of the twelve (12) months period, allowing the Owner/Operator to reach the 90% completion level.
- If not approved, and the number and severity of non compliances are considered acceptable (at the sole discretion of the local Health Authority), an Assessment Report listing all non-compliances to be rectified is issued to the applicant with the request to:
  - Re-lodge only those portions of the submission that require redesign, within 3 months.
  - Provide answers/solutions to all outstanding non compliances in the Assessment Report.
- If this re-lodgment is approved, the AIP-D will be granted together with a revised Assessment Report listing all non-compliances to be rectified. The process then continues as described above.
- If the re-lodgment is still not approved, an Assessment Report listing all non-compliances to be rectified is issued to the applicant with the request to reinitiate Step 3 within 6 months. Only three (3) Detailed Submissions will be allowed for the same project or the Registration will be revoked.

Considerations

- Should the Owner/Operator let the AIP-D expire, the detailed submission process is to be re-initiated.
- Only three (3) Schematic Submissions will be permitted for the same project or the Registration will be revoked.
- For standards and guidelines to adhere to, refer to Standards and Guidelines in this section.

Deliverables

- Applications must include drawings and other documents to represent the proposed design.

These documents must be in compliance with the Deliverables for Detailed Submission to simplify and speed up the process of evaluation.

- Incomplete submissions or submissions that do not follow the prescribed format may be rejected.
- Deliver:
  - Detailed Submission Registration Form to be lodged online
  - Signed copy of the Detailed Submission Registration Form
  - Signed copy of the Deliverables for Detailed Submission
  - Detailed Design drawings and reports as indicated on the Deliverables for Detailed Submission

6 STEP 4 – 90% Completion Inspection

Purpose

To allow the local Health Authority to identify construction anomalies or errors and to verify outstanding non compliances from Step 3 are implemented, a 90% Completion Inspection is expected during construction.

Process

- The Owner/Operator is to request the inspection by lodging the Request for Inspection Form online, at least four (4) weeks prior to the inspection. The registration form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.
- The Owner/Operator is to prepare an Architectural and an MEP Engineering Progress Report, listing all outstanding non compliances from Step 3 and their answers–solutions–status–progress on site – using the format of the Assessment Report (unchanged). The Report is then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed Request for Inspection Form.
- The local Health Authority then will review the Progress Reports and advise when the inspection will take place.
- The local Health Authority then will inspect the facility and note comments on the Report.
- The Report is returned to the Owner/Operator requiring modifications where required.

Deliverables

- Request for Inspection Form to be lodged online.
- Signed copy of the Request for Inspection form to be lodged to the local Health Authority office, together with the Progress Report.

7 STEP 5 – 100% Completion Inspection

Purpose

To allow the local Health Authority to identify construction anomalies or errors and to verify outstanding non compliances from Steps 3 and 4 are implemented, a 100% Completion Inspection is expected at the end of construction and prior to any occupation.

Process

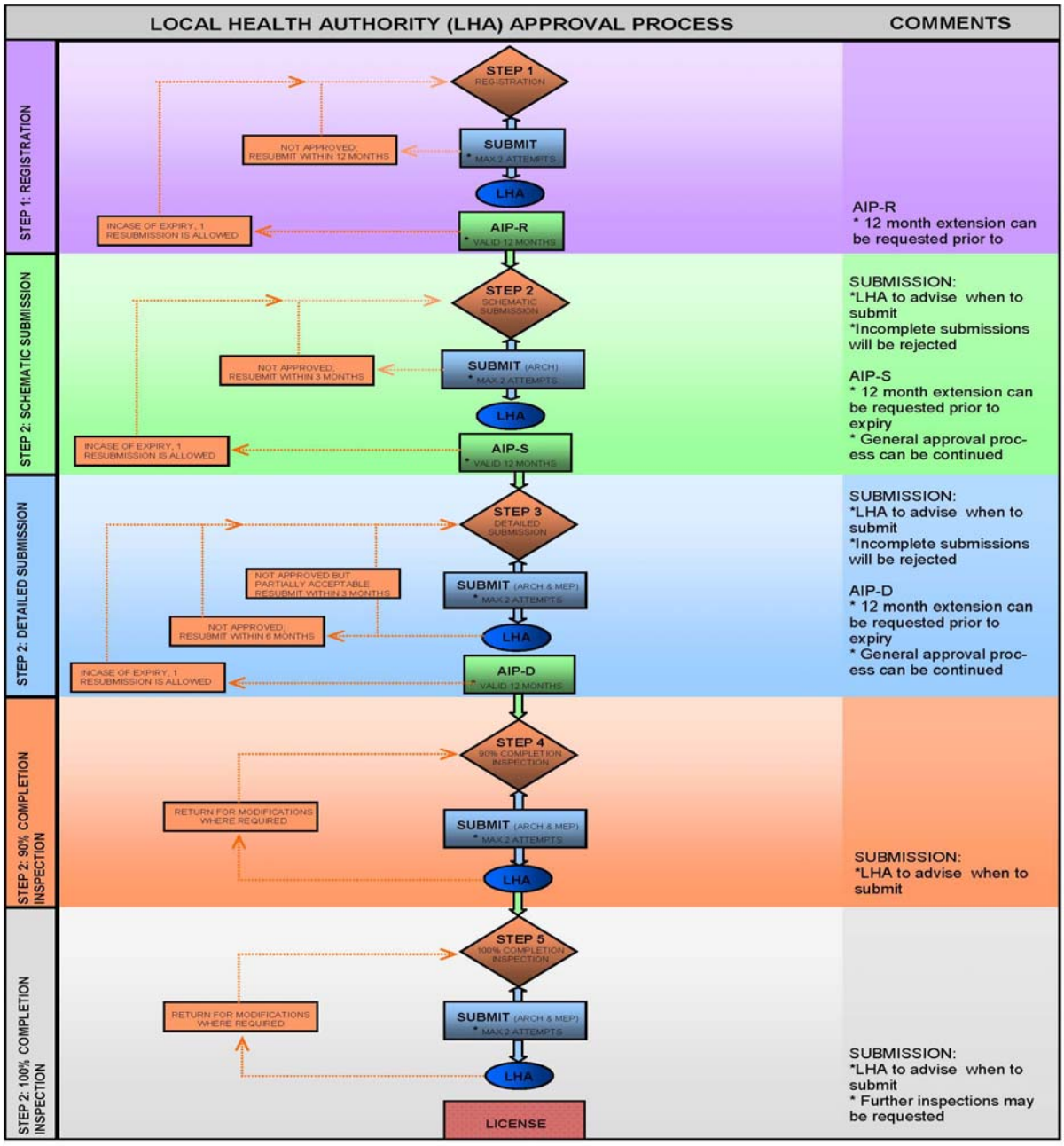
- The Owner/Operator is to request the inspection by lodging the Request for Inspection Form online, at least four (4) weeks prior to the inspection. The registration form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.

- The Owner/Operator is to prepare an Architectural and an MEP Engineering Progress Report, listing all outstanding non compliances from Steps 3 and 4 and their answers and solutions – using the format of the Assessment Report (unchanged). The Report is then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed Request for Inspection Form.
- The local Health Authority then will review the Progress Report and advise when the inspection will take place.
- The local Health Authority then will inspect the facility and note comments (if any) on the Report.
- The Report is returned to the Owner/Operator requesting modifications where required.
- Further inspections may be imposed by the local Health Authority, as required, until all issues are resolved to their satisfaction.

Deliverables

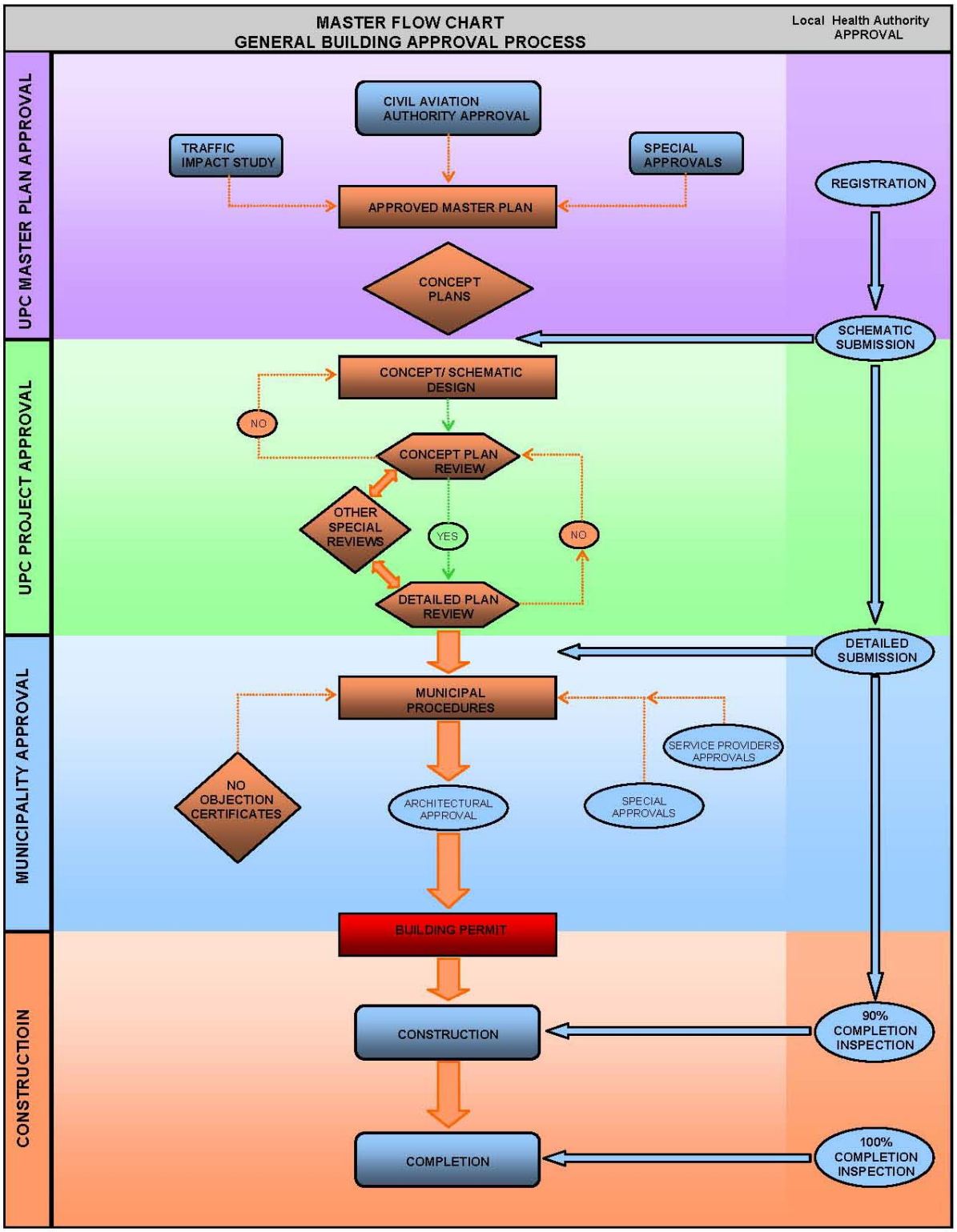
- Request for Inspection Form to be lodged online.
- Signed copy of the Request for Inspection Form to be lodged to the local Health Authority office, together with the signed Progress Report.

8 General Building Approval Process Flow Chart



NOTE: MAXIMUM SUBMISSION ATTEMPTS INCLUDE ALL RESUBMISSIONS INCLUDING"NOT APPROVED", "NOT APPROVED BUT ACCEPTABLE" & "APPROVAL EXPIRED"

9 General Building Approval Process Master Flow Chart



10 Standards and Guidelines

Standards and Guidelines for the Architectural Discipline

All Health Facilities in the local Health Authority are to be designed to the Standards and Guidelines as set out in the table below. Projects lodged with the local Health Authority for review will be tested for compliance against the "Health Facility Guidelines" and the "Americans with Disabilities Act 1994". The compliance with the remaining Standards and Guidelines in the table will not be tested by the local Health Authority considering their compliance falls under another authority's jurisdiction (Municipality and Civil Defence)

Standards and Guidelines applying to the Architectural Discipline	
1	International Health Facility Guidelines - Part B to D
2	Americans with Disabilities Act 1994
3	National Fire Protection Standards for Health Care Facilities
4	Civil Defence Authority Manuals
In situations where compliance with the Standards and Guidelines has not been achieved or is impractical, the non-compliance is to be highlighted to the local Health Authority. Reasons for such non-compliance and an alternative solution are to be put forward for consideration. The local Health Authority (at its sole discretion), may accept alternative solutions or compliance with other internationally recognised Standards and Guidelines offered by the applicant.	

These Standards and Guidelines are listed here for information as compliance with these standards and guidelines is expected and required.

Standards and Guidelines for the MEP Engineering Discipline

Standards and Guidelines for the MEP Engineering Discipline	
1	International Health Facility Guidelines – Part E
2	ASHRAE (American Society of Heating, refrigerating and Air-conditioning Engineers) - Inc. HVAC Design Handbook
3	ARI (Air-Conditioning and Refrigeration Institute)
4	CIBSE (Chartered Institution of Building Services Engineers)
5	IOP (Institute of Plumbing) - Plumbing Engineering Services Design Guide
6	ASPE (American Society of Plumbing Engineers) Design handbook
7	IPC (International Plumbing Code)
8	AWWA (American Water Works Association)
9	ASTM (American Society for Testing and Materials)
10	NFPA (National Fire Protection Association)
11	UL (Underwriters' Laboratories, Inc.)
12	HTM 02 (Health Technical Memorandum 02) Medical Gas Design Guide – Part 1 and 2
13	RSB (Regulation and Supervision Bureau)
14	Plumbing Code of Qatar
15	Fire Code of Qatar
16	Local Health Authority Water & Electricity Authority Guidelines
17	Local Health Authority Sewerage Services Authority Guidelines

Standards and Guidelines for the MEP Engineering Discipline	
18	Wiring Regulations for Electrical Installations (IEE 17th Edition), published by the Institution of Engineering and Technology (BS 7671)
19	CIBSE Design Guides A, D, E, F, H, K & L
20	Wiring Regulations for Electrical Installations (IEE 17th Edition), published by the Institution of Engineering and Technology (BS 7671)
21	BS 5266 and NFPA 70 - Emergency Lighting
22	BS 5839(p8)- Voice Alarm System in Buildings
23	BSEN 60849 - Sound Systems For emergency purposes
24	BS EN62305:2006 - Protection of structures Against Lightning
25	BS 7430 and BS7671 – Earthing
26	NFPA 72 – National fire alarm code
27	NFPA 101 – Life safety code
In situations where compliance with the Standards and Guidelines has not been achieved or is impractical, the non-compliance is to be highlighted to the local Health Authority. Reasons for such non-compliance and an alternative solution are to be put forward for consideration. The local Health Authority (at its sole discretion), may accept alternative solutions or compliance with other internationally recognised Standards and Guidelines offered by the applicant.	

3 Prequalification Process for Health Facility Design Consultants

1 The Prequalification Process

What is "Prequalification" and what is its Purpose

The prequalification of Health Facility Design Consultants is a further initiative by the local Health Authority Licensing Department to ensure new Health Facilities within the region are designed to the appropriate standards by competent consultants. Furthermore they will give the local Health Authority confidence that the design outcome will be in line with the Standards and Guidelines which subsequently will reduce the processing time of the Health Facility Approval Process.

A Prequalified Health Facility Design Consultant (HFDC) will be permitted to participate in the development of Health Facilities and is therefore automatically permitted to lodge Schematic and Detailed Submissions to the local Health Authority as part of the Health Facility Approval Process.

Definition of the Health Facility Design Consultant

A Health Facility Design Consultant may be an individual, a company or a similar.

In the assessment of prequalification, the following requirements will apply:

- An individual may apply for prequalification if he/she has the minimum necessary experience as described in this section.
- A company may apply for prequalification if at least 50% of its Directors are prequalified.
- Companies and Individuals may form a consortium to combine the skills of different entities for the purpose of designing Health Facilities. A consortium may act as a Health Facility Design Consultant if it includes members (being individuals or companies) who are already prequalified.
- The local Health Authority may prequalify only legally recognised entities. Should a consortium or Joint Venture (JV) form a legal entity recognised in the local Health Authority, it may apply for prequalification as a separate entity to its individual members.
- A consortium or JV may carry out Health Facility Design work, however, in the context of the local Health Authority applications requiring prequalified consultants, only those portions of the Consortia or JV's which are prequalified will be recognised.

A Health Facility Design Consultant may be prequalified in the following disciplines:

- Healthcare Architecture
- Healthcare Mechanical and HVAC including Medical Gases
- Healthcare Electrical (Power, lighting, ELV, lightning protection) , IT and Communications
- Public Health (Plumbing, drainage, LPG gas)
- Biomedical Engineering

The local Health Authority requirements for prequalification are in addition to any other legal or professional requirements for practice under these disciplines.

A Healthcare project may require many more consultants including (but not restricted to):

- Landscape Architect
- Traffic Engineer
- Civil and Structural Engineer
- Signage Consultant
- Quantity Surveyor
- Façade Engineer
- Radiation Shielding
- Catering
- Sterilising

The local Health Authority may not prequalify consultants for these disciplines.

How can a Design Consultant become Prequalified

Design Consultants can become prequalified by filling out a Prequalification Questionnaire and lodging a signed copy with the local Health Authority. This document will collect important information which will be used to assess the capability of the Design Consultant.

The Design Consultant's expertise will be assessed on multiple criteria. Some examples are as follows:

- The experience of the organisation applying for prequalification, both outside and within the local Health Authority. The consultant will be assessed on the number and type of Health Facilities designed and completed. The size and complexity of the Health Facilities will also be taken into consideration.
- The experience and prequalification of the key individuals within the organisation. The individual expertise is important because key staff may leave the organisation, leaving the applicant without any experienced staff.
- The resources within the organisation. Since the level of prequalification is partly based on the size of projects undertaken, obviously only organisations with sufficient staffing will be permitted to undertake large scale projects. The staff may include those working in Qatar or from other countries.
- The methodology and systems used within the organisation. To a large degree, the successful completion of a Health Facility is dependent on using internationally recognised tools and systems.
- Consultants currently working with or under the local Health Authority and considered to be performing to an acceptable standard will be given priority for prequalification for a period of 12 months from the publication of these Guidelines.

2 The Level of Prequalification linked to the Type of Health Facility

A Tier Based System

For the purpose of prequalification, Health Facilities are divided into different types. Each type will require a minimum level of prequalification based on the complexity of the facility as follows:

- Design Consultants with a prequalification level of Tier 1 will only be permitted to undertake the smallest and least complex Health Facilities.
- Design Consultants with a higher level of prequalification (Tier 2-4) will be permitted to undertake the more complex Health Facilities.

Lowering the Barrier to Entry

The local Health Authority prequalification system aims to lower the barrier to entry into the Health Facility Design field experienced by local consultants. The typical path for an individual General-practice Architect wishing to specialise in this field would be to work for a prequalified company on a range of healthcare projects under the supervision of experienced specialists. The individual can then apply for prequalification, initially at low Tier levels and subsequently at higher Tier levels.
Prequalified individuals can then form new companies, employ support staff and apply for the prequalification of the company.

Increasing the level of prequalification

Individual Consultants may apply for higher Tiers of prequalification based on the experience they gain at lower Tiers as well as work under the supervision of others on higher tiers.
The local Health Authority at its sole discretion may consider these applications and progressively increase the prequalification Tier of the consultants.

Companies may also apply for higher Tiers of prequalification based on the experience and prequalification of specialist staff that they employ as well as a minimum of 50% of the directors.

This experience is demonstrated through the application forms listing the experience and responsibility for such projects at higher Tier levels.

Frequency of Application

The first applications for the local Health Authority Health Facility Consultant Prequalification may be submitted at any time. Subsequent applications may be submitted for a number of reasons at the following intervals:

- Submission after the expiry of prequalification- at any time
- Re-submission with better information, if requested by the local Health Authority - at any time
- Re-submission due to the rejection of a previous application- 6 months after the original application
- Application for increase in the Tier of prequalification- 6 months after the original application

Duration of Prequalification

The local Health Authority prequalification for the current Tier, will be valid for a period of 3 years after approval.

During the period of validity, the Consultants are required to inform the local Health Authority of any major changes to the information supplied to them on the prequalification forms including changes to directorship and departure of key specialist staff.

Consultants may apply for the renewal of the prequalification for a further period of 3 years by the submission of a new prequalification application. A new prequalification application may be lodged up to 2 months before the expiry of the current prequalification.

A renewed application may be a copy of the previous application with updated information unless the local Health Authority requirements for prequalification change in the interim period.
The applicant may also request an increase in the Tier level at the time of renewal.

The local Health Authority at its sole discretion may renew the application at the new or a different Tier level.

Prequalification Tier based on building types

Tier levels are based broadly on the experience of different Health Facility Building Types as listed below. The Health Facilities in turn include one or more Functional Planning Units (FPU's) as defined under these Guidelines.

The information supplied by the applicants will be used by the local Health Authority to assess the broad range of skills in the design for the relevant FPU's forming these building types and therefore the appropriate Tier level of prequalification.

Type	Classification	Prequalification Requirement
Hospital	Research and Teaching Hospital	Tier 4
	General Hospital	Tier 4
	Specialised Hospital	Tier 4
	Rehabilitation Hospital	Tier 4
	Nursing Home	Tier 3
	Acute Aged Care Centre	Tier 3
	Dementia Care Centre	Tier 3

Type	Classification	Prequalification Requirement
Day Procedure Centre	Day Surgery Hospital Invasive Imaging Centre Radiotherapy and Chemotherapy Centre Dialysis Centre Plastic Surgery Centre Dental Surgery Centre	Tier 3 Tier 3 Tier 3 Tier 3 Tier 3 Tier 3
Diagnostic Centre	Medical Diagnostic Imaging Centre Nuclear Medicine Centres (not involving treatment) Medical Laboratory	Tier 2 Tier 2 Tier 2
Rehabilitation Centre	Day Rehabilitation Centre Physiotherapy, Occupational Therapy & Hydrotherapy Centre Prosthetics and Orthotics Centre Allied Health Service Centre Dental Laboratory Optical Shop Audiometric Shop	Tier 2 Tier 2 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1
Clinics	Medical Centre Dental Centre General Clinic General Dental Clinic Specialised Clinic Specialised Dental Clinic Medical Polyclinic Dental Polyclinic School Clinic First Aid Post	Tier 2 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
Pharmaceutical Facilities	Scientific Offices Drug Stores 24 Hours Pharmacy	Tier 1 Tier 1 Tier 1
Mobile Health Units	Refer to the nearest category above	Tier 1-4

Co-Existing and Integrated Facilities and their Classification

Portions of Health Facility types (as listed above) may perform services which are separately covered under these Guidelines. Where these services operate as an integrated service within the overall Health Facility and benefit from the overall common services, staff and patient flows, they will be regarded as part of the overall Health Facility and therefore fall under its prequalification level.

The services which are relatively independent of the overall Health Facility will be regarded as separate facilities under these Guidelines and therefore fall under their separate prequalification levels.

Here are some examples:

- A Medical Diagnostic Imaging Service within a Hospital will fall under the Hospital's prequalification Level.
- A Dental Clinic on the same grounds as a Day Procedure Centre but operating independently will fall under its own prequalification Level.

Good indicators of integrated services are:

- Common facilities for patient flow management
- Common staff and support facilities

- Requirement for direct, internal patient transfer
- Common paper based medical records
- Common building services including central energy facilities
- Common services equipment such as air handling units

The purpose of this requirement is to ensure that the Design Consultants who's work can potentially affect the functionality of other, more complex and critical areas of Health Facilities are prequalified at the appropriate level.

3 Definition of Building Types

For the purpose of this section of the Guidelines, Health Facility Building Types are defined as follows:

Hospitals

Hospitals are defined as Health Care Facilities intended for the diagnosis and treatment of patients. For the purpose of these Guidelines, all Health Facilities which provide overnight care of patients will be classified as Hospitals.

Hospital Types may include:

- Research and Teaching Hospital
- General Hospital
- Specialist Maternity Hospital
- Specialist Paediatric Hospital
- Specialist Cancer Care Hospital
- Specialist Rehabilitation Hospital
- Specialist Mental Health Hospital
- Any combination of the above or other specialities

Some facilities will be treated in a similar manner to Hospitals however due to their lesser complexity; their prequalification level will be reduced. Types may include:

- Nursing Homes
- Dementia Care Centres

Day Procedure Centre

Day Procedure Centres are defined as Health Care Facilities intended for the diagnosis and treatment of patients. For the purpose of these guidelines, where these types of facilities do not provide overnight care of patients, they will be classified as Day Procedure Centres.

Day Procedure Centre Types may include:

- Day Surgery Hospital
- Specialist Dental Surgery Centre
- Specialist Eye Surgery Centre
- Specialist Orthopaedic Centre
- Specialist Plastic Surgery Centre
- Specialist Radiotherapy Centre
- Specialist Chemotherapy Centre
- Specialist Dialysis Centre
- Specialist Invasive Imaging Centre
- Any combination of the above or other specialities

Diagnostic Centre

Diagnostic Centres are defined as Health Care Facilities intended for the diagnosis of patients through specialist services and equipment. For the purpose of these Guidelines, where these types of facilities are stand alone and do not provide treatment services, they will be classified as Diagnostic Centres.

Diagnostic Centre Types may include:

- Medical Imaging Centres
- Nuclear Medicine Centres (not involving treatment)
- Phlebotomy Centres
- General Diagnostic Centres – EEG, ECG, etc.
- Any combination of the above or other specialities

Rehabilitation Centre

Rehabilitation Centres are defined as Health Care Facilities intended for the treatment of patients with disabilities or injuries which require long term care. For the purpose of these Guidelines, where these types of facilities do not provide overnight care of patients, they will be classified as Rehabilitation Centres.

Rehabilitation Centre Types may include:

- Specialist Physiotherapy Centres
- Specialist Occupational Therapy Centres
- Specialist Hydrotherapy Centres
- Specialist Prosthetics and Orthotics Centres
- Any combination of the above or other specialities

Clinic and Centre

Clinics are defined as Health Care Facilities intended for the diagnosis and minor treatment of patients. For the purpose of these Guidelines, generally, all Health Care Facilities not classified under Hospitals, Day Procedure Centres, Rehabilitation Centres or Diagnostic Centres will be classified as a Clinic.

A Centre is a Clinic with the addition of support services such as a Laboratory and a Radiology Department.

Clinic Types may include:

- General Practice or Group Practice Primary Health Centres
- General and Specialised Clinics - Medical Polyclinics – School Clinics
- General and Specialised Dental Clinics - Dental Polyclinics
- Community Health Centres

Pharmaceutical Facility

Pharmaceutical facilities will always be reviewed as part of the above Health Facility Types. Only where they are stand alone, the design can be completed by a Tier 1 Design Consultant

Mobile Unit

Mobile Units can accommodate any of the Health Facilities mentioned above and are therefore covered under their own prequalification level.

4 Terms and Abbreviations

Term	Meaning
ADA	Americans for Disability Act
AHFG	Australasian Health Facility Guidelines
AS	Australian Standards
ASHRAE	American Society of Heating, Refrigeration and Air Conditioning Engineers
CIBSE	Chartered Institution of Building Services Engineers
CCTV	Closed Circuit Television
CEO	Chief Executive Officer
CRT	Cathode Ray Tube
CT	Computerised Tomography
FPU	Functional Planning Unit (Departments)
GP	General Practitioner
HEPA	High Efficiency Particulate Air (filter)
HTM	Health Technical Memorandum
HVAC	Heating, Ventilation & Air Conditioning
HR	Human Resources

Term	Meaning
IEE	Institute of Electrical and Electronics Engineers
IT	Information Technology
LDR	Labour, Delivery & Recovery
NHS	National Health Service (UK)
NFPA	National Fire Protection Association
NOC	No Objection Certificate
OH&S	Occupational Health & Safety
RDL	Role Delineation Level
RDS	Room Data Sheet
RLS	Room Layout Sheet
RSB	Regulation and supervision Bureau
SOA	Schedule of Accommodation
TIS	Traffic Impact Study
UPC	Urban Planning Council

Refer to the following Appendices 1 – 16 attached overleaf

International Health Facility Guidelines

Health Facility Registration Form

Purpose:

All Health Facilities are required to be licensed. The registration is the first step to obtaining a license and describes the type and size of the facility, the type(s) of health services provided, an approximate construction cost, etc. On satisfactory completion of this process the applicant will be given an 'Approval in Principle – Registration' (AIP-R) certificate.

Process to Lodge this Registration Form:

Fill out this form on screen including selecting the appropriate boxes – print – lodge without signature online – the owner is to sign the printed copy and include it in the Health Facility Registration Submission. By return email, the Local Health Authority may confirm the date and time when the submission can be lodged at the office.

Section 1 – General Information

'AIP-R Approval Number(1):		For Office Use Only			
Type of Application(2):		☐ New License	☐ Change to Existing License	☐ Change Facility Location	☐ Other
Project:	Name:				
	Location/Address:				
	Legal Plot Number:				
	Size (Gross Floor Area in m^2):				
Type of Building(3):		☐ Dedicated Building	☐ Commercial Building	☐ Villa	☐ Flat / Suite
Land Availability(4):		☐ Yes		☐ No	
Expected Date of:		Starting the Project on Site:		Commissioning the Facility:	

Total Project Cost:	Item	Value (AED)
	Construction Cost Medical Equipment Cost Furniture and Office Equipment Cost Vehicle and Transportation Equipment Cost	
	Working Capital Pre-Operation Cost First Year Operating Cost	
	Total Investment	

Applicant(5):	Company Name:	
	Name and Surname Executive:	
	Role Executive:	
	Business Address:	
	Business Phone Number:	
	Business Email:	
Date the Health Facility Registration Submission will be ready: (6)		

(1) This is the Type of Application which the applicant is seeking to be licensed.
(2) This is the Type of Building in which the Facility will be located.
(3) This applies to Hospitals only.
(4) This is the Owner/Operator of the Health Facility. This section is to be filled out be a senior executive.
(5) This is the date the Submission will be ready for submission. THE LOCAL HEALTH AUTHORITY will advise a date on which the Submission can be lodged.

Section 2 – Type of Facility

Type of Facility(7): *(Fill in the selected Facility)*		
	☐ Hospital	☐ Day Procedure Centre
	☐ Rehabilitation Centre	☐ Diagnostic Centre
	☐ Clinic	☐ Mobile Health Unit
	☐ Pharmacy	☐ Other

(7) For detailed definitions of each Facility Type refer Part A – Health Facility Brief and Design, Section 3.

Section 3 - Hospitals

Functional Planning Units (FPU's)(8): *(Select the FPU's from below to be included in the Facility)*	Hospital								
	Teaching and Research Hospital	General Hospital	Maternity Hospital	Specialist Paediatric Hospital	Specialist Cancer Care Hospital	Specialist Rehab Hospital	Specialist Mental Health Hospital	Nursing Home	Dementia Care Centre
Administration Unit									
Admission Unit									
Adult Mental Health Inpatient Unit									
Ambulatory Care Unit									
Catering Unit									
Child & Adolescent Mental Health Unit									
Cleaning and Housekeeping Unit									
Clinical Information Unit									
Community Health Unit									
Day Surgery Procedure Unit									
Emergency Unit									
Engineering & Maintenance Unit									
Hospital Morgue									
Inpatient Accommodation Unit									
Intensive Care Unit – General									
IVF Unit									
Linen Handling Unit									
Main Entrance Unit									
Medical Imaging Unit – General									
Nuclear Medicine Unit									
Obstetrics Unit									
Operating Unit									
Oral Health									
Pathology									
Pharmacy	*Refer Section 7 below*								
Public & Staff Amenities Unit									
Radiation Oncology Unit									
Rehab- Allied Health Unit									
Sterile Supply Unit									
Supply Unit									
Waste Management									

(8) For detailed information on FPU's refer Part B – Health Facility Brief and Design, Section 3.

Section 4 – Day Procedure Centres

Functional Planning Units (FPU's)(8): *(Select the FPU's from below to be included in the Facility)*	Day Procedure Centre								
	Day Surgery Hospital	Specialist Dental Surgery Centre	Specialist Eye Surgery Centre	Specialist Ortho-paedic Centre	Specialist Plastic Surgery Centre	Specialist Radio-therapy Centre	Specialist Chemo-therapy Centre	Specialist Dialysis Centre	Specialist Invasive Imaging Centre
Administration Unit									
Admission Unit									
Cleaning & Housekeeping Unit									
Clinical Information Unit									
Day Surgery Procedure Unit									
Engineering & Maintenance Unit									
IVF Unit									
Linen Handling Unit									
Main Entrance Unit									
Medical Imaging Unit – General									
Nuclear Medicine Unit									
Obstetrics Unit									
Operating Unit									
Oral Health Unit									
Pathology Unit									
Pharmacy Unit	*Refer Section 7 below*								
Public & Staff Amenities Ubit									
Radiation Oncology Unit									
Sterile Supply Unit									
Supply Unit									
Waste Management Unit									

(8) For detailed information on FPU's refer Part B – Health Facility Brief and Design, Section 3.

Section 5 – Diagnostic Centres

Functional Planning Units (FPU's)(8): *(Select the FPU's from below to be included in the Facility)*	Diagnostic Centre			
	Medical Imaging Centre	Nuclear Medicine Centre	Phlebotomy Centre	General Diagnostic Centre
Administration Unit				
Cleaning & Housekeeping Unit				
Clinical Information Unit				
Engineering & Maintenance Unit				
Main Entrance Unit				
Medical Imaging Unit– General				
Nuclear Medicine Unit				
Radiation Oncology Unit				
Pathology Unit				
Waste Management Unit				

(8) For detailed information on FPU's refer Part B – Health Facility Brief and Design, Section 3.

Section 6 – Rehabilitation Centres

Functional Planning Units (FPU's)(8): *(Select the FPU's from below to be included in the Facility)*	Rehabilitation Centre			
	General or Group Practice Primary Health Centre	General and Specialised Clinic – Medical Polyclinic – School Clinic	General and Specialised Dental Clinic – Dental Polyclinic	Community Health Centre
Administration Unit				
Cleaning & Housekeeping Unit				
Clinical Information Unit				
Rehab- Allied Health Unit				
Waste Management Unit				

(8) For detailed information on FPU's refer Part B – Health Facility Brief and Design, Section 3.

Section 7 – Pharmaceutical Facilities

Functional Planning Units (FPU's)(9): *(Select the FPU from below to be included in the Facility)*	Pharmacies		
	24 Hour Pharmacy	Inpatient	Outpatient
Pharmacy Unit			

(9) This refers to stand alone facilities only. Pharmaceutical Facilities which are included within other facility types are to be in the selected FPU's for that facility.

Section 8 – Mobile Units

Functional Planning Units (FPU's): *(Select the FPU from below to be included in the Facility)*	Mobile Unit	
	One - Speciality Unit	Multi - Speciality Unit
Mobile Unit		

Section 9 – Role Delineation Levels – RDL's

The applicant must select the services to be provided in the facility by selecting the FPU's in the above sections together with the appropriate RDL's for those services in the following section. The RDL's below set out the most common health services defined under each RDL under each category the requirements are stated.

Once both the FPU's and the RDL's are selected the facility requirements can be determined and verified by THE LOCAL HEALTH AUTHORITY.

For detailed information on RDL's, definitions and abbreviations refer Part B – Health Facility Brief and Design, Section 2.

Role Delineation Levels (RDL's): *(Select the RDL for the services to be provided)*	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
General						
Cardiology						
Endocrinology						
Geriatric						
Neurology						
Renal – General						
Renal – Dialysis						
Oncology						
Radiation Oncology						
Respiratory						
Palliative Care						
Gastroenterology						
Surgical Services						
General						
ENT						
Gynaecology						
Ophthalmology						
Orthopaedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency / Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics						
Paediatrics Services						
Paediatrics						
Neonatology						
Rehabilitation Services						
Rehabilitation						
Continuing Care Services						
Community Assessment						

Role Delineation Levels (RDL's): *(Select the RDL for the services to be provided)*	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Prevention and Promotion Services						
Environmental Health ▪ Health protection including food, air, water, radiation, pharmaceutical, pesticides, mosquito borne diseases						
Communicable Disease Control ▪ Includes food and water borne diseases, vaccination programs, STI's, BBV's and indigenous diseases						
Child and Community Health ▪ Community Health Services, School Health Services, Child Health Services, Child Development Services						
Indigenous Health						
Health Promotion ▪ Primary prevention including lifestyle diseases and injury prevention						
Breast Screen						
Screening & Assessment						
Cervical ▪ Health promotion, screening awareness, maintain cervical cytology register						
Genomics ▪ Education, research						
Primary Care Services						
GP Based Community Nursing						
Ambulatory Care Services						
Surgical						
Medical						
Rehabilitation						
Continuing Care						
Paediatrics						
Obstetrics						
Child & Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Mental Health Promotion & Illness Prevention						
Emergency Services (Hospital Based)						
Inpatient Services						
Community Clinical Based Services						
Day Therapy Services (Hospital Based)						
Community Non Clinical Support Programs						
Intermediate Care						
Mental Health Services						
Forensic						

Role Delineation Levels (RDL's): *(Select the RDL for the services to be provided)*	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Maternal						
Neurological						
Alcohol & Drug						
Other Eating Disorder						
Clinical Support Services						
Pathology						
Radiology						
Pharmacy						
ICU / HDU						
Paediatric ICU						
CCU						
Anaesthetics						
Operating Theatres						
Training & Research						

I, ……., ……., hereby certify or affirm that:

Applicant Name and Surname *Title of Applicant*

The information provided in this application is complete and accurate;

1. All official documents required by THE LOCAL HEALTH AUTHORITY are enclosed;
2. Upon approval of Step 1 – Registration (as setout in Part A – Health Facility Brief and Design), Step 2 – Schematic Submission of the Approval Process must be lodged in full to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY within twelve (12) months of the date of approval of Step 1;
3. In the case of land being reserved by THE LOCAL HEALTH AUTHORITY, Step 2 – Schematic Submission of the Approval Process must be lodged in full to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY within six (6) months of the date of THE LOCAL HEALTH AUTHORITY's reservation of the land;
4. In the case of Step 2 – Schematic Submission not being lodged within the time limit specified in item 3 above (12 months), the application will become void and a new application shall be required to be lodged commencing with Step 1 – Registration as setout in Part A – Health Facility Brief and Design;
5. If required, the validity of the Step 1 – Registration can be extended for a further 12 months, by special application to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY prior to expiry of the 12 months period.
6. As a result of final inspection of the facility by THE LOCAL HEALTH AUTHORITY's Health Audit Team ensuring compliance with all of the relevant Guidelines and conditions of approval, the Health Licensing Department will deliver the final license to commission the facility.
7. Note: For Inpatient Pharmacies:
   The facility must apply for a separate license.
   I acknowledge and attest the facility:
   a. Medical professional staff qualifications will meet the THE LOCAL HEALTH AUTHORITY PRQ;
   b. Will deploy and maintain THE LOCAL HEALTH AUTHORITY's healthcare quality standards;
   c. Will comply with THE LOCAL HEALTH AUTHORITY's policies, rules and regulations;
   d. Will implement best recognised healthcare practices to manage health information, patient and staff safety, quality improvement from all perspectives; and
   e. Will provide the Health Licensing Department of THE LOCAL HEALTH AUTHORITY monthly and yearly statistical reports upon facility commissioning.

Owner's Name, Signature and Date:

Name:

……

Signature:

……

Date: ……

For Official Use

☐ Approved ☐ Incomplete, further information required ☐ Not Approved

Comments: ……

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Chairman of Health Facilities Licensing Taskforce	*Head of Health Facilities Licensing Department*	*Director of Policy and Regulation*

International Health Facility Guidelines

Registration Approval Form

Purpose:

The purpose of this form is to notify the applicant of the approval or rejection issued by the Local Health Authority for the Registration Submission Stage (Step 1 as set out in Part A – Health Facility Brief and Design) of the application only.

Submission Approval		
'Approval in Principle – Registration' (AIP-R) Approval Number:		
Number of Registration Submission:		
Project	Name:	
	Location/Address:	
	Legal Plot Number:	
Applicant:	Company Name:	
	Name and Surname:	
	Business Address:	
	Business Phone Number:	
	Business Email:	
Date:		
Date of Expiry of Approval:		

Type of Approval

☐ Approved ☐ Not Approved

Notes: ……

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Chairman of Health Facilities Licensing Taskforce	*Head of Health Facilities Licensing Department*	*Director of Policy and Regulation*

Approval Conditions:

In the case of approval, the Local Health Authority advises approval of this application for the Registration Submission is granted subject to compliance with conditions of approval noted herein and all of the relevant Standards and Guidelines applicable to the subject facility. Upon approval of the AIP-R (Step 1 as set out in Part A – Health Facility Brief and Design), the Schematic Submission (Step 2 as set out in Part A – Health Facility Brief and Design) of the Approval Process must be lodged in full to the Health Licensing Department of the Local Health Authority within twelve (12) months of the date of approval of the AIP-R.

Rejection Conditions:

In the case of rejection the applicant is permitted to lodge one (1) further submission only for Step 1– Registration Submission.

Period of Validity of Approval:

The AIP-R remains valid for 12 months, during which the General Building Approval Process can be continued and during which Step 2 of the Approval Process for Health Facilities is to be initiated. If required, the validity of the AIP-S (Approval in Principle – Schematic) can be extended for a further 12 months by special application to the Health Licensing Department of the Local Health Authority prior to expiry of the 12 months period.

International Health Facility Guidelines

Schematic Submission Registration Form

Purpose:

The purpose of this registration form is to notify the Local Health Authority of the intent to lodge a Schematic Submission for a comprehensive review against the Standards and Guidelines. The notification will allow the Local Health Authority to streamline incoming documents and ensure adequate staffing is available for the review process. On satisfactory completion of this process the applicant will be given an 'Approval in Principle – Schematic' (AIP-S) certificate

Pre-requisites:

Prior to lodging this Registration Form, we advise the applicant to verify the Health Facility has been registered with the Local Health Authority, through the Health Facility Registration Form. If the Facility was registered, the applicant should have received an "Approval in Principle – Registration" or AIP-R. We advise to transfer the Approval number of the AIP-R to the applicable section below. Further information on the Licensing process is available through the Health Facilities Guidelines – Part A Administrative Provisions.

Process to Lodge this Registration Form:

Fill out this form on screen – print – lodge without signature online – sign the printed copy and include it in the Schematic Submission. By return email, the Local Health Authority may confirm the date and time when the submission can be lodged at the Local Health Authority office.

AIP-R Approval Number(1):		
Number of Schematic Submission(2):		
Project	Name:	
	Location/Address:	
	Legal Plot Number:	
	Size (Gross Floor Area in m^2):	
Applicant(3)	Company Name:	
	Name and Surname Executive:	
	Role Executive:	
	Business Address:	
	Business Phone Number:	
	Business Email:	
	Prequalification Number(4):	
Date the Schematic Submission will be ready(5):		

(1) This is the Approval number on the AIP-R form received from the Local Health Authority when the Registration of the Health Facility was approved.
(2) This is the number of times a Schematic Submission was lodged. The maximum number of submissions is 2.
(3) This is the Owner/Operator of the Health Facility. This section is to be filled out be a senior executive.
(4) This is the Local Health Authority prequalification number for all prequalified Owners/Operators.
(5) This is the date the Submission will be ready for submission. The Local Health Authority will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature: ……

Date: ……

International Health Facility Guidelines

Schematic Submission Approval Form

Purpose:

The purpose of this form is to notify the applicant of the approval or rejection issued by the Local Health Authority for the Schematic Submission Stage (Step 2 as set out in Part A – Health Facility Brief and Design) of the application only.

Submission Approval		
'Approval in Principle – Schematic' (AIP-S) Approval Number:		
Number of Schematic Submission:		
Project	Name:	
	Location/Address:	
	Legal Plot Number:	
Applicant:	Company Name:	
	Name and Surname:	
	Business Address:	
	Business Phone Number:	
	Business Email:	
Date:		
Date of Expiry of Approval:		

Type of Approval

☐ Approved ☐ Not Approved

Notes: ……

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Chairman of Health Facilities Licensing Taskforce	*Head of Health Facilities Licensing Department*	*Director of Policy and Regulation*

Approval Conditions:

In the case of approval, the Local Health Authority advises approval of this application for the Schematic Submission is granted subject to compliance with conditions of approval noted herein and all of the relevant Standards and Guidelines applicable to the subject facility. Upon approval of the AIP-S (Step 2 as set out in Part A – Health Facility Brief and Design), the Detailed Submission (Step 3 as set out in Part A – Health Facility Brief and Design) of the Approval Process must be lodged in full to the Health Licensing Department of the Local Health Authority within twelve (12) months of the date of approval of the AIP-S.

Rejection Conditions:

In the case of rejection the applicant is permitted to lodge one (1) further submission only for Step 2– Schematic Submission of the Approval Process and should a rejection be issued for the subsequent submission then the application shall revert back to Step 1 – Registration of the Application Process.

Assessment Report:

In the case of approval an Assessment Report is attached hereto listing all non-compliances requiring rectification. The applicant is required to comply with the requirements of the Assessment Report in the following stage application.

Period of Validity of Approval:

The AIP-S remains valid for 12 months, during which the General Building Approval Process can be continued and during which Step 3 of the Approval Process for Health Facilities is to be initiated. If required, the validity of the AIP-S can be extended for a further 12 months by special application to the Health Licensing Department of the Local Health Authority prior to expiry of the 12 months period.

International Health Facility Guidelines

Detailed Submission Registration Form

Purpose:

The purpose of this registration form is to notify the Local Health Authority of the intent to lodge a Detailed Submission for a comprehensive review against the Standards and Guidelines. The notification will allow the Local Health Authority to streamline incoming documents and ensure adequate staffing is available for the review process. On satisfactory completion of this process the applicant will be given an 'Approval in Principle – Detailed' (AIP-D) certificate.

Pre-requisites:

- Verify the Health Facility has received an "Approval in Principle – Schematic" or AIP-S. If so, the Approval number of the AIP-S is to be transferred to the applicable section below. Further information on the Licensing process is available through the International Health Facilities Guidelines - Part A Administrative Provisions.
- Ensure the Health Facility has received a Project Approval from the Urban Planning Council. Submissions without this approval will be rejected.

Process to Lodge this Registration Form:

Fill out this form on screen – print – lodge without signature online – sign the printed copy and include it in the Detailed Submission. By return email, the Local Health Authority may confirm the date and time when the submission can be lodged at the Local Health Authority office.

AIP-R and AIP-S Approval Numbers(1):		AIP-R:	AIP-S:
Number of Detailed Submission(2):			
Project	Name:		
	Location/Address:		
	Legal Plot Number:		
	Size (Gross Floor Area in m^2):		
Applicant(3)	Company Name:		
	Name and Surname Executive:		
	Role Executive:		
	Business Address:		
	Business Phone Number:		
	Business Email:		
	Prequalification Number(4):		
Date the Detailed Submission will be ready(5):			

(1) This is the Approval number on the AIP-R and AIP-S form received from the Local Health Authority when registering and when receiving approval for the Schematic Submission.
(2) This is the number of times a Detailed Submission was lodged. The maximum number of submissions is 3.
(3) This is the Owner/Operator of the Health Facility. This section is to be filled out be a senior executive.
(4) This is the Local Health Authority prequalification number for all prequalified Owners/Operators.
(5) This is the date the Submission will be ready for submission. The Local Health Authority will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature: ……

Date: ……

International Health Facility Guidelines

Detailed Submission Approval Form

Purpose:

The purpose of this form is to notify the applicant of the approval or resubmission required or rejection issued by the Local Health Authority for the Detailed Submission Stage (Step 3 as set out in Part A – Health Facility Brief and Design) of the application only.

Submission Approval		
Approval in Principle – Detailed' (AIP-D) Approval Number:		
Number of Detailed Submission:		
Project	Name:	
	Location/Address:	
	Legal Plot Number:	
Applicant:	Company Name:	
	Name and Surname:	
	Business Address:	
	Business Phone Number:	
	Business Email:	
Date:		
Date of Expiry of Approval:		

Type of Approval

☐ Approved ☐ Incomplete, Resubmit ☐ Not Approved

Notes: ……

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Chairman of Health Facilities Licensing Taskforce	*Head of Health Facilities Licensing Department*	*Director of Policy and Regulation*

Approval Conditions:

In the case of approval, the Local Health Authority advises approval of this application for the AIP-D Detailed Submission is granted subject to compliance with conditions of approval noted herein and all of the relevant Standards and Guidelines applicable to the subject facility. Upon approval of the AIP-D (Step 3 as set out in Part A – Health Facility Brief and Design), Step 4 of the Approval Process as set out in Part A – Health Facility Brief and Design must be initiated within twelve (12) months of the date of approval of the AIP-D.

Resubmission Conditions:

In the case of resubmission the applicant shall comply with the requirements of the Assessment Report. The applicant shall then resubmit within three (3) months of the date of the AIP-D.

Rejection Conditions:

In the case of rejection the applicant is permitted to lodge up to two (2) further submissions only for Step 3– Detailed Submission of the Approval Process and should a rejection be issued for the third submission then the application shall revert back to Step 1 – Registration of the Application Process.

Assessment Report:

In the case of approval an Assessment Report is attached hereto listing all non-compliances requiring rectification. The applicant is required to comply with the requirements of the Assessment Report in the following stage application.

In the case of a resubmission the applicant shall comply with the requirements of the Assessment Report which lists all non compliances to be rectified and resubmit only those portions of the submission that require redesign and provide answers/solutions to all other outstanding non compliances as listed in the Report.

Period of Validity of Approval:

The AIP-S remains valid for 12 months, during which the General Building Approval Process can be continued and during which Step 4 of the Approval Process for Health Facilities is to be initiated. If required, the validity of the AIP-S can be extended for a further 12 months or longer by special application to the Health Licensing Department of the Local Health Authority prior to expiry of the 12 months period.

International Health Facility Guidelines

Request for Inspection

Purpose:

The purpose of this registration form is to request the Local Health Authority to conduct a comprehensive site inspection against the Standards and Guidelines and the Assessment Report issued at various Approval stages namely AIP-R (Approval in Principle – Registration) & AIP-D (Approval in Principle – Detailed) . The notification will allow the Local Health Authority to streamline requests and ensure adequate staffing is available for the inspection process.

Pre-requisites:

Prior to lodging this Registration Form, we advise the applicant to prepare a progress report listing all outstanding non compliances from the Assessment Report (received from the Local Health Authority, with the AIP-D) and their answers and solutions and their status and progress on site, all in the format prescribed by the Local Health Authority. Further information on the Licensing process is available through the Guidelines – Part A Administrative Provisions.

Process to Lodge this Registration Form:

Fill out this form on screen – print – lodge without signature online – sign the printed copy and lodge it with the Local Health Authority together with the progress report. By return email, the Local Health Authority may confirm the date and time when the progress report can be lodged at the Local Health Authority office.

AIP-R and AIP-D Approval Numbers(1):		AIP-R:	AIP-D:
Is this a 90% or 100% Completion Inspection:			
Project	Name:		
	Location/Address:		
	Legal Plot Number:		
	Size (Gross Floor Area in m2):		
Applicant(2)	Company Name:		
	Name and Surname Executive:		
	Role Executive:		
	Business Address:		
	Business Phone Number:		
	Business Email:		
	Prequalification Number(3)		
Date the Progress Report will be ready(4)			

(1) This is the Approval number on the AIP-R and AIP-D form received from the Local Health Authority when registering & when receiving approval for the Detailed Submission.
(2) This is the Owner/Operator of the Health Facility. This section is to be filled out be a senior executive.
(3) This is the Local Health Authority prequalification number for all prequalified Owners/Operators.
(4) This is the date the Submission will be ready for submission. The Local Health Authority will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature: ……

Date: ……

International Health Facility Guidelines

TAHPI

Deliverables for Schematic Submission

0. Guidance on how to Deliver your Submission

The purpose of this document

1. This document provides information on all the deliverables required for a Schematic Submission. It specifies what the deliverables are, their quantity, format, size, scale and content.
2. This document also is to be used as a Checklist for the applicant, to verify the submission is complete. To ensure a complete and compliant submission is presented to Local Health Authority, the applicant is to check all the boxes in the green field. Although Local Health Authority encourages the applicant to provide as much information as possible, there may be reasons why certain deliverables may not need to be provided. Where the submission deviates from what is listed below, the applicant is to list these in a separate Non-Compliance Report (refer to item 1.6 and 1.7) and explain the reason. It should however be noted submissions deemed incomplete may be rejected by Local Health Authority. It is therefore the applicant's responsibility to be as complete as possible and where in doubt, consult Local Health Authority for the exact requirements. The deliverables as listed below are applicable to a large scale, complex Health Facility - small scale, basic facilities may be exempt from providing certain deliverables.

   Examples: A vertical transportation study is obviously not required for single level facilities. For multiple storey facilities, it may only be required if over a certain size - applicant to confirm with Local Health Authority
   Details for food storage and preparation are not required if the health facility does not provide this service
   Details of medication delivery may not be required for a small dental clinic
3. The officer will use this document to verify the submission is complete and compliant by checking all the boxes in the yellow field.

Key to the spreadsheet below

Part	For hard copies - All items with identical numbers are to be bound together but separated by dividers/tabs For soft copies - All items with identical numbers are to be filed together in a folder
Size	The document is to be submitted in the prescribed size
Scale	The document is to be submitted using the prescribed scale
T	Template - The applicant is to use a Template for this specific deliverable. All Templates are provided in Part A.
S	Sample - The applicant is to refer to a Sample for this specific deliverable. All Samples are provided in Part A. The Sample will give an indication on the format/content of the deliverable.
Hard Copy	An "x" in this column indicates 1 hard copy is to be provided, to scale and in colour where required. Note: All drawings submitted should be size A1
PDF	An "x" in this column indicates 1 PDF copy is to be provided, to scale and in colour where required. File naming should allow easy identification of each document.
Soft Copy	An "x" in this column indicates 1 soft copy in the prescribed format is to be provided. File naming should allow easy identification of each document.

General

All dimensions, levels and areas to be metric
All documents p All documents produced by the applicant to be in English

1. Documents, Approvals by Other Authorities and Service Providers, Non-Compliance Report

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments	APPLICANT SELF CHECK	OFFICER CHECK
1.1	Deliverables for Schematic Submission	1	A4	T	x	x		Signed hardcopy and PDF to be submitted with the submission	☐	☐
1.2	Schematic Submission Registration Form	1	A4	T	x	x	x	Soft copy to be submitted online by the operator/developer. Signed hardcopy and PDF to be submitted with the submission	☐	☐
1.3	Approval in Principal - Registration	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name	☐	☐
1.4	Urban Planning Council Master Plan Approval	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name	☐	☐
1.5	All other authority and utility suppliers approvals and NOC's received to date	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name	☐	☐
1.6	Non-Compliance Report - Deliverables	1	A4	T	x	x		Where the submission is not fully compliant (not all boxes ticked in the applicant self check field), all non-compliances are to be listed in a separate report explaining the reasons for the non-compliance. The missing item is to be identified by the corresponding reference number on this sheet.	☐	☐
1.7	Non-Compliance Report - Design	1	A4	T	x	x		Where the design is not fully compliant with the Standards and Guidelines, all non-compliances are to be listed in a separate report, explaining the reasons for the non-compliance	☐	☐

2. Reports, Schedules and Calculations

2.1 Reports

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments	APPLICANT SELF CHECK	OFFICER CHECK
2.1.1	Project Synopsis	2	A4		x	x		General description of the facility, 10 to 20 pages maximum * Type and purpose of the facility * Overall design philosophy * Need and benefits * Indicate whether there is a need for this facility to be fully operational after national disasters such as earthquakes, whether there are any special design considerations towards dealing with pandemics or large scale contamination * Key planning figures such as number of beds - operating rooms - birthing rooms - ICU bays/rooms - etc.	☐	☐
2.1.2	Role Delineation Level (RDL) Matrix	2	A4	T	x	x		Declare the intended level of service for every FPU within the facility. Note this should match what was declared when Registering (Step 1) the Health Facility	☐	☐
2.1.3	Functional Planning Unit (FPU) Schedule	2	A4		x	x		General description of each FPU * Complete list of all FPU's (Departments) including their gross floor area and proposed RDL * Provide a short Operational Policy per FPU * Explain the most critical functional relations to other FPU's (explain adjacencies) * Explain the different access points for staff, patients and visitors * Explain whether there are any (semi) restricted areas and how this segregation is achieved	☐	☐

2.1 Reports - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
2.1.4	People and Goods Flows	2	A4		x	x		At facility level, explain (text) and document in colour through the departmental relationship plans
								* Visitors flows from car parking to each FPU accessible to the public
								* Staff flows from car parking to each FPU and/or change room
								* Patient flows from car parking, ambulance bay and helipad to each FPU accessible to patients
								* The use and internal size of each lift cabin - staff, patients, visitors, goods, maintenance, SSU or a mixture
								* The use of each entry point into the facility - staff, patients, visitors, goods - public, staff only, etc
								* Storage, collection, delivery, distribution of clean and soiled linen. Explain whether laundry is on/off site.
								* Storage, collection, recycling of waste - general, food, medical, radioactive, bio hazard
								* Storage, delivery of fuels, medical gases
								* Storage, delivery of food to the kitchen. Explain whether food preparation is on/off site
								* Storage, delivery of food to the Inpatient Units
								* Medication delivery to wards, medication rooms, pharmacies, etc - who delivers, how is it stored, how is it secured
								* Cleaning methods and distribution/detailed fit out of house keeping rooms

2.2 Schedules and Calculations

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	x	Excel	Room names in line with HFG nomenclature
								Room number and its metric floor area
								No of rooms per type, per FPU (Functinal Planning Unit)
								Total circulation within the department
								Departmental totals - net, circulation, gross
2.2.2	Preliminary occupant Load Calculation	3	A4		x	x		
2.2.3	Preliminary Vertical Transportation Study	3	A4		x	x		This should be conducted by a reputable vertical transportation specialist
								Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance
2.2.4	Preliminary Car Parking Study	3	A4		x	x		Use the ADA calculation method based on clause ADA 4.1.2(5)
								Indicate the numbers of each type of car park - standard, accessible, accessible van, etc.
								Where the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed

3. Drawings

3.1 Architectural and Health Planning Drawings

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.1.1	Departmental relationships plans and	4	1/100		x	x	Acad	Room names in line with HFG nomenclature
	People & Goods Flows							FPU (Department) names in line with HFG nomenclature
								FPU's (Departments) shown in different colours
								Where support areas are shared between departments, provide hatching indicating the extent
								Where areas are restricted or semi restricted, provide a bold outline around the perimeter indicating the extent
								Indicate all people and goods flows as described under 2.1.4
								Key plan indicating what portion of the facility is shown on the sheet
3.1.2	Architectural Floor Plans	5	1/100	S	x	x	Acad	Room names in line with HFG nomenclature
								Room number and its metric floor area
								FPU (Department) names in line with HFG nomenclature
								Total FPU (Department) area written within each FPU
								Key plan indicating what portion of the facility is shown on the sheet
3.1.3	Architectural Sections	6	1/100		x	x	Acad	Metric dimensions of floor to floor heights
								Metric dimensions of clear ceiling heights
								Key plan indicating where the section is taken

3.2 Drawings Documenting Compliance with ADA 1994

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.2.1	Site Plan	7	1/500		x	x	Acad	Ground floor layout of the facility with overhanging roofs and canopies dashed
			1/1000					On grade car parking, including traffic directions and markings. Indicate the numbers of each type of car park - standard, accessible, accessible van, etc.
								On grade accessible car parking and their accessible routes to entrances identified
								Pedestrian crossings and walkways
								Loading bays with clean/dirty separation shown
								Landscaped areas
								Access points to public transport
								Vehicle and pedestrian ramps
								Externals steps and stairs

3.2 Drawings Documenting Compliance with ADA 1994 - continued

								Ambulance access and parking	
								Drop off zones	
								Helipads	
								North arrow	
								Site boundary	
								Surrounding streets and access points	
								Total land area, ground floor footprint area and total building area	

4. Compliance Declaration

We, the undersigned have compiled the Schematic Submission and we confirm the submission is complete and matches Local Health Authority requirements as set out above. We also confirm the design is in compliance with the Standards and Guidelines. Where compliance with the submission requirements and/or with the Standards and Guidelines was not achieved, these non compliances were listed in the Non-Compliance Reports (item1.6 and 1.7)

Standards and Guidelines for the Schematic Submission

Health Facility Guidelines - Part A to D
Americans with Disabilities Act 1994

National Fire Protection Association 99

Architect of Record

Signed:	
Organisation	
Prequalification number	
Name	
Position	
Date	

Specialist Health Facility Planner

Signed:	
Organisation	
Prequalification number	
Name	
Position	
Date	

For office use only:

Signed:

Stamp:

Local Health Authority confirms the Schematic Submission was received and verified. In terms of completeness and formatting, the submission was found to be:

- ☐ Accepted (1)
- ☐ Accepted with comments (2)
- ☐ Rejected with comments

Comments:

Name Officer:

Date:

Notes
(1) Although Local Health Authority may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by Local Health Authority.
(2) If minor discrepancies are picked up when submitting, at theLocal Health Authority officers discretion, may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by Local Health Authority.

International Health Facility Guidelines

TAHPI

Deliverables for Detailed Submission

0. Guidance on how to deliver your submission

The purpose of this document

1. This document provides information on all the deliverables required for a Detailed Submission. It specifies what the deliverables are, their quantity, format, size, scale and content.
2. This document also is to be used as a Checklist for the applicant, to verify the submission is complete. To ensure a complete and compliant submission is presented to Local Health Authority, the applicant is to check all the boxes in the green field. Although Local Health Authority encourages the applicant to provide as much information as possible, there may be reasons why certain deliverables may not need to be provided. Where the submission deviates from what is listed below, the applicant is to list these in a separate Non-Compliance Report (refer to item 1.6 and 1.7) and explain the reason. It should however be noted submissions deemed incomplete may be rejected by QSCH. It is therefore the applicant's responsibility to be as complete as possible and where in doubt, consult QSCH for the exact requirements. The deliverables as listed below are applicable to a large scale, complex Health Facility - small scale, basic facilities may be exempt from providing certain deliverables.

   Examples: A vertical transportation study is obviously not required for single level facilities. For multiple storey facilities, it may only be required if over a certain size - we advise to check with QSCH
   Details for food storage and preparation are not required if the health facility does not provide this service
   Details of medication delivery may not be required for a small dental clinic
3. The QSCH officer will use this document to verify the submission is complete and compliant by checking all the boxes in the yellow field.

Key to the spreadsheet below

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General

All dimensions, levels and areas to be metric
All documents produced by the applicant to be in English

1. Documents and Approvals by Other Authorities and Service Providers

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments	APPLICANT SELF CHECK	OFFICER CHECK
1.1	Deliverables for Detailed Submission	1	A4	T	x	x		Signed hardcopy and PDF to be submitted with the submission.		
1.2	Detailed Submission Registration Form	1	A4	T	x	x	x	Soft copy to be submitted online by the operator/developer. Signed hardcopy and PDF to be submitted with the submission		
1.3	Approval in Principal - Schematic	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name		
1.4	Assessment Report	1	A4	S	x	x	Word	The MSWord Assessment Report as issued by QSCH when issuing the AIP-S is to be completed and updated as required		
1.5	Urban Planning Council Project Approval	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name		
1.6	Civil Defence Approval	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name		
1.7	All other authority and utility suppliers approvals and NOC's received to date	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name		
1.8	Non-Compliance Report -Deliverables	1	A4	T	x	x		Where the submission is not fully compliant (not all boxes ticked in the applicant self check field), all non-compliances are to be listed in a separate report explaining the reasons for the non-compliance. The missing item is to be identified by the corresponding reference number on this sheet		
1.9	Non-Compliance Report - Design	1	A4	T	x	x		Where the design is not fully compliant with the Standards and Guidelines, all non-compliances are to be listed in a separate report, explaining the reasons for the non-compliance		

2. Architectural Reports, Schedules and Calculations

2.1 Architectural Reports

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments	APPLICANT SELF CHECK	OFFICER CHECK
2.1.1	Project Synopsis	2	A4		x	x		General description of the facility, max 10 to 20 pages * Type & purpose of the facility * Overall design philosophy * Need & benefits * Indicate whether there is a need for this facility to be fully operational after national disasters such as earth quakes, whether there are any special design considerations towards dealing with pandemics or large scale contamination * Key planning figures such as number of beds - operating rooms - birthing rooms - ICU bays/rooms - etc		
2.1.2	Role Delineation Level (RDL) Matrix	2	A4	T	x	x		Declare the intended level of service for every FPU within the facility. Note this should match what was declared when Registering (Step 1) the Health Facility		

2.1 Architectural Reports - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
2.1.3	Functional Planning Unit (FPU) Schedule	2	A4		x	x		General description of each FPU * Complete list of all FPU's (departments) including their gross floor area & proposed RDL * Provide a short operational policy per FPU * Explain the most critical functional relations to other FPU's (explain adjacencies) * Explain the different access points for staff, patients & visitors * Explain whether there are any (semi) restricted areas & how this segregation is achieved * Explain what facilities (change rooms, showers, lounges, toilets, etc) are available for staff, patients & visitors within/outside the department * Explain all different storage rooms within the FPU & their intended use * Explain all special hazards within this particular FPU & explain how this will be addressed during the design phase (example: radiation, chemicals, etc) * Elaborate on all people and goods flows within the department if this is not fully addressed under item 1.2.4
2.1.4	People & Goods Flows	2	A4		x	x		At facility level, explain (text) & document in colour through the departmental relationship plans * Visitors flows from car parking to each FPU accessible to the public * Staff flows from car parking to each FPU &/or change room * Patient flows from car parking, ambulance bay & helipad to each FPU accessible to patients * The use & internal size of each lift cabin - staff, patients, visitors, goods, maintenance, CCSD or a mixture * The use of each entry point into the facility - staff, patients, visitors, goods - public, staff only, etc * Storage, collection, delivery, distribution of clean & soiled linen. Explain whether laundry is on/off site. * Storage, collection, recycling of waste - general, food, medical, radioactive, bio hazard * Storage, delivery of fuels, medical gases * Storage, delivery of food to the kitchen. Explain whether food preparation is on/off site. * Storage, delivery of food to the wards. * Medication delivery to wards, medication rooms, pharmacies, etc - who delivers, how is it stored, how is it secured * Cleaning methods & distribution/detailed fit out of house keeping rooms

2.2 Architectural Schedules and Calculations

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	x	Excel	Room names in line with HFG nomenclature Room number & its metric floor area No of rooms per type, per FPU (Department) Total circulation within the department Departmental totals - net, circulation, gross Total circulation outside the departments Total engineering space & plant rooms Floor level totals - net, circulation, gross Facility totals - net, circulation, gross State which area measurement method was used, internal dimensions or no-gap method GFA should be listed per floor & per use (offices, clinical, etc.)
2.2.2	Occupant Load Calculation	3	A4		x	x		
2.2.3	Vertical Transportation Study	3	A4		x	x		This should be conducted by a reputable vertical transportation specialist Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance
2.2.4	Car Parking Study	3	A4		x	x		Use the ADA calculation method based on clause ADA 4.1.2(5) Indicate the numbers of each type of car park - standard, accessible, accessible van, etc. Where the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed

3. Architectural Drawings

3.1 Architectural and Health Planning Drawings

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.1.1	Departmental Relationships Plans & People & Goods Flows	4	1/100		x	x	Acad	Room names in line with HFG nomenclature FPU (Department) names in line with HFG nomenclature FPU's (Departments) shown in different colours Where support areas are shared between departments, provide hatching indicating the extent Where areas are restricted or semi restricted, provide a bold outline around the perimeter indicating the extent Indicate all people & goods flows as described under 1.2.4 Key plan indicating what portion of the facility is shown on the sheet
3.1.2	Architectural Floor Plans	5	1/100	S	x	x	Acad	Room names in line with HFG nomenclature Room number & its metric floor area FPU (Department) names in line with HFG nomenclature Total FPU (Department) area written within each FPU Dimensions (between walls) for all rooms, including corridors Dimensions for door openings (clear opening) Dimensions between grid lines All built in joinery, sanitary fittings & large furniture/equipment Where sinks & basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning & for hand washing All floor wastes & shower drains, including floor falls Where storage rooms/alcoves are shown, specify the exact use in line with the nomenclature as described in the HFG Key plan indicating what portion of the facility is shown on the sheet

3.1 Architectural and Health Planning Drawings - continued

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.1.3	Architectural Sections	6	1/100		x	x	Acad	Dimensions of floor to floor heights
								Dimensions of clear ceiling heights
								Key plan indicating where the section is taken
3.1.4	Reflected ceiling plans	7	1/100		x	x	Acad	Room names in line with HFG nomenclature
								Room number
								Ceiling height
								All built in joinery going up to the ceiling
								All ceiling mounted equipment & fixtures
								Type/material of ceiling
								Key plan indicating what portion of the facility is shown on the sheet
3.1.5	Architectural Elevations Exterior	8	1/100		x	x	Acad	Dimensions of floor to floor heights
								Key plan indicating where the elevation is taken
								Operable windows & external vents/intakes clearly labelled
3.1.6	Room Layouts & Elevations of all Typical Rooms	9	1/20		x	x	Acad	Room names in line with HFG nomenclature
			1/50					Room number & its metric floor area
								Dimensions (between walls)
								Dimensions for door openings (clear opening)
								All fixtures, fittings, joinery, sanitary fittings & equipment
								Where sinks & basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning & for hand washing
								All floor wastes & shower drains, including floor falls
								All MEP outlets (electrical, data, gas)
								Reference indicating where this room is located on the 1:100 drawings
3.1.7	Room Layouts & Elevations of all Non-Typical	9	1/20		x	x	Acad	As above
	Critical Rooms		1/50					

3.2 Drawings Documenting Compliance with ADA 1994

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.2.1	Site Plan	10	1/500		x	x	Acad	Ground floor layout of the facility with overhanging roofs & canopies dashed
			1/1000					On grade car parking, including traffic directions & markings. Indicate the numbers of each type of car park - standard, accessible, accessible van, etc
								On grade accessible car parking & their accessible routes to entrances identified
								Pedestrian crossings & walkways
								Loading bays with clean/dirty separation shown
								Landscaped areas
								Access points to public transport
								Vehicle & pedestrian ramps
								Externals steps & stairs
								Ambulance access & parking
								Drop off zones
								Helipads
								North arrow
								Site boundary
								Surrounding streets & access points
								Total land area, ground floor footprint area & total building area
3.2.2	Accessibility Floor Plans	11	1/100		x	x	Acad	Visualise (hatch, colour) all accessible routes and facilities & joinery items along these routes, including & not limited to the list under 2.2.3
								Provide call outs for each item & document at an appropriate scale as mentioned under item 2.2.3
3.2.3	Document all Accessible Items:	11			x	x	Acad	Ensure compliance with all applicable ADA clauses is documented, including but not limited to the items below
	* Car parks for cars for the disabled							Plan of car park + aisle & its connection to the accessible route
								Clear height from car park entrance to car park
	* Car parks for vans for the disabled							Plan of car park + aisle & its connection to the accessible route
								Clear height from car park entrance to car park
	* Passenger loading zones							Slope, levels, clear width, length
	* Kerb ramps							Slope, levels, clear width, length
	* Ramps							Slope, levels, clear width, length, handrail details
	* Stairs							Slope, levels, clear width, length, handrail details
	* Lifts							Internal size of all lift cages deemed to be accessible
								Internal size of all lift cages deemed to be for bed transport
								Internal size of all lift cages deemed to be for maintenance/goods
								Clear door opening (width/height)
								Height, details of call buttons (inside & outside lift cabin) & handrails
	* Toilets, Ensuites, Bathrooms, Changing rooms							Door swings & clear openings
								Internal dimensions & accessible circle
								Location & size of fittings and fixtures
								Wheelchair square showing door approach
								Toilet & grab bar positioning
								Floor falls
								Shower seats
	* Accessible patient rooms & ensuites							Plans, elevations, sections, etc, as required
	* Counters, Kiosks, etc.							Plans, elevations, sections, etc, as required

3.2 Drawings Documenting Compliance with ADA 1994 - continued

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
	* Public Phones, Drinking Fountains, etc.							Plans, elevations, sections, etc, as required
	* Water Coolers, ATM's , Vending Machines, etc.							Plans, elevations, sections, etc, as required
	* Wall Protection & Handrail Strategy	11			x	x	Acad	Typical section of corridor approach in all public corridors
	* Approach with regards to the Hearing Impaired							Details as required
	* Approach with regards to the Visibly Impaired							Details as required
3.2.4	Number of Accessible Facilities	11			x	x		Diagram documenting the number of accessible facilities, as per ADA 6.1

4. Engineering Reports, Schedules and Calculations

4.1 Engineering Reports and Specifications

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
4.1.1	MEP Design Report	12	A4		x	x		Explain design Intent Parameters & consideration Design criteria
4.1.2	Fire Strategy Report	13	A4		x	x		Fire strategy & recommendation by Fire Consultant, Licensed house of Expertise by ADCD
4.1.3	MEP Technical Specifications	14	A4		x	x		
4.1.4	Acoustic Report	15	A4		x	x		Signed report by independent Acoustic Engineer to confirm compliance with the HFG

4.2 Engineering Calculations

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
4.2.1	HVAC Heat Load	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines
4.2.2	Water Demand, Boiler & Calorifier Sizing	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines
4.2.3	Major HVAC & Public Health Pump/Equipment Sizing (Hydraulics)	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines
4.2.4	LP Gas Load	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines
4.2.5	Fire Services	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines - Fire Water Reserve, Fire Pump Capacity, Gas Fire Suppression Capacity etc
4.2.6	Electrical Power & Lighting	16	A4		x	x		Compliance to Approved/Recommended Code & Guidelines

5. Engineering Drawings

5.1 HVAC Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.1.1	HVAC Equipment Schedules	17	NTS		x	x	Acad	Equipment Description & Tags (Abbreviation) Equipment Locations Detailed Equipment Capacity (Flow rate, Power, Voltage, Frequency, Head, etc)
5.1.2	HVAC System Riser Diagrams	17	NTS		x	x	Acad	Equipment and Duct/Pipe Description & Tags (Abbreviation) Detailed Duct Routing & Sizes Piping Routes & Sizes Major Valves, Dampers, Controls, Meters, etc Exact Equipment Quantities (FCU, AHU, FAHU) as per Design
5.1.3	HVAC System Design Plan Drawings	17	1/100		x	x	Acad	Key Plan Metric Dimensions of Duct & Pipes Sizes Equipment Description, Tags (Abbreviation), Capacity Optimized Duct & Pipes Routing Major Valves, Dampers, Controls, Meters, etc Coordinated Equipment Location Legends, Symbol & Abbreviations
5.1.4	HVAC Machine Rooms Plans & Sections	17	1/20 1/50		x	x	Acad	Room/Shaft Description & Levels Metric Dimensions of Clear Ceiling Heights Double Line Plan & Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Duct & Pipes Sizes Area/Room Identification
5.1.5	HVAC Main Shaft Sections, Major Crossovers	17	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan & Section Area/Room Identification
5.1.6	HVAC Standard Details, Symbols, Legends & Abbreviations	17	1/20 1/50 NTS		x	x	Acad	Equipment Standard Control Assembly Standard Valve Assembly Standard FCU, AHU, FAHU, FANS Assembly Standard Sleeve & Lagging Details Standard Inertia Bases Standard Support, Hangers & Brackets details Standard HEX Installation Detail Standard Connection Details to Major Equipments Standard Pipe & Duct Penetration Details Standard Louvre & Damper Mounting Details HVAC Symbol & Abbreviations

5.1 HVAC Design Drawings - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.1.7	Building Management System Diagrams	17	NTS		x	x	Acad	BMS Interface to Mechanical Equipment Signal/Alarm Monitor & Control Philosophy
5.1.8	Major HVAC Sequence of Operations	17			x	x	Acad	Major Equipment, Valves & Control Sequence of Operation

5.2 Public Health Design Drawings (Plumbing, LPG and Drainage)

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.2.1	Public Health Equipment, Manhole Schedules & Pipe Schedules	18	NTS		x	x	Acad	Equipment & Tanks Description & Tags (Abbreviation) Equipment & Tanks Locations Water Tank & Boiler/Calorifier Capacity Detailed Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head, etc) Manhole Schedule showing Cover Levels & Invert Levels Nominal Size to be used for Water Supply Pipes. Equivalent Commercial Pipe Schedule to be Shown
5.2.2	Public Health System Riser Diagrams including Treatment/Filtration & Solar Heating (If any)	18	NTS		x	x	Acad	Equipment & Pipe Description & Tags (Abbreviation) Optimized Pipe Routing & Sizes Major Valves, Controls, Meters, WHA, etc Detailed Equipment Quantities (Pumps, Tanks, Boilers, Heaters, Interceptors, Treatment System) as per Design Drawings Bathroom Group Water Supply & Drainage Connection Detailed Schematic Showing Fixture Connections Riser Numbers (Description)
5.2.3	Public Health System Design Plan Drawings	18	1/100		x	x	Acad	Key Plan Metric Dimensions of Pipes Sizes Equipment Description, Tags (Abbreviation), Capacity Pipe Routing & Sizes Detailed Valves, Controls, Meters, Flexible Connectors, Drains, Manholes, SGT, Interceptor, etc Coordinated Equipment/Plant Room Location Legends, Symbol & Abbreviations Pipe Slopes & Invert Levels
5.2.4	Public Health Major Pump Room Plans & Sections	18	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan & Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes Sizes Area/Room Identification
5.2.5	Public Health Major Shaft Sections & Wet Area Blow up Plans	18	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Area/Room Identification Blow up for Typical Wet Areas (Toilet, Wash Room, Kitchen, etc) Detailed Pipe Sizes, Valves, Slopes, etc
5.2.6	Public Health Standard Details, Symbols, Legends & Abbreviations	18	1/20 1/50 NTS		x	x	Acad	With Dimension Standard Control Assembly Standard Valve Assembly Standard Pump, Heater, Tanks Connections Assembly Standard Sleeve & Lagging Details Standard Inertia Bases Standard Support, Hangers & Brackets details Standard HEX Installation Detail Standard Connection Details to Major Equipments & Sanitarywares Standard Pipe Penetration Details Standard Pump Pit (Submersible) Details Standard Drains & Manhole Installation details Public Health Symbol & Abbreviations
5.2.7	Major Public Health Sequence of Operations	18			x	x	Acad	Major Equipment, Valves & Control Sequence of Operation for Water Cooling Major Equipment, Valves & Control Sequence of Operation for Solar Water Heating (If any)

5.3 Fire Fighting Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.3.1	Fire Fighting Equipment Schedules	19	NTS		x	x	Acad	Equipment & Tanks Description & Tags (Abbreviation) Equipment & Tanks Locations Fire Water Tank Capacity Detailed Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head, etc)
5.3.2	Fire Fighting System Riser Diagrams	19	NTS		x	x	Acad	Equipment & Pipe Description & Tags (Abbreviation) Detailed Pipe Routing & Sizes Major Valves, Controls, FHC, FHR, Hydrants, etc Detailed Equipment Quantities (Pumps, tanks, FHC, Hydrants) following Design Drawings
5.3.3	Fire Fighting System Design Drawings	19	1/100		x	x	Acad	Key Plan Sprinkler Zoning Key Plan (applicable for building exceeding 4831m3 floor area) Metric Dimensions of Pipes Sizes Equipment Description, Tags (Abbreviation), Capacity Major Valves, Controls, Fire Extinguishers, FHC, Sprinklers, Gas Spray Nozzles, etc Coordinated Equipment/Pump, Breeching Inlet & Gas Suppression Cylinder (for Electrical & Communication Rooms) Location Legends, Symbol & Abbreviations

5.3 Fire Fighting Design Drawings - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.3.4	Fire Fighting Major Pump Room Plans & Sections	19	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan & Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes Sizes Area/Room Identification
5.3.5	Fire Fighting Major Shaft Sections & Blow Up Plans	19	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Area/Room Identification Detailed Pipe Sizes, Valves, etc

5.4 Medical Gas Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.4.1	Medical Gas Equipment Schedules	20	NTS		x	x	Acad	Medical Equipment & Cylinder Description & Tags (Abbreviation) Medical Equipment & Cylinder Locations ~~Final~~ Optimized Medical Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head, etc)
5.4.2	Medical Gas System Riser Diagrams	20	NTS		x	x	Acad	Equipment & Pipe Description & Tags (Abbreviation) Pipe Routing & Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc Exact Equipment Quantities (Gas Cylinders, Vacuum, etc) as per Design Drawings
5.4.3	Medical Gas System Design Plan Drawings	20	1/100		x	x	Acad	Key Plan Gas Zoning Key Plan Number & Description of Outlets Metric Dimensions of Pipes Sizes Equipment Description, Tags (Abbreviation), Capacity Combined Medical Gas Pipe Routing Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc Coordinated Medical Equipment/Pump Room Location Legends, Symbol & Abbreviations
5.4.4	Medical Gas Major Pump Room Plans & Sections	20	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling heights Double Line Plan & Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes sizes Area/Room Identification
5.4.5	Medical Gas Major Shaft Sections & Blow Up Plans	20	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Area/Room Identification Blow up for Typical Rooms
5.4.6	Medical Gas Standard Details, Symbols, Legends & Abbreviations	20	1/20 1/50 NTS		x	x	Acad	With Dimension Standard Control Assembly Standard Valve Service Installation Detail Standard Terminal Unit Installation Detail Standard Sleeve Details Standard Inertia Bases Standard Support, Hangers & Brackets details Standard Remote & Alarm Switch Installation Detail Standard Connection Details to Major Medical Equipments Standard Pipe Penetration Details Medical Gas Symbol, Legends & Abbreviations
5.4.7	Major Medical Gas Sequence of Operations	20	N/A		x	x	Acad	Sequence of Operation for Medical Gas Supply Change-Over

5.5 Electrical Power Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.5.1	Electrical Load Schedules	21	NTS		x	x	Acad	MDB, SMDB & DB Schedules Cable Sizing Calculations Voltage Drop Calculations
5.5.2	Power Riser Diagrams	21	NTS		x	x	Acad	MDB's, SMDB's, DB's & Cables/Busbars Description & Tags (Abbreviation) All Cables, Busbar & Breaker Sizes MCC's & Control Panel Descriptions Earthing Details Generator Power Details
5.5.3	Power System Design Drawings	21	1/100		x	x	Acad	Key Plan Locations of all MDB's, SMDB's, DB's, MCC's, etc Equipment Description, Tags (Abbreviation), Capacity Detailed Cables & Busbar Routing Details of Transformer Room, Generator Room, LV Room, etc Coordinated Equipment Location Locations of all Small Power Outlets & its Circuiting Legends, Symbol & Abbreviations Earth Pit Locations

5.5 Electrical Power Design Drawings - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.5.4	Major Electrical Plant Rooms Plans & Sections	21	1/20 1/50		x	x	Acad	Room/Shaft Description & Levels Metric Dimensions of Clear Ceiling Heights Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Cables & Busbar Sizes Area/Room Identification
5.5.5	Power Major Shaft Sections, Major Crossovers & Major Blow Up Plans	21	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan & Section Area/Room Identification
5.5.6	Power Standard Details, Symbols, Legends & Abbreviations	21	1/20 1/50 NTS		x	x	Acad	With Dimension Power Symbol & Abbreviations Typical Earth Pit Details Cable Tray Details Standard Mounting Height for Electrical Accessories

5.6 Electrical Lighting Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.6.1	Lighting Schedules	22	NTS		x	x	Acad	Light Fixture Schedules Lux Level Calculations Lighting Control Philosophy
5.6.2	Emergency Lighting Schematic Diagrams	22	NTS		x	x	Acad	Central Battery Description, Panel Schedule, Locations, Tags (Abbreviation) Central Battery System Load Calculation All Cable Sizes
5.6.3	Emergency Lighting Design Drawings	22	NTS		x	x	Acad	Key Plan Emergency Light Fixture Description, Tags (Abbreviation) Coordinated Equipment Location Legends, Symbol & Abbreviations
5.6.4	Lighting Standard Details, Symbols, Legends & Abbreviations	22	1/20 1/50 NTS		x	x	Acad	With Dimension Lighting Symbol & Abbreviations Light Fixture Circuiting & its Control System Lighting Fixture Installations

5.7 Electrical - ELV Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.7.1	ELV Riser Diagrams	23	NTS		x	x	Acad	CCTV System Drawings Access Control System Drawings Master Clock System Drawings SMATV/CATV System Drawings
5.7.2	ELV System Design Drawings	23	1/100		x	x	Acad	Key Plan Locations of all CCTV Cameras, Door Locks, Call Points, etc Equipment Description, Tags (Abbreviation), Capacity Coordinated Equipment Location Legends, Symbol & Abbreviations
5.7.3	ELV Standard Details, Symbols, Legends & Abbreviations	23	1/20 1/50 NTS		x	x	Acad	With Dimension ELV Symbol & Abbreviations CCTV Camera Details

5.8 Telecommunication Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.8.1	Telecom Riser Diagrams	24	NTS		x	x	Acad	Structured Cabling Details with Telecom Room Details(sizes & locations) All Cables Sizes Equipment Description & Tags (Abbreviation)
5.8.2	Telecom System Design Drawings	24	1/100		x	x	Acad	Key Plan Locations of all Telephone Outlets, Data Outlets, etc Equipment Description, Tags (Abbreviation), Capacity Coordinated Equipment Location Legends, Symbol & Abbreviations

5.9 Fire Alarm (FA) and Voice Evacuation (VE) Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
5.9.1	FA & VE Riser Diagrams	25	NTS		x	x	Acad	Detectors, Sounders & Speakers Description & Tags (Abbreviation) All Cables Sizes Control Panel Details & Locations
5.9.2	FA & VE System Design Drawings	25	1/100		x	x	Acad	Key Plan Locations of all Detectors, Sounders, Speakers, Control Panels, etc Equipment Description, Tags (Abbreviation), Capacity Coordinated Equipment Location Legends, Symbol & Abbreviations

5.9 Fire Alarm (FA) and Voice Evacuation (VE) Design Drawings - continued

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments		
5.9.3	FA & VE Standard Details, Symbols, Legends & Abbreviations	25	1/20 1/50 NTS		x	x	Acad	With Dimension FA & VE Symbol & Abbreviations Typical Mounting Detail for Detectors Typical Mounting Detail for Manual Pull Station Typical Mounting Detail Sounder/Flashers	☐	☐

5.10 Lightning Protection Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments		
5.10.1	Lightning Protection Riser Diagrams	26	NTS		x	x	Acad	Down Conductor Details Conductor Sizing & Routing	☐	☐
5.10.2	Lightning Protection System Design Drawings	26	1/100		x	x	Acad	Key Plan Locations of all Strike Pads, Copper Tape, Lightning Rods, etc Equipment Description, Tags (Abbreviation), Capacity Coordinated Equipment Location Legends, Symbol & Abbreviations Earth Pit Locations	☐	☐
5.10.3	Lightning Protection Standard Details, Symbols, Legends & Abbreviations	26	1/20 1/50 NTS		x	x	Acad	With Dimension Lightning Protection Symbol & Abbreviations Down Conductor Detail for Curtain Wall Building Typical Earth Pit Detail Typical Earth Bar Detail	☐	☐

5.11 Nurse Call

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments		
5.11.1	Nurse Call Systems Schematic Diagram	27	NTS		x	x	Acad	System's Components with Descriptions & Locations Power Requirement Details Interfacing with other Systems - Details Specific Requirements, if any	☐	☐
5.11.2	Nurse Call System Design Drawings	27	1/100		x	x	Acad	Key Plan Locations of Switching/ Coordinated Equipment Locations Power Requirements/ Interfacing Details Equipment Description, Tags (Abbreviation), Capacity Coordinated Equipment Location Legends, Symbol & Abbreviations	☐	☐

6. Compliance Declaration

We, the undersigned, have compiled the Detailed Submission and we confirm the submission is complete and matches QSCH's requirements as set out above. We also confirm the design is in compliance with the Standards and Guidelines. Where compliance with the submission requirements and/or with the Standards and Guidelines was not achieved, these non-compliances were listed in the Non-Compliance Reports (item 1.8 and 1.9)

Standards and Guidelines for the Detailed Submission

Health Facility Guidelines - Part A to E
Americans with Disabilities Act 1994

National Fire Protection Association 99
ASHRAE (American Society of Heating, refrigerating and Air-conditioning Engineers) - Inc. HVAC Design Handbook
SMACNA (Sheet Metal and Air Conditioning Contractors' National Association) - Design Handbook
DW 144 - Specification for Sheet Metal Ductwork
DW 171 - Standard for Kitchen Ventilation Systems
ARI (Air-Conditioning and Refrigeration Institute)
CIBSE (Chartered Institution of Building Services Engineers)
IOP (Institute of Plumbing) - Plumbing Engineering Services Design Guide
ASPE (American Society of Plumbing Engineers) Design handbook
IPC (International Plumbing Code)
AWWA (American Water Works Association)
ASTM (American Society for Testing and Materials)
NFPA (National Fire Protection Association)
UL (Underwriters' Laboratories, Inc.)
HTM 02 (Health Technical Memorandum 02) Medical Gas Design Guide - Part 1 and 2
RSB (Regulation and Supervision Bureau)
Wiring Regulations for Electrical Installations (IEE 17th Edition), published by the Institution of Engineering and Technology (BS 7671)
CIBSE Design Guides A, D, E, F, H, K and L
BS 5266 and NFPA 70 - Emergency Lighting
BS 5839(p8)- Voice Alarm System in Buildings
BSEN 60849 - Sound Systems For emergency purposes
BS EN62305:2006 - Protection of structures Against Lightning
BS 7430 and BS7671 – Earthing
NFPA 72 – National fire alarm code
NFPA 101 – Life safety code

We, the undersigned, further confirm the following design aspects were specifically verified against compliance with the Health Facility Guidelines. We confirm they are in compliance:

Infection Control
Specifications of Finishes

Architect of Record

Signed:	Organisation	
	Prequalification number	
	Name	
	Position	
	Date	

Specialist Health Facility Planner

Signed:	Organisation	
	Prequalification number	
	Name	
	Position	
	Date	

6. Compliance Declaration - continued

Engineer of Record

Signed:	
Organisation	
Prequalification number	
Name	
Position	
Date	

For QSCH office use only:

Signed:	
Stamp:	

QSCH confirms the Detailed Submission was received and verified. In terms of completeness and formatting, the submission was found to be:

	Accepted (1)
	Accepted with comments (2)
	Rejected with comments

Comments:

Name QSCH Officer:	
Date:	

Notes
(1) Although QSCH may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by QSCH.
(2) If minor discrepancies are picked up when submitting, at the QSCH officers discretion, QSCH may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by QSCH.

International Health Facility Guidelines

Health Facility Design Consultants
Prequalification Application Form

Purpose:

Only pre-qualified organisations will be allowed to participate in the Approval process for Health Facilities. Through this restriction, QSCH aims to ensure that the design of Health Facilities is conducted by capable and experienced design consultants.

In order to prequalify with Health Authorities Architects and Health Planners and MEP Engineering Companies are required to demonstrate their health project experience by filling out the Consultant Prequalification Application Form.

Pre-requisites:

There must be an established office located in the United Arab Emirates.

Process to Lodge this Application Form:

Print and fill out this form, sign the declaration page and submit it to QSCH along with all additional documents required.

QSCH only prequalifies consultants that are recognised as acceptable legal entities in the United Arab Emirates. QSCH will not prequalify a Business Name, Trust or an entity that is under any form of external administration.

QSCH will review and evaluate the credentials of the prospective organisation(s) based on the information provided. QSCH may arrange a time to inspect the premise of the applicant's registered office to assess operational capacity. QSCH may invite the applicant for an interview to assist with the process.

All information submitted for prequalification evaluation purposes will be considered precise and truthful by QSCH. QSCH will ensure its confidentiality in compliance with the Federal Law.

The acceptance of the consultant's pre-qualification will be at QSCH's discretion. QSCH will reserve all rights to reject any submitted prequalification proposals.

Other Notes to Applicants:

- Applicants shall answer all questions on the application form accurately and concisely. Where the information requested is not applicable, the applicant shall clearly indicate the reason(s).
- QSCH will only discuss or disclose details of the pre-qualification process to the nominated person(s) under Section 5 below. The applicant is required to provide the appropriate contacts for this purpose.
- Where supplementary information is provided (in addition to the application form), this shall be appropriately referenced to the relevant sections on the application form.
- A copy of the submitted application form and all supplementary materials shall be retained by the applicant.

1 General Application Details:

1.1	Current Prequalification level if already prequalified:	❑ Tier 1 ❑ Tier 3	❑ Tier 2 ❑ Tier 4
1.2	Prequalification level pursued:	❑ Tier 1 ❑ Tier 3	❑ Tier 2 ❑ Tier 4
1.3	Is this an individual or company	❑ Individual	❑ Company

Supplementary Information Required:

☐ A copy of the company's prequalification certificate if already prequalified.

2 Company Profile and Company Registration Details:

2.1	Registered name:			
2.2	Current Trading Name:			
2.3	Other Trading Names (if applicable):			
2.4	Registered Address:			
2.5	Telephone number:			
2.6	Fax number:			
2.7	Email address:			
2.8	Website (if any):			
2.9	Type of Organisation: (Please tick one)	❑ Public Limited ❑ Sole Trader	❑ Limited ❑ Other (please specify)	❑ Partnership
2.10	The company's registration with the Local Authority:			
2.11	Name of Authority:			
2.12	Registration Number:			
2.13	Date of Registration:			
2.14	Registered Address if different from the above:			

Supplementary Information Required:

☐ A copy of the company's trade license (Qatar). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.

☐ The company's organisational chart.

3 Healthcare Project Experience:

The Health Facility Consultant is to demonstrate its healthcare project experience through submitting a separate report providing the following information, for each relevant project carried out in the last 5 years. Each project should be covered in a maximum of 2 pages (1 preferred).

3.1	Project Name:	
3.2	Client:	
3.3	Client Contact Details:	
3.4	Location:	
3.5	Healthcare Facility Type:	
3.6	Size (GFA in m^2):	
3.7	Project Value (QAR):	
3.8	Project Commencement Date:	
3.9	Project Completion Date:	
3.10	Role(s) on the project:	
3.11	Picture	Insert at least one picture

Supplementary Information Required:

- ☐ Relevant healthcare project experience. Provide a project summary list with the information as shown above. Listed projects should be separated based on their location - within Qatar, within the GCC and outside the GCC.

4 Health Facilities Design Capabilities:

The Health Facility Consultant is required to demonstrate its capabilities (including qualifications and limitations) to provide design services against each of the categories below.

4.1	Architectural Services	
4.1.1	Master Planning:	
4.1.2	Feasibility and Project Risk Management:	
4.1.3	Conceptual Design and Briefing:	
4.1.4	Schematic Design:	
4.1.5	Design Development:	

4.1.6	Design Documentation and Coordination:	
4.1.7	Project Management:	
4.1.8	Site Supervision:	
4.1.9	Project Commissioning and Certification – Pre and Post Occupancy:	
4.1.10	Facilities and Asset Management:	
4.2	Engineering Services	
4.2.1	Mechanical and HVAC including Medical Gases:	
4.2.2	Electrical (Power, lighting, ELV, lightning protection) , IT and Communications:	
4.2.3	Public Health (Plumbing, drainage, LPG gas):	
3.2.4	Biomedical Engineering:	

5 Personnel Capabilities:

In the case of an individual Consultant, the capabilities of the individual should be demonstrated in the following form.
In the case of a company or similar legal entity, the applicant is required to demonstrate the capabilities of at least 4 key individuals including 50% of the Directors in the following form. Use 1 page per person.

5.1	Key Personnel 1	
5.1.1	Name:	
5.1.2	Title or Position:	
5.1.3	Date of Birth:	
5.1.4	Professional Qualifications:	
5.1.5	Responsibilities within Organisation:	
5.1.6	Years of experience in healthcare design:	
5.1.7	Relevant Project Experiences (includes company, project names, project role etc.):	

Supplementary Information:

☐ Personnel CV's showing the background and experience of the individuals may be submitted in addition to the above form (maximum 3 pages each, 1 preferred)

6 Nominated Contacts for Enquiries:

Should QSCH require further details, QSCH wishes to contact the relevant person within your organisation to discuss managerial, technical or financial matters. Please provide details as requested below.

6.1	Managerial Enquiries	
6.1.1	Name:	
6.1.2	Position	
6.1.3	Telephone:	
6.1.4	Email:	
6.2	Technical Enquiries	
6.2.1	Name:	
6.2.2	Position	
6.2.3	Telephone:	
6.2.4	Email:	

6.3	Financial Enquiries	
6.3.1	Name:	
6.3.2	Position	
6.3.3	Telephone:	
6.3.4	Email:	

7 Business Capabilities:

7.1	The main business activities of your organisation:			
7.2	Any professional or trade bodies of which your organisation is a member:			
7.3	Total number of employees overall:			
7.4	Number of employees in QATAR office(s):			
7.5	Approximate Permanent Staff turnover in the last three calendar year:	Year: Percentage:	Year: Percentage:	Year: Percentage:
7.6	Does your organisation deal with these regulatory bodies on the right on a regular basis?	Municipality	❑ YES	❑ NO
		Urban Planning Council	❑ YES	❑ NO
		Civil Defence	❑	❑
		DoT (Qatar)	❑ YES	❑ NO

8 Legal Information:

8.1	Has your organisation ever been convicted of a criminal offence related to business or professional conduct?	❑ YES ❑ NO
8.2	Has any of the owner's officers or major shareholders of your organisation ever been indicted or convicted of any criminal conduct?	❑ YES ❑ NO
8.3	Has your organisation ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	❑ YES ❑ NO
8.4	Does your organisation have any outstanding judgements or claims against it?	❑ YES ❑ NO

8.5	Has your organisation ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?	❑ YES ❑ NO
8.6	Has your organisation or any of its principals ever petitioned for bankruptcy or been terminated on a contract awarded to you?	❑ YES ❑ NO
8.7	Is your organisation or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?	❑ YES ❑ NO

Supplementary Information Required:

- ☐ If you have answered 'yes' to any of the above questions, please provide a copy of all the relevant documents related to the legal case.

9 Financial Information:

9.1	Details of your Banking Institution Name: Branch: Contact Person and contact details:	
9.2	Has your organisation met all its obligations to pay its creditors and staff during the past two years? If answer 'No', please provide details of such.	❑ YES ❑ NO
9.3	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past two years? If answer 'No', please provide reasons and actions taken to rectify the situation.	❑ YES ❑ NO

Supplementary Information Required:

- ☐ If you have answered 'no' to any of the above questions, please provide details as requested.

10 Insurance:

	Provide details and relevant document of your current insurance cover:	Value (QAR)
10.1	Employer's Liability:	
10.2	Public Liability:	
10.3	Professional Indemnity:	
10.4	Other (please provide details):	

Supplementary Information Required:

- ☐ Please provide a copy of all your insurance policy certificates.

11 Quality Assurance:

11.1	Does your organisation hold an internationally recognised Quality, Health, Safety and Environment (QHSE) management certification equivalent to ISO 9001?	❑ YES ❑ NO
11.2	If not, please explain the current processes and/or procedures currently adopted for QHSE management.	

Supplementary Information Required:

☐ If you have answered 'yes' to Question 10.1, please provide a copy of your QHSE Certificate.

12 Safety Record and Program:

12.1	Describe the procedures implemented by your company for regular monitoring and conducting periodic reviews on your Health and Safety matters.
12.2	Describe the risk assessment/ management process of your organisation.
12.3	Describe the Health and Safety assessment criteria your organisation uses on other sub-contractors employed by your organisation.

Supplementary Information Required:

☐ A copy of your current Health and Safety Policy Statement shall be provided with this application.

13 References

Provide details of three business contacts for reference. Preferably each individual will be from a different organisation in either the public or private sector.

13.1	Reference 1	
13.1.1	Name of Organisation:	
13.1.2	Name of Contact Person:	
13.1.3	Title of Contact Person:	
13.1.4	Contact Number/ Email:	
13.1.5	Type of Contract/ Project Description:	
13.1.6	Contract Value (QAR):	
13.1.7	Contract Period:	
13.2	Reference 2	
13.2.1	Name of Organisation:	
13.2.2	Name of Contact Person:	
13.2.3	Title of Contact Person:	
13.2.4	Contact Number/ Email:	
13.2.5	Type of Contract/ Project Description:	
13.2.6	Contract Value (QAR):	
13.2.7	Contract Period:	
13.3	Reference 3	
13.3.1	Name of Organisation:	
13.3.2	Name of Contact Person:	
13.3.3	Title of Contact Person:	
13.3.4	Contact Number/ Email:	
13.3.5	Type of Contract/ Project Description:	
13.3.6	Contract Value (QAR):	
13.3.7	Contract Period:	

14 Additional Information:

Please list all the additional documents/ information you have provided in the space below.

- ☐ Item 1 - A copy of the company's trade license (QATAR). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- ☐ Item 1 - The company's organisational chart.
- ☐ Item 2 - Relevant healthcare project experience.
- ☐ Item 4 - Personnel capability report.
- ☐ Item 7 - If you have answered 'yes' to any of the questions, provide a copy of all the relevant documents related to the legal case.
- ☐ Item 8 - If you have answered 'no' to any of the questions, provide details as requested.
- ☐ Item 9 - Provide a copy of all your insurance policy certificates.
- ☐ Item 10 - If you have answered 'yes' to Question 10.1, provide a copy of your QHSE Certificate.
- ☐ Item 11 - A copy of your current Health and Safety Policy Statement.
- ☐ Other – if so, please specify:

15 Pre-qualification Application Declaration:

The following must be signed by an authorised senior executive from your organisation. Only an original signature will be accepted.

I/ We ……., ……., hereby certify or affirm that
Applicant Name and Surname *Title of Applicant*

the information supplied is accurate to the best of my/our knowledge and that I/ we accept the conditions and undertakings requested in the questionnaire. I/ we understand that false information could result in my/ our exclusion from the pre-qualified consultants list.

Applicant's Name, Signature and Date:

Name:

……

Signature:

……

Date: ……

International Health Facility Guidelines

TAHPI

Non-Compliance Report

0. Guidance on how to fill out the QSCH Non-Compliance Report

Key to the Non-Compliance Report - Deliverables

No	The number refers to the item number on the Deliverables for Schematic /Detailed Submission
Item	The item refers to the item on the Deliverables for Schematic /Detailed Submission
Incomplete	Certain aspects of the deliverable are not shown on the document
Missing	The deliverable has not been provided
Reason	Explain in detail the reason for the non-compliance

Key to the Non compliance report - design

No	Number of non-compliance
Offending standard	List the Standard / Guideline the Applicant does not comply with, as listed in the Standards and Guidelines
Clause No	List the clause number the Applicant does not comply with
Reason	Explain in detail the reason for the non-compliance
Alternative solution	Provide a detailed alternative solution, preferably using another International Design Guideline or Standard. Attach a copy of the Standard / Clause to this Report

Important notes

1. To ensure all health facilities within the Emirate of Abu Dhabi are designed and built to a high standard, QSCH will enforce compliance with all requirements as set out in the Health Facility Guidelines. Practically this means all design aspects are to comply with the Standards and Guidelines as listed in Part A of the Health Facility Guidelines. However, there may be circumstances where compliance is difficult or impossible - only in those cases QSCH will allow the applicant to propose alternative solutions. This Non-Compliance Report in no way provides an opportunity for the designer to make the health facility compliant with a Standard / Guideline than prescribed by QSCH.
2. By signing the Deliverables for Schematic / Detailed Submission Form the Applicant confirms the list of non-compliances for both the deliverables and the design as listed in the Report is complete.

QSCH OFFICER CHECK

1. Non-Compliance Report - Deliverables

No	Item	Incomplete	Missing	Reason	Other Comments
		x	x		
		x	x		

2. Non-Compliance Report - Design

No	Offending standard	Clause No	Reason	Alternative solution
1				
2				
3				
4				
5				
6				
7				
8				

International Health Facility Guidelines

Template for Schedule of Accommodation (SOA)

Functional Planning Unit Title

Complete schedules for RDS Levels 2 to 6

ROOM/ SPACE	Standard Component Room Codes	RDL2 & 3 N/A				RDL4 Qty	x	m^2		RDL5 Qty	x	m^2		RDL6 Qty	x	m^2		Remarks
Entry Area						6 Rooms				12 Rooms				18 Rooms				
Reception/ Clerical	RECL-9-I RECL-15-I RECL-20-I				0	1	x	9	9	1	x	15	15	1	x	20	20	
Waiting	WAIT-10-I WAIT-15-I WAIT-25-I				0	1	x	10	10	1	x	15	15	1	x	25	25	May be divided into female areas as appplicable
Add rooms as required																		
Sub Total					0.0			19.0	19.0			30.0	30.0			45.0	45.0	
Circulation %					0			32	6.1			32	9.6			32	14.4	
Area Total					0			25.1	25.1			39.6	39.6			59.4	59.4	
Patient Areas					0				0				0				0	
Consult Room	CONS-I				0	4	x	14	56	6	x	14	84	9	x	14	126	Combined Consult/ Examination Room
Examination Room					0	2	x	14	28	6	x	14	84	9	x	14	126	Separate Consult and examination rooms
Clean Utility	CLUR-8-I CLUR-12-I CLUR-14-I				0	1	x	8	8	1	x	12	12	1	x	14	14	
Add rooms as required																		
Sub Total					0			92.0	92.0			180.0	180.0			266.0	266.0	
Circulation %					0			32	29.4			32	57.6			32	85.1	
Area Total					0			121.4	121.4			237.6	237.6			351.1	351.1	
Treatment / Procedure Areas					0	2 Rooms			0	3 Rooms			0	4 Rooms			0	Optional - Dependent on Service Plan
Procedure Room	PROC-20-I				0	1	x	20	20	2	x	20	40	3	x	20	60	
Treatment Room	TRMT-I				0	1	x	14	14	1	x	14	14	1	x	14	14	
Add rooms as required																		
Sub Total					0			34.0	34.0			54.0	54.0			74.0	74.0	
Circulation %					0			32	10.9			32	17.3			32	23.7	
Area Total					0			44.9	44.9			71.3	71.3			97.7	97.7	
Staff and Support Areas					0				0				0				0	
Cleaners Room	CLRM-5-I				0	1	x	5	5	1	x	5	5	1	x	5	5	May be shared with adjacent Unit
Office - Single Person, 9m2	OFF-S9-I				0	1	x	9	9	1	x	9	9	2	x	9	18	Note 1
Add rooms as required																		
Sub Total					0			14.0	14.0			14.0	14.0			23.0	23.0	
Circulation %					0			32	4.5			32	4.5			32	7.4	
Area Total					0			18.5	18.5			18.48	18.5			30.4	30.4	
Grand Total								209.9	209.9			367.0	367.0			538.6	538.6	

International Health Facility Guidelines

Template - Role Delineation Matrix

XYZ Hospital

Introduction:

Role Delineation refers to a level of service that describes the complexity of the clinical activities undertaken by that service. The level is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care.

Each level of service has associated minimum standards, support services and staffing profiles considered appropriate.

Role delineation is a process which ensures that clinical services are provided safely, and are appropriately supported by the provision of adequate staffing numbers and profiles, minimum safety standards and other requirements.

Levels of Service range from 1 to 6 for each major clinical activity or support service associated with health facilities with Level 0 referring to the lowest complexity service and Level 6 describing the most complex.

Those services not identified will generally follow the Role Delineation of the particular hospital or facility they are applicable to. A hospital or health care facility is deemed to be at a particular level when the majority of clinical and support services provided are of that particular level.

SPECIALITIES AND SUBSPECIALITIES

MEDICAL			*SURGICAL*		
Generalist	Type I Subspecialties	Type II Subspecialties	Generalist	Type I Subspecialties	Type II Subspecialties
▪ Physician	▪ Cardiology ▪ Dermatology ▪ Endocrinology ▪ Gastroenterology ▪ Geriatric medicine ▪ Neurology ▪ Renal Medicine ▪ Rheumatology ▪ Venereology ▪ Paediatrics ▪ Respiratory Medicine	▪ Clinical Haematology ▪ Clinical Microbiology ▪ Immunology ▪ Medical Oncology ▪ Palliative Care ▪ Radiotherapeutic Oncology ▪ Genetics ▪ Clinical Infectious Diseases	▪ General Surgeon	▪ Ear, Nose and Throat ▪ Obstetrics and Gynaecology ▪ Ophthalmology ▪ Orthopaedics ▪ Urology	▪ Cardiothoracic ▪ Neurosurgery ▪ Plastic surgery ▪ Transplant Surgery ▪ Vascular Surgery ▪ Burns

ROLE DELINEATION LEVEL (RDL) – INPATIENT SERVICES

1	Outpatient care – RN and visiting GP. In remote areas possibly support via telephone
2	Outpatient and inpatient care – plus 24 hour GP cover and limited visiting general specialists for outpatient services only
3	Outpatient and inpatient care – plus visiting general specialists (low risk obstetrics and elective surgery)
4	Outpatient and inpatient care – plus resident general specialists plus visiting Type I subspecialists, plus some junior medical staff
5	Outpatient and inpatient care – plus visiting Type II subspecialists plus some medical staffing plus High Dependency Unit (HDU). May include some research and training.
6	Statewide services, including Type II subspecialists and research/education/training

ROLE DELINEATION LEVEL (RDL) – AMBULATORY CARE SERVICES

1	GP only
2	GP and outpatient clinic at discharge hospital. Limited access to generalist domiciliary nursing
3	Visiting specialist. Some hospital avoidance/hospital substitution. Some early discharge services. Access to generalist domiciliary nursing and some allied health
4	Links with Home and Community Care services. Increasing range and complexity of hospital avoidance/substitution/early discharge. Chronic disease programs. Visiting medical specialist. Good access to generalist allied health/nursing staff
5	Specialist medical/nursing/allied health staff. Increased range and complexity. HACC integration. Enhanced diagnostics. Teaching and training role
6	Research role. Fully integrated ambulatory care services. Fully integrated diagnostics

ABBREVIATIONS

ED	Emergency Department	DUE's	Drug Usage Evaluation	ICU	Intensive Care Unit	RMO	Registered Medical Officer
BBV	Blood Borne	EEG	Electro-encephalogram	LUCS	Lower Uterine Caesarean Section	RM	Registered Midwife
CCU	Coronary Care Unit	EMG	Electro-myleogram	MRI	Magnetic Resonance Image	RN	Registered Nurse
CD	Communicable Disease	ENT	Ear, nose and throat	O&G	Obstetrics and Gynaecology	SP	Speech Therapist
CDC	Child Development Centre	GEM	Geriatric Evaluation Management	OR	Operating Room	SRN	Senior Registered Nurse
CHN	Child Health Nurse	GP	General Practitioner	OT	Occupational Therapist	STI	Sexually Transmitted Infection
COPMI	Children of Parents with Mental Illness	HACC	Home and Community Care	PET	Positron Emission Tomography		
CT	Computerised Axial Tomography	HDU	High Dependency Unit	PT	Physiotherapist		

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
General						
Cardiology						
Endocrinology						
Geriatric						
Neurology						
Renal – general						
Renal – dialysis						
Oncology						
Radiation Oncology						
Respiratory						
Palliative Care						
Gastroenterology						
Surgical Services						
General						
ENT						
Gynaecology						
Ophthalmology						
Orthopaedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency/Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics						
Paediatrics Services						
Paediatrics						
Neonatology						
Rehabilitation Services						
Rehabilitation						

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Continuing Care Services						
Community assessment						
Prevention and Promotion Services						
Environmental Health Health Protection including food, air, water, radiation, pharmaceutical, pesticides, mosquito borne diseases.						
Communicable Disease Control ▪ Includes food and water borne diseases, vaccination programs, STI's, BBV's and						
Child and Community Health ▪ Community Health Services, School Health Services, Child Health Services, Child Development Services						
Health Promotion Primary prevention including lifestyle diseases and injury prevention						
Breast Screen ▪ Screening and assessment						
Cervical ▪ Health promotion, screening awareness, maintain cervical cytology register						
Genomics ▪ Education, research						
Primary Care Services						
GP based Community nursing						
Ambulatory Care Services						
Surgical						

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical						
Rehabilitation						
Continuing Care						
Paediatrics						
Obstetrics						
Child and Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Mental health promotion and illness prevention						
Emergency services (hospital based)						
Inpatient services						
Community clinical based services Day therapy services (hospital based)						
Community non clinical support programs						
Intermediate care						
Mental Health Services						
Forensic						
Maternal						
Neurological						
Alcohol and Drug						
Other Eating disorders						
Clinical Support Services						
Pathology						
Radiology						
Pharmacy						
ICU/HDU						
Paediatric ICU						
CCU						
Anaesthetics						
Operating Theatres						
Training and Research						

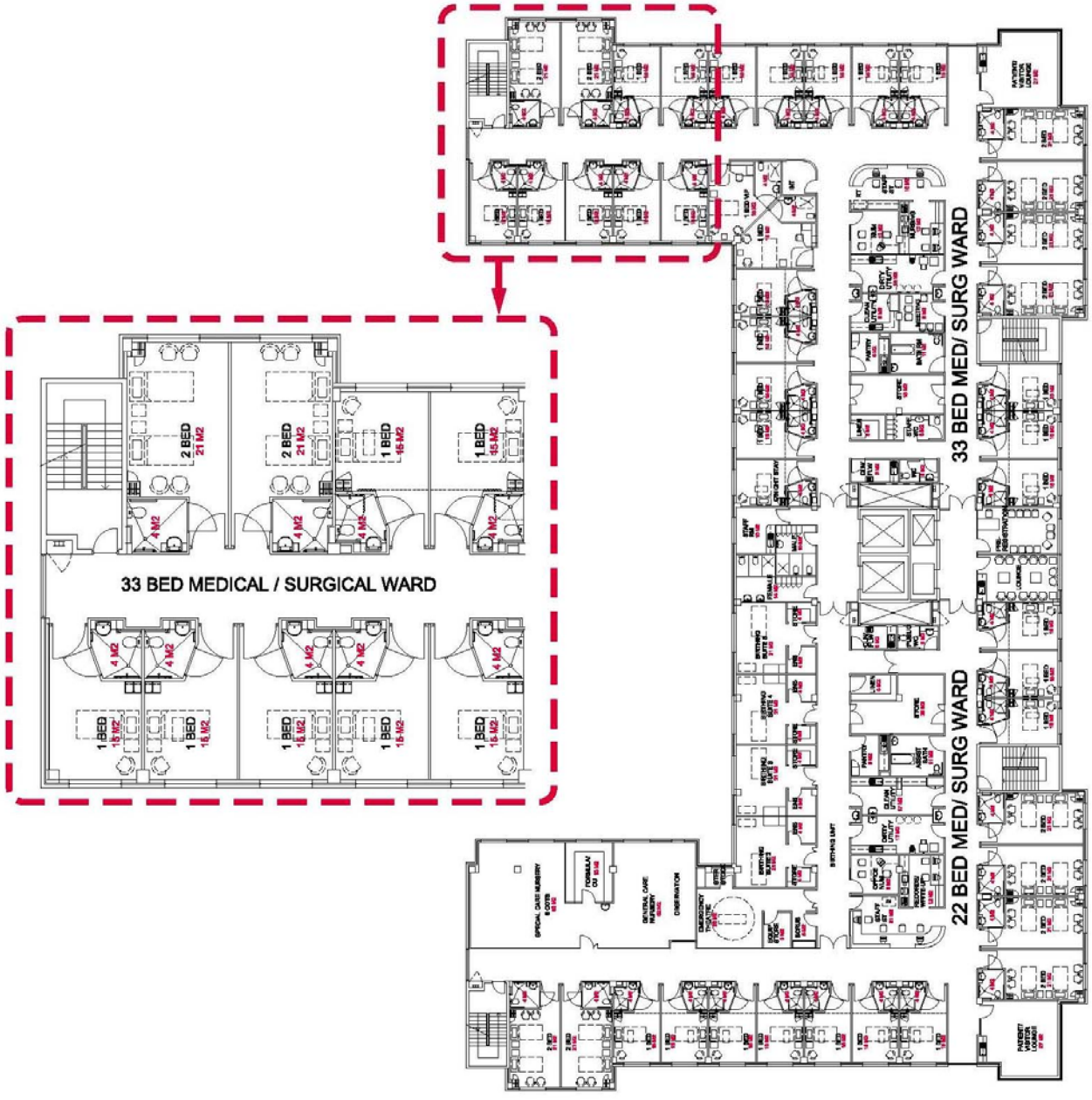
International Health Facility Guidelines

Sample – Assessment Report

No	Room number	Room name	Design code	Comment	Consultant Response
	LEVEL BO2				
	Medical Staff **Changing** *Rooms*				
001			General	There appear to be no provisions for house keeping on this floor, other than the HK (is this house keeping?) rooms 55.1110 and 53.086. This appears to be unsatisfactory and a more even distribution over the large floor plate would be preferred.	
002		Anteroom WC/Shower	General	The number of basins (in relation to the number of toilet pans) is very low. Even if compliant with local codes our advice is to increase the number. This is most apparent in 52.142 and 52.211.	
003		Locker rooms	General	The changing rooms ideally should allow space for seating, dirty linen skips and waste bins. Some rooms also may need clean attire storage.	
004		WC/shower HC	ADA4.1.3 (21)	5% of the changing rooms are to be accessible	
005	52.231, 52.510	Lockers rehabilitation	General	The entrance to these rooms is right on the opposite side of the lift bank and unnecessarily increases the travel distance. It would make more sense to mirror these rooms with the expansion area.	
006	52.034, 52.128	House Keeping		We have assumed this room to be house keeping. If this is the case, as a minimum the room should have a floor receptacle or service sink and storage space for house keeping supplies. A wash hand basin may be required for infection control purposes.	
007	52.134	Anteroom WC/Shower	General	Wash hand basins are missing.	
008	55.121	WC/shower HC female	ADA4.13.6	The entry door is not accessible.	
009	51.145	Locker HC female	ADA4.13.6	Ensure the entry door has no latch combined with a closer – otherwise this door is not accessible.	
0010	48.811	Circulation area	ADA4.13.6	If this is an accessible route, ensure the entry door has no latch combined with a closer – otherwise this door is not accessible.	

International Health Facility Guidelines

Sample - Drawing Schematic Submission



iHFG

The International Health Facility Guidelines recommends the use of HFBS "Health Facility Briefing System" to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

HFBS **Health Facility Briefing System**

Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the iHFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more…

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the "Standard Components" including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the iHFG website, signup for HFBS using the link below.

Get Started Now:
hfbs.healthdesign.com.au

- ✓ iHFG Room Data Sheets and Departments are instantly editable in the HFBS software available online.
- ✓ You can access hundreds of report templates to print your iHFG room data in HFBS.
- ✓ HFBS has a onetime free 3 day trial available to all new users.

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Health Facility Briefing System

hfbsinfo.com | techsupport@healthdesign.com.au