

1.0 Introduction

All facilities launching services in Sharjah Healthcare City (SHCC) shall strictly follow the Health Facility Guidelines (HFG) to acquire license to operate under the jurisdiction of the System of Health Accounts (SHA) in the United Arab Emirates. The term “Guidelines” or “these Guidelines” is used throughout this document to indicate the requirements set out.

In order to ease the licensing process, the SHCC Health Facility Guidelines (Version 1) have been categorized as five volumes, outlined below:

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

Part A

Part A of the HFG describes the Administrative Provisions and elaborates on the licensing process for health facilities and the prequalification process for design consultants. Part A explains the processes involved in health facility licensing whereas Part B to Part E provides the design tools to plan, design and develop compliant health facilities as per the required standards.

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

Part B

Part B – Health Facility Briefing and Planning includes all Architectural and Health Facility Planning Guidelines including:

1. Principles of Health Facility Planning and Models
2. Level of health services under Role Delineation Level Guide (RDL), elaborating on the services provided by the healthcare facility
3. Description of hospital departments under the individual Functional Planning Units (FPUs) which develop health facilities of different types and sizes
4. Schedules of required rooms and areas by RDL and FPU
5. Functional relationships and flows
6. Room Data Sheets (RDS) specifications and content schedules for each room type
7. Design of each type of room under typical Room Layout Sheets (RLS).

Part C

Part C – Description of Access, Mobility, Occupational Safety and Health (OSH) and Security including the over-riding requirements such as corridor widths, slip resistance of floors, need for natural light, ergonomic guides and other safety requirements. These are focused on health facility projects unlike other generalized Standards and Guidelines, such as those used for disability access or fire evacuation. The most onerous standards will be adapted when there is a conflict with other standards.

Part D

Part D – Description of Infection Prevention and Control for patient care and other sensitive areas. This separate section avoids duplication of the Guidelines in the context of each department or area of the healthcare facility.

Part E

Part E – Description of Building Services and Environmental Design 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, Ecologically Sustainable Development (ESD) etc. suitable for the SHCC.

1.1 Purpose of the Health Facility Guidelines

SHCC Health Facility Guidelines describe the importance of adapting the standards in order to deliver the best patient care and clinical outcomes. SHCC HFG shall be a user-friendly design tool for stakeholders to plan, design and execute various types of facilities. These user-friendly Guidelines have been developed to execute a health facility with global standards. These Guidelines do not represent the ideal or best standards; neither do they cover management practices beyond the influence of design.

The main objectives of these Guidelines are to:

1. Establish the minimum acceptable standards for health facility design and construction
2. Build trust about healthcare facility standards among the public
3. Elaborate on the approval and licensing processes of health facilities to stakeholders
4. Provide general guidance to designers seeking information on the special needs of typical health facilities
5. Promote the design of health facilities with due regard for safety, privacy and dignity of patients, staff and visitors
6. Eliminate design features that result in unacceptable practices
7. Eliminate duplication and confusion between various Standards and Guidelines.

The owner/investor and the consultants are encouraged to exceed the minimum required standards in different scenarios, including level of care and specialty mix to achieve the optimum standards. Designers, operators and applicants for health facilities shall innovate and exceed these requirements wherever possible.

SHCC HFG have been compiled and developed after studying the vision of SHCC. The Health Facility Engineering services in Part E have references from International Standards and Guidelines however, the specific and unique requirements of SHCC are clearly set out and these will over-ride any other Guidelines. These Guidelines enable the health facilities to reflect current healthcare functions and procedures in a safe and appropriate environment at a reasonable facility cost.

1.2 Disclaimer

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

SHCC will endeavor 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 SHCC, at the expense of the applicant.

Therefore, SHCC, 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.

1.3 Changes During Construction

Any proposed changes to the design during construction, which may contradict previous approvals by SHCC, will require a revised submission at the same level of resolution and in a similar presentation to the original application. Such changes will be valid only if approved by SHCC. Therefore, such changes should be submitted with sufficient time for approval before any of the inspections required under SHCC HFG.

The process of facility inspections by SHCC or other authorities may not be used as an avenue for proposing changes to existing facilities or designs previously approved under any of the processes covered by the SHCC HFG. Failing this, the work may be rejected by SHCC inspectors, even if an application for change is pending.

SHCC inspectors will check the facilities only in accordance with submitted and approved plans. Any approach to inspectors to change or relax previous approvals and requirements by SHCC will be at the risk of the facility owners, investors and consultants and may be over-ruled by SHCC at any time during or after construction.

Any valid changes to previous SHCC approvals or interpretations of SHCC HFGs affecting individual facilities will be issued by the SHCC formally and in writing.