

Health Facility Guidelines

Deliverables for Schematic Submission

0. Guidance on How to Deliver your Submission to SHCC

The purpose of this document

- 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.
- 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 SHCC, the Applicant is to check all the boxes in the green field. Although SHCC 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 be noted submissions deemed incomplete may be rejected by SHCC. It is therefore the applicant's responsibility to be as complete as possible and where in doubt, consult SHCC 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-story facilities, it may only be required if over a certain size - Applicant to confirm with SHCC
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
- The SHCC 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 one (1) hard copy is to be provided, to scale and in color where required. **Note:** All drawings submitted should be size A1
- PDF An "x" in this column indicates one (1) PDF copy is to be provided, to scale and in color where required. File naming should allow easy identification of each document
- Soft Copy An "x" in this column indicates one (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 produced by the applicant to be in English

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

No/Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
1.1 Deliverables for Schematic Submission	1	A4	T	x	x		Signed hard copy and PDF to be included with the Submission
1.2 Schematic Submission Application Form	1	A4	T	x	x	x	Soft copy to be submitted online by the operator/developer. Signed hard copy and PDF to be included with the Submission
1.3 Registration Approval	1	A4		x	x		Authority/supplier name, purpose of document and approval date mentioned in the file name
1.4 Affection plan issued by SHCC	1	A5		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
2.1.1 Project Synopsis	2	A4		x	x		General description of the facility, 10-20 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 the Health Facility (Step 1)
2.1.3 Functional Planning Unit (FPU) Schedule	2	A4		x	x		General description of each FPU * Complete list of all FPUs (Departments) including their Gross Floor Area and proposed RDL * Provide a short Operational Policy per FPU * Explain the most critical functional relations to other FPUs (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

APPLICANT SELF CHECK

SHCC OFFICER CHECK

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 color 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, biohazard * 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 housekeeping 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 SHCC HFG nomenclature Room number and metric floor area No of rooms per type, per FPU (Functional Planning Unit) Total circulation within the Department Departmental totals - net, circulation, gross
2.2.2	Preliminary Occupant Load Calculation	3	A4		x	x		Based on NFPA101 and as prepared for the Sharjah Civil Defence
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

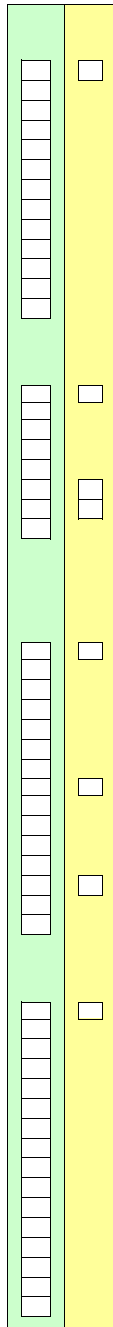
3. Drawings

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 People and Goods Flows	4	1/100		x	x	Acad	Room names in line with HFG nomenclature FPU (Department) names in line with HFG nomenclature FPU (Departments) shown in different colors 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 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 Documentation

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.2.1	Site Plan	7	1/500 1/1000		x	x	Acad	Ground floor layout of the facility with overhanging roofs and canopies dashed 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 External steps and stairs 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 confirm the Submission is complete and matches SHCC'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 the Standards and Guidelines was not achieved, these non-compliances were listed in the Non-Compliance Reports (Items 1.6 and 1.7).

Standards and Guidelines for the Schematic Submission:

Health Facility Guidelines - Part A to D
 Americans with Disabilities Act 1994
 UAE Fire and Life Safety Code of Practice (Issued by Directorate of Civil Defence)
 National Fire Protection Association 99

Architect of Record:

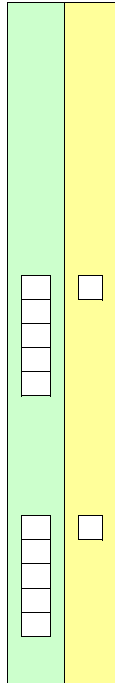
Signed:

Organization:
 Prequalification Number:
 Name:
 Position:
 Date:

Specialist Health Facility Planner:

Signed:

Organization:
 Prequalification number:
 Name:
 Position:
 Date:



For SHCC office use only:

Signed:
 Stamp:

SHCC 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 SHCC Officer:
 Date:

- Notes
- (1) Although SHCC 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 SHCC.
 - (2) If minor discrepancies are picked up when submitting, at the SHCC officer's discretion, SHCC may accept the submission but will request additional information. The Applicant is to provide this within a set time frame, as determined by SHCC.