



مدينة الشارقة للرعاية الصحية
Sharjah Healthcare City
ثقافة الرعاية . Culture of care

SHCC Guidelines

For Briefing, Design and Approval of Healthcare Facilities

Part A – Administrative Provisions

Version 1, 2014

Table of Contents

1.0	Introduction.....	3
1.1	Purpose of the Health Facility Guidelines.....	4
1.2	Disclaimer	5
1.3	Changes During Construction	5
2.0	Approval Process for Health Facilities	6
2.1	Introduction.....	6
2.2	Approval Process	6
2.3	Step 1 – Project Registration.....	6
2.4	Step 2 – Schematic Submission	7
2.5	Step 3 – Detailed Submission	8
2.6	Step 4 – Inspection at Foundation Completion	9
2.7	Step 5 – Inspection at 90% Completion.....	10
2.8	Step 6 – Inspection at 100% Completion.....	11
2.9	Standards and Guidelines	14
3.0	Prequalification Process for Health Facility Design Consultants	16
3.1	Prequalification Process.....	16
3.2	Definition of Building Types.....	18
3.3	Building Types and Functional Planning Units (FPUs)	20
3.4	Levels of Prequalification	23
4.0	Terms and Abbreviations.....	28
5.0	Further Reading	29
5.1	Building Codes, Regulations and Guidelines.....	29
5.2	Health Facility Guidelines and Regulations.....	29
5.3	Infection Control.....	29
6.0	Acknowledgements	31
7.0	Appendix 01 – Health Facility Registration Form	32
8.0	Appendix 02 – Registration Approval Form	33
9.0	Appendix 03 – Schematic Submission Application Form.....	34
10.0	Appendix 04 – Schematic Submission Approval Form.....	35
11.0	Appendix 05 – Detailed Submission Application Form.....	36
12.0	Appendix 06 – Detailed Submission Approval Form.....	37
13.0	Appendix 07 – Inspection Request Form	38
14.0	Appendix 08 – Deliverables for Schematic Submission	39
15.0	Appendix 09 – Deliverables for Detailed Submission	40
16.0	Appendix 10 – Consultants Prequalification Application Form.....	41
17.0	Appendix 11 – Template for Non-Compliance Report	42
18.0	Appendix 12 – Template for Schedule of Accommodation (SOA).....	43
19.0	Appendix 13 – Template for RDL Project Matrix	44
20.0	Appendix 14 – Assessment Report Format.....	45
21.0	Appendix 15 – Sample Drawing for Schematic Submission.....	46
22.0	Appendix 16 – Sample Drawing for Detailed Submission.....	47

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.

2.0 Approval Process for Health Facilities

2.1 Introduction

2.1.1 Purpose

SHCC visualize the healthcare city as a self-sustainable, business-friendly free zone. The objective of the Approval Process for Health Facilities is to ensure all health facilities within the Sharjah Healthcare City are designed and constructed to a minimum acceptable standard. This will maintain public confidence in the quality of health facilities approved, inspected and licensed by SHCC.

2.1.2 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” in Part A.

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

2.2 Approval Process

The Approval Process consists of the following six steps, as illustrated below:

- Step 1 – Project Registration
- Step 2 – Schematic Submission
- Step 3 – Detailed Submission
- Step 4 – Inspection at Foundation Completion
- Step 5 – Inspection at 90% Completion
- Step 6 – Inspection at 100% Completion.

2.3 Step 1 – Project Registration

2.3.1 Purpose

The SHCC provides the plot/facility to the owners or investors of the registered companies to operate health facilities in Sharjah Healthcare City. Each service provider shall follow the Health Facility Guidelines to establish the facility.

Project registration is the first step to obtain a license. This process identifies the type and size of the facility and the type(s) of health services provided with an approximate construction cost.

2.3.2 Process

- The owner/investor shall register the health facility by lodging the Health Facility Registration Form (Appendix 01). The Registration Form shall be printed, signed by the owner/investor and a hard copy lodged by hand to the SHCC office
- If approved, the Approval in Principle – Registration (AIP-R, Appendix – 02) remains valid for twelve (12) months, during which the Step 2 of the Approval Process can be initiated
- If required, the validity of the Registration Approval shall be extended for a further twelve (12) months, by a special application prior to the expiry of the twelve (12) month period
- If the application was not approved, the Registration shall be re-lodged within twelve (12) months.

2.3.3 *Practically*

- Should the owner or investor let the Registration Approval expire, the registration process shall be re-initiated
- The registration shall be submitted as per the requirements of SHCC.

2.3.4 *Deliverables*

- Health Facility Registration Form (Appendix 01) shall be lodged online
- Signed copy of the Health Facility Registration Form (Appendix 01) shall be lodged at the SHCC office.

2.4 Step 2 – Schematic Submission

2.4.1 *Purpose*

After the owner or investor obtains the Company Registration, they shall appoint the consultant to design the architectural designs for SHCC approval. Based on the SHCC Health Facility Guidelines and land information, the drawings will be developed; SHCC shall review and approve the schematic submission.

2.4.2 *Process*

- The Schematic Submission Application Form (Appendix 03) shall be lodged by the owner/investor online. The same document shall be printed and signed by the owner/investor and submitted in hard copy to SHCC
- The owner/investor shall lodge the Architectural Submission as described in Deliverables for Schematic Submission (Appendix 08) in compliance with the SHCC HFG. The documents shall be submitted in soft and hard copy at the SHCC office
- The submission shall be reviewed by SHCC authorities; incomplete and non-complying submissions shall be rejected
- If SHCC approved the application, the “Approval in Principal – Schematic” (AIP-S) shall be granted along with the “Assessment Report” (Appendix 14) stating all non-compliances to be rectified. The AIP-S shall remain valid for twelve (12) months, during which Step 2 shall be continued for the Building Permit process
- The validity of AIP-S shall be extended by a further twelve (12) months by a special application submission before the expiry date
- If the Schematic Submission has not been approved, it can be resubmitted to SHCC within three (3) months.

2.4.3 *Practically*

- Should the owner/investor let the AIP-S expire, the Schematic Submission process is to be re-initiated
- The registration shall be submitted as per the requirements of SHCC
- For Standards and Guidelines to adhere to, refer to *Standards and Guidelines* on pages 14 and 15.

2.4.4 *Deliverables*

- Applications must include drawings and other documents to represent the proposed design. These documents must be in compliance with the Deliverables for Design Approval Process 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 Application Form (Appendix 03) to be lodged online
 - Signed copy of Schematic Submission Application Form (Appendix 03)
 - Signed copy of Deliverables for Schematic Submission (Appendix 08)
 - Architectural Design drawings and reports as indicated on the Deliverables for Design Approval.

2.5 Step 3 – Detailed Submission

2.5.1 Purpose

The owner/investor shall lodge the detailed submission to SHCC for review and approval. SHCC shall identify the detailed design errors and advice for modification.

2.5.2 Process

- After the Schematic Approval, the owner/investor shall develop the detailed Architectural Design and MEP Design for SHCC approval
- The owner/investor shall submit the Detailed Submission Application Form (Appendix 05) online. The Application Form is then to be printed, signed by the owner/investor and a hard copy shall be submitted to SHCC. SHCC shall advise through email regarding the date of submission at SHCC for review
- The owner/investor shall prepare the detailed Architectural, Structural and Drainage Documents and submit the same described on the Deliverables for Detailed Submission (Appendix 09). All the documents along with the signed Application Form shall be submitted in both hard and soft copies at the SHCC office
- The submission is checked for completeness by the receiving official; incomplete or non-compliant submissions shall be rejected
- The submission shall be reviewed for SHCC HFG compliance and Assessment Report (Appendix 14) of the AIP-S
- If SHCC does not approve the detailed submission and the number of non-compliances are considered acceptable (at the sole discretion of SHCC), an Assessment Report listing all non-compliances shall be issued to the owner/investor, who should rectify the issues under the following process:
 - Re-lodge only those portions of the submission that require redesign, within three (3) months
 - Provide answers/solutions to all unresolved non-compliances in the Assessment Report
- If SHCC approves the Detailed Submission, the “Design Approval” shall be issued along with an Assessment Report (Appendix 14) for rectifying the non-compliance list. The Design Approval shall be valid for six (6) months. If required, the validity of the Design Approval shall be extended for another six (6) months
- If the re-lodgment is still not approved, the Assessment Report (Appendix 14) listing all the non-compliances along with the request letter has to be re-submitted within six (6) months, to re-initiate Step 4. Only three such detailed submissions shall be allowed by SHCC for the same project or the registration shall be revoked
- If required, the validity of the Design Approval shall be extended for another twelve (12) months or longer (as the SHCC decision depends upon the size of the project) with a special application submitted before the completion of twelve (12) months period, allowing the owner/investor to proceed up to the 90% of construction completion

- The design documentation (electrical supply, water supply, and firefighting system and telecommunication services) shall be developed by the owner/investor to submit them along with the approved Architectural and MEP documents to the concerned authorities. Sharjah Electricity and Water Authority (SEWA), Department of Civil Defence and Department of Telecommunication (Etisalat) shall review the submission. The authorities shall approve the design and issue the non-compliance report (if any) to the owner/investor. The fire-fighting system drawings shall be submitted by the Licensed 3rd Party Consultant to the Department of Civil Defence, Sharjah for approval
- The owner/investor shall obtain the No Objection Certificate (NoC) for the related work from SEWA, Etisalat and Drainage section (Municipality)
- The owner/investor shall submit the authority approved designs and the NoC to SHCC
- After the Design Approval, the owner/investor shall award the contract and request SHCC for a Building Permit. SHCC shall provide the Building Permit, which shall be valid for 12 months.

2.5.3 *Practically*

- Should the owner/investor let the Building Permit expire, the detailed submission process is to be re-initiated
- The detailed submission shall be lodged as per the requirements of SHCC
- For Standards and Guidelines to adhere to, refer to *Standards and Guidelines* on pages 14 and 15.

2.5.4 *Deliverables*

- Detailed Submission Applications should include all drawings and other documents to represent the proposed design. These documents must be in compliance with the Deliverables for Detailed Submission (Appendix 09) 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 Application Form (Appendix 05) to be lodged online
 - Signed copy of Detailed Submission Application Form (Appendix 05)
 - Signed copy of Deliverables for Detailed Submission (Appendix 09)
 - Detailed Design drawings and reports as indicated on the Deliverables for Detailed Submission (Appendix 09).

2.5.5 *Changes to Design after Issue of Building Permit*

The owner/investor is responsible to update SHCC regarding any changes advised by the authorities representing water supply, electrical supply, and firefighting or telecommunication systems after issuing the Building Permit. The owner/investor should be aware that failing to inform SHCC regarding any significant changes advised by the above mentioned authorities shall lead to penalties such as denial of "license to operate Certificate" after the construction completion.

2.6 Step 4 – Inspection at Foundation Completion

2.6.1 *Purpose*

SHCC conducts an initial inspection of the foundation immediately after its completion to ensure that the foundation is constructed in accordance with the Step 3 approval, conforming to SHCC requirements.

2.6.2 Process

- The owner/investor shall conduct the soil investigation and submit the soil test report and rebar test report to SHCC
- The owner/investor shall start the construction activities and excavate the plot as per the approved design with Compaction, Plain Cement Concrete (PCC) and Foundation. After the Foundation work has been done, the owner/investor requests SHCC for an initial inspection onsite. Inspection appointments should be arranged at least ten (10) working days prior to the expected completion of works onsite
- The owner/investor submits the Inspection Request Form (Appendix 07) along with the answer – solutions – status – progress at site for the listed outstanding non-compliances from Step 3 – using the Assessment Report (Appendix 14) and submits them along with the Inspection Request Form (Appendix 07) to the SHCC Inspection Team. The request form shall be printed, signed by the owner/investor and a hard copy submitted at SHCC
- SHCC shall review the progress report and provides the inspection schedule to the owner/investor
- SHCC inspects the site and advises of modifications/corrections, if necessary, on the Assessment Report (Appendix 14). The Contractor shall continue for concrete or shall modify the foundation as instructed by the SHCC Inspection Team
- SHCC conducts the site inspection and inspects the following parameters:
 - Approval of PCC foundation
 - Approval of fencing, excavation, compaction
 - Approval of slabs at first floor
 - Approval of the compound wall (tie beam).

2.6.3 Deliverables

- Inspection Request Form (Appendix 07) to be lodged online
- Signed copy of the Inspection Request Form (Appendix 07) to be lodged to the SHCC office, together with the Progress Report.

2.7 Step 5 – Inspection at 90% Completion

2.7.1 Purpose

After the construction is completed (excluding electrical, water and gas connections), SHCC shall be requested to conduct an inspection. SHCC shall identify the construction anomalies or faults after the construction and advise the owner/investor to rectify the same.

2.7.2 Process

- The owner/investor shall request SHCC for inspection by lodging the Inspection Request Form (Appendix 07) along with the corrections onsite for the listed outstanding non-compliances in the previous Assessment Report (Appendix 14) of Step 4 online at least four (4) weeks prior. The request form shall be printed, signed by the owner/investor and the hard copy has to be submitted at SHCC office. SHCC shall provide the inspection schedule to the owner/investor
- SHCC inspects all the applicable parameters indicated in the HFG, including radiation safety protection and instructs the owner/investor of modifications to the Assessment Report (Appendix 14), if required
- The owner/investor shall follow the suggestions and rectify the non-compliance issues in order to achieve full compliance as per the SHCC Health Facility Guidelines
- Simultaneously, the owner/investor shall invite other authorities to conduct site inspections

- The building shall be inspected by the concerned authorities regarding electricity, water and gas system installations (Sharjah Electricity and Water Authority) and telecommunication system installations (Etisalat). The Directorate of Civil Defence shall inspect the building regarding firefighting and fire safety systems. If any modification is required, the authorities shall issue a report to the owner/investor to be rectified as per the instructions of the authorities in order to comply with the standards
- After ensuring compliance by the concerned authorities, the owner/investor shall request SEWA to provide the electrical, water and gas connections to the facility. Simultaneously, the owner/investor requests Etisalat to provide telecommunication connection to the facility, to be provided by the respective authorities
- After obtaining the service connections from the relevant authorities (SEWA and Etisalat), the owner/investor ensures that the medical equipment is installed and testing and commissioning activities have been completed. The Hospital Operational Team shall be recruited for the commencement of operations
- The owner/investor shall request final inspection from SHCC.

2.7.3 Deliverables

- Inspection Request Form (Appendix 07) to be lodged online
- Signed copy of the Inspection Request Form (Appendix 07) to be lodged to the SHCC office, together with the Site Progress Report.

2.8 Step 6 – Inspection at 100% Completion

2.8.1 Purpose

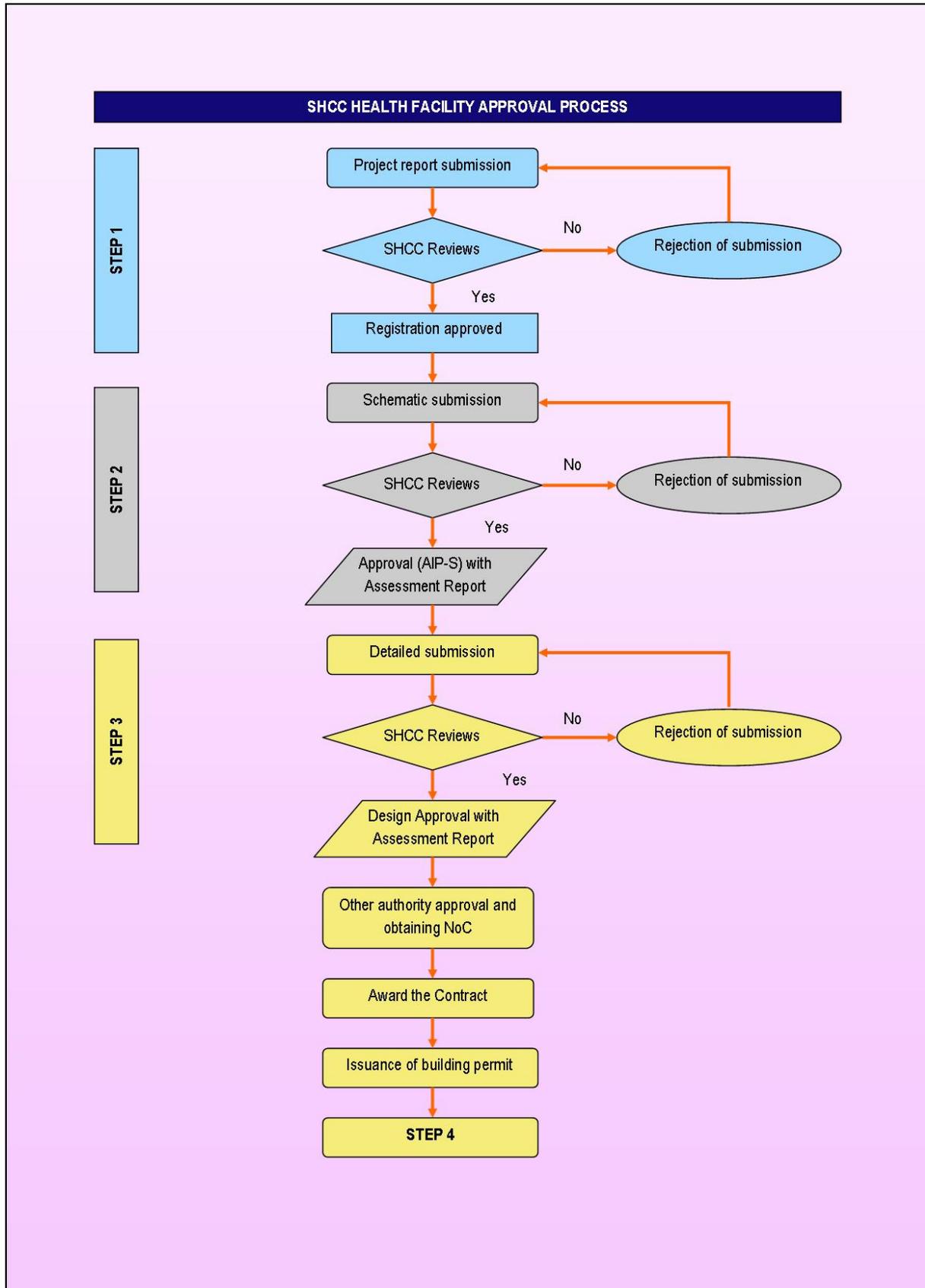
The owner/investor receives Notice of Commencement from various authorities in order to request SHCC to conduct inspection. SHCC inspects the facility, identifies construction anomalies (if any), and verifies the rectified non-compliance list from Step 5 prior to issuing the Health Facility Operating License.

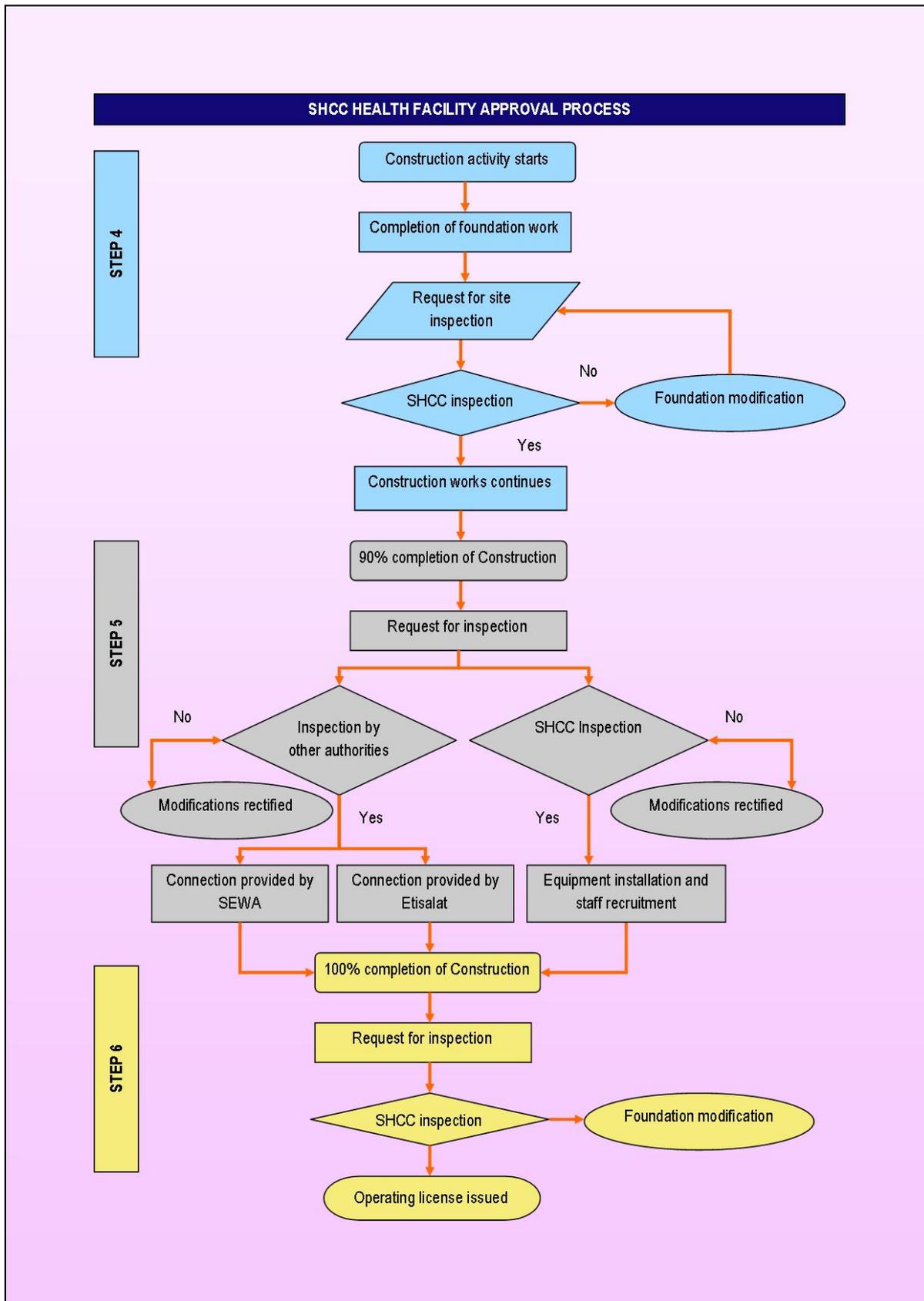
2.8.2 Process

- The owner/investor shall submit the Inspection Request Form (Appendix 07) along with the listed outstanding non-compliance list indicated in the previous Assessment Report (Appendix 14) of Step 5 and their solutions, method of rectification to SHCC for review through online submission to conduct the 100% inspection, at least four (4) weeks prior to the inspection. The request form shall be printed, signed by the owner/investor and the hard copy has to be submitted at SHCC office
- SHCC shall review the submitted documents and suggest the inspection schedule to the owner/investor
- SHCC inspects the site and instructs the modifications on the Assessment Report (Appendix 14), if required. The report shall be issued by SHCC to the owner/investor for modification where required
- SHCC may suggest further inspections, if required, until all issues are rectified
- After all the issues have been rectified as per the SHCC suggestions, SHCC shall issue the Health Facility Operating License to the owner/investor
- The owner/investor shall operate the facility.

2.8.3 Deliverables

- Inspection Request Form (Appendix 07) to be lodged online
- Signed copy of the Inspection Request Form (Appendix 07) to be lodged to the SHCC office, together with the Site Progress Report.





2.9 Standards and Guidelines

All health facilities in the Sharjah Healthcare City shall be designed according to the Standards and Guidelines as listed in the table below. These Standards and Guidelines are segregated into Architectural and MEP Engineering Disciplines. The Consultant and Contractor shall design the plans and execute the same without any fail. Projects lodged with SHCC for review will be tested for compliance against these Standards and Guidelines. The non-compliance of these standards shall lead to “non-approval” or “cancellation of permit or license”.

S. NO.	STANDARDS AND GUIDELINES APPLYING TO THE HEALTH FACILITY	Web Link
1	SHCC Health Facility Guidelines – Part B to D	http://www.healthdesign.com.au/shcc.hfg/
2	Americans with Disabilities Act 1994	http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards http://www.access-board.gov/attachments/article/1474/ADAstandards.pdf
3	SHCC Health Facility Guidelines – Part E	http://www.healthdesign.com.au/shcc.hfg/
4	UAE Fire and Life Safety Code of Practice (Issued by Directorate of Civil Defence) 2011 Edition	http://91.74.184.65/videoplayer/UAE_FIRE_AND_LIFE_SAFETY_CODE_OF_PRACTICE.pdf?ich_u_r_i=b3b234ca14efc30e388c4cf755b10d79&ich_s_t_a_r_t=0&ich_e_n_d=0&ich_k_e_y=1445048928751463342447&ich_t_y_p_e=1&ich_d_i_s_k_i_d=10&ich_h_u_n_i_t=1
5	Specification of Buildings in Sharjah (issued by Government of Sharjah) 2007 Edition	http://portal.shjmun.gov.ae/en/Rules/Pages/Home.aspx#
6	ASHRAE (American Society of Heating, Refrigerating and Air-Conditioning Engineers) – Inc. HVAC Design Handbook	http://www.techstreet.com/ashrae/subgroups/43298 http://www.techstreet.com/ashrae/products/1852624 http://www.techstreet.com/ashrae/subgroups/43297
7	SMACNA – (Sheet Metal and Air-Conditioning Contractors' National Association) – Design Handbook	http://www.smacna.org/bookstore/index.cfm?fuseaction=search_results&keyword=Architectural%20Sheet%20Metal%20Manual,%207th%20Edition
8	DW 144 – Specification for Sheet Metal Ductwork	http://www.pro-ductclean.com/downloads/preview_DW144.pdf
9	DW 171 – Standard for Kitchen Ventilation Systems	http://www.espair.co.in/download/commercial-kitchen-ventilation/DW172.pdf
10	ARI (Air-Conditioning and Refrigeration Institute)	http://www.ari.org/hvacr+industry+guidelines.aspx
11	CIBSE (Chartered Institution of Building Services Engineers)	http://www.cibse.org/knowledge/bsi-data
12	IOP (Institute of Plumbing) – Plumbing Engineering Services Design Guide	http://www.ciphe.org.uk/Professional/Publications/Plumbing-engineering-Services-Design-Guide/
13	ASPE (American Society of Plumbing Engineers) Design Handbook	https://aspe.org/content/illustrated-plumbing-codes-design-handbook-electronic-download
14	IPC (International Plumbing Code)	https://archive.org/details/gov.law.icc.ipc.2012
15	AWWA (American Water Works Association)	http://www.awwa.org/publications/standards.aspx
16	ASTM (American Society for Testing and Materials)	https://ia600500.us.archive.org/20/items/bookofastmstan1916amer/bookofastmstan1916amer_bw.pdf
17	NFPA (National Fire Protection Association)	http://www.nfpa.org/catalog/category.asp?category_name=Codes+and+Standards&Page=1&cookie_te

S. NO.	STANDARDS AND GUIDELINES APPLYING TO THE HEALTH FACILITY	Web Link
		st=1
18	UL (Underwriters' Laboratories, Inc.)	http://www.ul.com/global/documents/offerings/perspectives/regulators/2011%20Final%20WB%20LINKED.pdf
19	HTM 02 (Health Technical Memorandum 02) Medical Gas Design Guide – Part 1 and 2	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/153575/HTM_02-01_Part_A.pdf
20	Wiring Regulations for Electrical Installations (IEE 17 th Edition), published by the Institution of Engineering and Technology (BS 7671)	http://electrical.theiet.org/books/index.cfm
21	CIBSE Design Guides A, D, E, F, H, K and L	http://www.cibse.org/knowledge?s=CIBSE%20Design%20Guides%20&#results
22	Wiring Regulations for Electrical Installations (IEE 17 th Edition), published by the Institution of Engineering and Technology (BS 7671)	http://electrical.theiet.org/books/regulations/17th-edition-amd1.cfm
23	BS 5266 and NFPA 70 – Emergency Lighting	http://shop.bsigroup.com/en/ProductDetail/?pid=0000000030263986 http://ebookscodex.com/nec-c-30.html
24	BS 5839(p8) – Voice Alarm System in Buildings	http://www.fia.uk.com/en/resources/bsi-affiliation-scheme/bs5839-series.cfm
25	BSEN 60849 – Sound Systems for Emergency Purposes	http://shop.bsigroup.com/ProductDetail/?pid=0000000001410560
26	BS EN62305:2006 – Protection of Structures Against Lightning	http://shop.bsigroup.com/ProductDetail/?pid=00000000030154845
27	BS 7430 and BS7671 – Earthing	http://shop.bsigroup.com/ProductDetail/?pid=00000000030262045 http://www.techstreet.com/products/1804088?product_id=1804088&sid=goog&gclid=COndzP35t74CFfQQtAodSW4APA
28	NFPA 72 – National Fire Alarm Code	http://www.nfpa.org/catalog/product.asp?link_type=buy_box&pid=7213&icid=B484
29	NFPA 101 – Life Safety Code	http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=101
30	ICAO Annex 14, Part B (International Civil Aviation Organization) regarding Aerodrome Design and Operations, 2009 Edition	http://www.orga.nl/pdf/Annex%2014%20Volume%20II%20-%20Heliports%203rd%20Edition%20(July%202009).pdf
31	Sharjah Municipality Regulation and Standards, 2007	http://portal.shjmun.gov.ae/en/Rules/Pages/Home.aspx#

In situations where compliance with the Standards and Guidelines has not been achieved or is impractical, the non-compliance is to be highlighted to SHCC. Reasons for such non-compliance and an alternative solution are to be put forward for consideration. SHCC (at its sole discretion) may accept alternative solutions or compliance with other internationally recognized Standards and Guidelines offered by the applicant.

3.0 Prequalification Process for Health Facility Design Consultants

3.1 Prequalification Process

3.1.1 Purpose of Prequalification

The prequalification of health facility design consultants is to ensure new health facilities within the Sharjah Healthcare City are designed to minimal required standards. Furthermore, it will give SHCC confidence the design outcome will be in line with the SHCC HFG and other relevant Standards, which subsequently will reduce the processing time of the health facility approval process.

A prequalified design consultant will be permitted to participate in the development of health facilities and is therefore automatically permitted to lodge Schematic and Detailed Submissions to SHCC as part of the health facility approval process.

3.1.2 Definition of Health Facility Design Consultant

A health facility design consultant may be an individual, a company or 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 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
- SHCC may prequalify only legally recognized entities. Should a consortium or Joint Venture (JV) from a legal entity be recognized in the Emirate of Sharjah, 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 SHCC Applications requiring prequalified consultants, only those portions of the Consortia or JVs, which are prequalified, will be recognized.

A health facility design consultant may be prequalified in the following disciplines:

- Healthcare Architecture
- Healthcare Mechanical and Heating, Ventilation, Air-Conditioning (HVAC), including Medical Gases
- Healthcare Electrical (power, lighting, extra-low voltage, lighting protection), IT and communications
- Public Health (plumbing, drainage, LPG)
- Biomedical Engineering.

The SHCC 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:

- Town/Urban Planner
- Landscape Architect
- Traffic Engineer
- Civil and Structure Engineer
- Way-finder/Signage Consultant
- Quantity Surveyor
- Facade Engineer
- Radiation Shielding expert
- Catering facility planner
- Sterilization expert

- Others.

SHCC may not prequalify consultants for these disciplines, but prequalification may be required by other authorities.

The design consultants already registered in SHCC, DHA or MoH can be principally accepted without any evaluation.

The owner of the consulting company should be an architect or a civil engineer. He/she should not have another consulting company registered in UAE. The SHCC has categorized the consultants into four grades, according to credentials and competency level. The consultant company shall be licensed in UAE to handle the healthcare projects. Consultants in each grade have the following criteria and privileges to practice in Sharjah Healthcare City.

GRADE	CRITERIA	PRIVILEGES
Grade 1	<ul style="list-style-type: none"> Three (3) Architects with seven (7) years of experience Two (2) Structural Engineers with ten (10) years of experience One (1) Electrical Engineer with five (5) years of experience 	Can handle unlimited floor levels in a project.
Grade 2	<ul style="list-style-type: none"> One (1) Architect with seven (7) years of experience One (1) Structural Engineer with seven (7) years of experience One (1) Electrical Engineer with seven (7) years of experience 	Can handle ground and up to ten (10) floor levels in a project.
Grade 3	<ul style="list-style-type: none"> One (1) Architect with five (5) years of experience One (1) Structural Engineer with five (5) years of experience One (1) Electrical Engineer with five (5) years of experience 	Can handle ground and up to seven (7) floor levels in a project.
Grade 4	<ul style="list-style-type: none"> One (1) Architect with three (3) years of experience One (1) Structural Engineer with three (3) years of experience 	Can handle ground and up to four (4) floor levels in a project.

3.1.3 *Process for Design Consultants to Become Prequalified*

Design consultants can become prequalified by filling out a Consultant Prequalification Application Form (Appendix 10) and lodging a signed copy to SHCC. This document shall consist of essential information, particularly about the credentials and capabilities of the design consultant.

The design consultant's expertise will be assessed on multiple criteria including the following:

- The experience of the organization will be assessed on the number and type of health facilities designed and completed both outside and within the UAE
- The experience and prequalification of the key individuals within the organization. The individual expertise is important because key staff may leave the organization, leaving the applicant without any experienced staff

- The resources within the organization. Since the level of prequalification is partly based on the size of projects undertaken, obviously only organizations with sufficient staffing will be permitted to undertake larger scale projects. The staff may include those working from a UAE base or from other countries
- The methodology and systems used within the organization. To a large degree, the successful completion of a health facility is dependent on using internationally recognized tools such as intelligent documentation systems e.g. Health Facility Briefing System, AutoCAD, Revit, Codebook, etc.
- Consultants currently working with or under SHCC. Consultants considered to be performing to an acceptable standard will be given priority for prequalification for a period of twelve (12) months from the publication of these Guidelines.

3.2 Definition of Building Types

SHCC buildings have been classified into nine types:

3.2.1 *Hospital*

- Definition – Hospitals are defined as healthcare facilities intended for the diagnosis and treatment of patients. For the purpose of these Guidelines, all health facilities that provide overnight care of patients will be classified as hospitals. All buildings including facilities for overnight stays shall adapt the same Standards and Guidelines of hospitals. The hospital shall be owned by public or private parties or public/private partnership.
- Hospital Types may include:
 - Research and Teaching Hospital
 - General Hospital
 - Specialist Maternity Hospital
 - Specialist Pediatric Hospital
 - Specialist Cancer Care Hospital
 - Specialist Rehabilitation Hospital
 - Specialist Mental Health Hospital
 - Specialist Orthopedic Hospital
 - Specialist Cardiac Care Hospital
 - Any combination of the above or other specialties.

3.2.2 *Diagnostic Centers*

- Definition – Diagnostic Centers are defined as healthcare 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 Centers.
- Diagnostic Center Types may include:
 - Medical Imaging Centers
 - Nuclear Medicine Centers (not involving treatment)
 - Medical Laboratories
 - General Diagnostic Centers – EEG, ECG, etc.
 - Any combination of the above or other specialties.

3.2.3 *Rehabilitation Centers*

- Definition – Rehabilitation Centers are defined as healthcare facilities intended for the treatment of patients with disabilities or injuries that require long-term care. For the purpose of these Guidelines, where these types of facilities do not provide overnight care for patients, they will be classified as Rehabilitation Centers.

- Rehabilitation Center Types may include:
 - Specialist Physiotherapy Centers
 - Specialist Occupational Therapy Centers
 - Specialist Hydrotherapy Centers
 - Specialist Prosthetics and Orthotics Centers
 - Any combination of the above or other specialties.

3.2.4 *Clinic and Medical Centers*

- Definition – Clinic – Clinics are defined as healthcare facilities intended for the diagnosis and minor treatment of patients. For the purpose of these Guidelines, generally, all healthcare facilities not classified under Hospitals, Day Procedure Centers, Rehabilitation Centers or Diagnostic Centers will be classified as a Clinic.
- Definition – Medical Centre – A Center is a Clinic with the addition of support services such as a Laboratory and a Radiology Department. The Medical Center shall have more than one clinic and/or may have different specialties.
- Clinic Types may include:
 - General Practice or Group Practice Primary Health Centers
 - General and Specialized Clinics – Medical Polyclinics
 - IVF Unit (Fertilization Centers)
 - General and Specialized Dental Clinics – Dental Polyclinics
 - Community Health Centers
 - Complementary and Alternative Medical Centers.

3.2.5 *Pharmaceutical Facilities*

- Pharmaceutical facilities will always be reviewed as part of the above health facility types. Only where they are stand-alone, a Grade 4 design consultant can complete the design.
- Pharmaceutical facilities include:
 - Scientific Offices
 - Drug Stores
 - 24-hour Pharmacy.

3.2.6 *Spas, Wellness and Fitness Centers*

- Definition – The place is devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit.
 - Medical Spa – The facility shall be operated under the supervision of licensed healthcare professionals who provide wellness care in a combination of spa services as well as traditional, complementary and or alternative therapies
 - Destination Spa – The facility accommodates the health seeker for a short stay and provides a program consists of healthful cuisine, wellness education, spa services and physical fitness activities with the primary purpose of guiding health seekers to develop healthy habits
 - Wellness Centers – wellness centers usually offer skin care services and body services such as fitness, personal training and nutrition consulting. Some wellness centers offer more alternate services such as chiropractic, acupuncture or holistic medicine. The term “wellness” generally refers to wellness of mind, body and soul.
 - Fitness Centers – place which has equipment for the purpose of physical exercise. The functional area consists of free weights, cardiovascular training equipment, group exercise classes and personal training facilities.

3.2.7 Day Procedure Centers

- Definition – Day Procedure Centers are defined as healthcare facilities intended for the diagnosis, treatment and minimally invasive surgery 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 Surgery Centers.
- Day Procedure Center Types may include:
 - Day Surgery Centers
 - Specialist Dental Surgery Center
 - Specialist Eye Surgery Center
 - Specialist Orthopedic Center
 - Specialist Plastic Surgery Center
 - Specialist Radiotherapy and Chemotherapy Center
 - Specialist Dialysis Center
 - Specialist Invasive Imaging Center
 - Any combination of the above or other specialties.

3.2.8 Aged Care Facilities

- Aged care facilities are intended to treat the elderly patients who need special care
- Aged care facilities include:
 - Day care centers
 - Long-term care centers.

3.2.9 Medical Logistic Centers

- Definition – Facilities built for the storage of medical equipment and disposables, equipment assembly centers and pharmaceutical products
- Medical logistic centers include:
 - General warehouse
 - Special warehouse.

3.3 Building Types and Functional Planning Units (FPUs)

3.3.1 Reference Table

For each building type as defined in the section above, a single or a number of FPUs (Functional Planning Units) are associated. The following table is provided as a guide. Core FPUs are the mandatory units that must be considered. Optional FPUs may be applicable if such clinical services have been identified as part of the Facility's Service Plan. Detailed requirements of each FPU can be found in Part B of these Guidelines and the relevant section number of Part B is provided below.

Building Type	Core FPUs	Section in Part B	Optional FPUs ⁽¹⁾	Section in Part B	Remarks
Hospital	Administration Unit	6	Community Health	13	(1) Depending of the level of services and specialties of the proposed hospital, some of these FPUs may or may not be applicable but should be considered accordingly. (2) When a full service Catering Unit is not provided, a holding and reheating facility to serve the number of beds must be provided.
	Admissions Unit	7	Inpatient Unit – Bariatric	23	
	Ambulatory Care Unit	8	IVF Unit (Fertilization Centers)	26	
	Cardiac Investigation Unit	9	Medical Imaging Unit – Nuclear Medicine	31	
	Catering Unit ⁽²⁾	10	Mental Health Unit – Adult	33	
	Cleaning and Housekeeping Unit	11	Mental Health Unit – Child and Adolescent	34	
	Clinical Information Unit	12	Mobile Healthcare Unit	35	
	Day Surgery/Procedures Unit	15	Obstetrics Unit	36	
	Dental Health Unit	16	Oncology Unit – Chemotherapy and Radiotherapy	37	

Building Type	Core FPU's	Section in Part B	Optional FPU's (1)	Section in Part B	Remarks
	Emergency Unit	18	Rehabilitation Unit – Allied Health Unit	41	(1)
	Endoscopy Unit	19	Renal Dialysis Unit	42	
	Engineering and Maintenance Unit	20			
	Hospital Morgue Unit	22			
	Inpatient Unit – General	24			
	Intensive Care Unit	25			
	Laboratory Unit	27			
	Linen Handling Unit	28			
	Main Entrance Unit	29			
	Medical Imaging Unit – General	30			
	Operating Unit	38			
	Pharmacy Unit	39			
	Public and Staff Amenities Unit	40			
	Sterile Supply Unit (SSU)	43			
	Supply Unit	44			
Waste Management Unit	45				
Diagnostic Center	Administration Unit ⁽³⁾	6			(3) Support services should be sized accordingly to the number of staff and service plan as defined by the project.
	Cardiac Investigation Unit	9			
	Cleaning and Housekeeping Unit ⁽³⁾	11			
	Clinical Information Unit ⁽³⁾	12			
	Laboratory Unit	27			
	Medical Imaging Unit – General	30			
	Medical Imaging Unit – Nuclear Medicine	31			
	Public and Staff Amenities Unit ⁽³⁾	40			
Supply Unit ⁽³⁾	44				
Waste Management Unit ⁽³⁾	45				
Rehabilitation Center	Rehabilitation – Allied Health Unit	41	Inpatient Unit – Bariatric ⁽⁴⁾	23	(3) Support services should be sized accordingly to the number of staff and service plan as defined by the project. (4) Only applicable if beds are provided for short term or long-term patient staying on site as part of the service.
	Administration Unit ⁽³⁾	6	Inpatient Unit – General ⁽⁴⁾	24	
	Cleaning and Housekeeping Unit ⁽³⁾	11	Catering Unit (if patient unit is included)	10	
	Clinical Information Unit ⁽³⁾	12	Linen Handling (if inpatient unit is included)	28	
	Engineering and Maintenance Unit ⁽³⁾	20			
	Public and Staff Amenities Unit ⁽³⁾	40			
	Supply Unit ⁽³⁾	44			
Clinic and Medical Center	Ambulatory Care Unit	8	Cardiac Investigation Unit	9	(3) Support services should be sized accordingly to the number of staff and service plan as defined by the project. (5) Only the ambulatory clinic part is applicable. Inpatient services cannot be included under the licensing of a 'Clinic and Medical Centre'.
	Administration Unit ⁽³⁾	6	Community Health Unit	13	
	Cleaning and Housekeeping Unit ⁽³⁾	11	Complementary and Alternative Medicine Centers	14	
	Clinical Information Unit ⁽³⁾	12	Dental Health Unit	16	
	Public and Staff Amenities Unit ⁽³⁾	40	IVF Unit (Fertilization Centers)	26	
	Supply Unit ⁽³⁾	44	Laboratory Unit	27	
	Waste Management Unit ⁽³⁾	45	Medical Imaging Unit - General	30	
		Mental Health Unit – Adult ⁽⁵⁾	33		

3.0 Prequalification Process for Health Facility Design Consultants

Building Type	Core FPU's	Section in Part B	Optional FPU's (1)	Section in Part B	Remarks
Pharmaceutical Facilities			Mental Health Unit – Child and Adolescent ⁽⁵⁾	34	(3) Support services should be sized accordingly to the number of staff and service plan as defined by the project.
			Pharmacy Unit	39	
	Pharmacy Unit	39	Laboratory Unit	27	
	Administration Unit ⁽³⁾	6			
	Cleaning and Housekeeping Unit ⁽³⁾	11			
	Clinical Information Unit ⁽³⁾	12			
	Public and Staff Amenities Unit ⁽³⁾	40			
Spas, Wellness and Fitness Centers	Supply Unit ⁽³⁾	44			3) Support services should be sized accordingly to the number of staff and service plan as defined by the project.
	Waste Management Unit ⁽³⁾	45			
	Health Spas and Clubs	16			
	Cleaning and Housekeeping Unit ⁽³⁾	11			
	Linen Handling Unit ⁽³⁾	28			
Day Procedure Center	Public and Staff Amenities Unit ⁽³⁾	40			(1) Depending of the level of services and specialties of the proposed hospital, some of these FPU may or may not be applicable but should be considered accordingly.
	Supply Unit ⁽³⁾	44			
	Administration Unit	6	Cardiac Investigation Unit	9	
	Admissions Unit	7	Dental Health Unit	16	
	Ambulatory Care Unit	8	IVF Unit (Fertilization Centers)	26	
	Cleaning and Housekeeping Unit	11	Medical Imaging Unit – General	30	
	Clinical Information Unit	12	Medical Imaging Unit – Nuclear Medicine	31	
	Day Surgery/Procedure Unit	15	Oncology Unit – Chemotherapy and Radiotherapy	37	
	Endoscopy Unit	19	Renal Dialysis Unit	42	
	Engineering and Maintenance Unit	20			
Day Procedure Center (continued)	Laboratory Unit	27			(1) Depending of the level of services and specialties of the proposed hospital, some of these FPU may or may not be applicable but should be considered accordingly.
	Linen Handling Unit	28			
	Main Entrance Unit	29			
	Pharmacy Unit	39			
	Public and Staff Amenities Unit	40			
	Sterile Supply Unit (SSU)	43			
Aged Care Facilities	Supply Unit	44			(2) When a full service Catering Unit is not provided, a holding and reheating facility to serve the number of beds must be provided. (3) Support services should be sized accordingly to the number of staff and service plan as defined by the project.
	Waste Management Unit	45			
	Elderly Home	17	Administration Unit ⁽³⁾	6	
	Catering Unit ⁽²⁾	10	Pharmacy Unit ⁽³⁾	39	
	Cleaning and Housekeeping Unit ⁽³⁾	11			
	Linen Handling Unit ⁽³⁾	28			
Medical Logistic Center	Public and Staff Amenities Unit ⁽³⁾	40			
	Supply Unit ⁽³⁾	44			
	Medical Logistics	32			

3.4 Levels of Prequalification

3.4.1 *Grade Based System*

Health facilities are divided into different types and the levels of prequalification are based on the complexity of the facility as follows:

- Design consultants with a prequalification level of Grade 4 will only be permitted to undertake the smallest and least complex health facilities
- Design consultants with a higher level of prequalification (Grade 1) shall be permitted to undertake more complex health facilities – consequently they will be permitted to be involved in projects linked to their Grade Level or to a lower Grade.

If a design consultant has successfully completed five projects of Grade 4 health facilities, the organization will be eligible to be promoted to Grade 3. The design consultant is to obtain a Consultant Prequalification Application Form (Appendix 10), fill it out and submit it together with sufficient evidence that the projects listed were completed successfully. Every time a higher prequalification level is pursued, the design consultant is to submit a new Consultant Prequalification Application Form (Appendix 10).

Prequalified design consultants can (through completing health facilities successfully) gradually increase their tier level and become fully qualified professionals active at the top grade, working on the most complex and largest health facilities within the Sharjah Healthcare City.

3.4.2 *Lowering the Barrier to Entry*

The SHCC 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 specialize 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-grade levels and subsequently at higher-grade levels.

Prequalified individuals can then form new companies, employ support staff and apply for the prequalification of the company.

3.4.3 *Increasing the Level of Prequalification*

Individual consultants may apply for better grade of prequalification based on the experience they gain at lower grades as well as work under the supervision of others on higher grade consultants.

SHCC, at its sole discretion, may consider these applications and progressively increase the prequalification grade of the consultants.

Companies may also apply for a higher grade 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 via the application forms, listing the experience and responsibility for such projects at higher-grade levels.

3.4.4 *Frequency of Application*

The first applications for SHCC 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
- Resubmission with better information, if requested by SHCC, at any time
- Resubmission due to the rejection of a previous application, six (6) months after the original application
- Application for promotion in the grade of prequalification, six (6) months after the original application.

3.4.5 *Duration of Prequalification*

The SHCC prequalification for the current grade will be valid for a period of three (3) years after approval by SHCC.

During the period of validity, the consultants are suggested to inform SHCC regarding any major changes to the information provided 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 three (3) years by the submission of a new prequalification application. A new prequalification application may be lodged up to two (2) months before the expiry of the current prequalification.

A renewed application may be a copy of the previous application with updated information unless SHCC requirements for prequalification change in the interim period.

The applicant may also request a promotion in the grade level at the time of renewal.

SHCC, at its sole discretion, may renew the application at a new or different grade level.

3.4.6 *Prequalification Grade Based on Building Types*

Grade levels are based broadly on the experience of different health facility building types as listed on the next page. The health facilities in turn include one or more Functional Planning Units (FPUs) as defined under these Guidelines. The information supplied by the applicants will be used by SHCC to assess the broad range of skills in the design for the relevant FPUs forming these building types and therefore the appropriate tier level of prequalification.

3.4.7 *Co-existing and Integrated Facilities Classification*

Portions of health facilities may perform services that are separately covered under these Guidelines. Where these services operate as an integrated service within the overall health facility and benefit from the services and staff, they will be regarded as part of the health facility and therefore fall under its prequalification level. If some of these services operate independently of the health facility, they will be regarded as separate facilities under these Guidelines and therefore fall under their own prequalification levels.

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 Center with independent operating hours will fall under its own prequalification level.

Good indicators of combined services are sharing the entrance, reception and medical records.

3.4.8 *Design Consultant Privileges:*

TYPE	CLASSIFICATION	PREQUALIFICATION LEVEL
Hospital	Research and Teaching Hospital	Grade 1
	General Hospital	Grade 1
	Specialized Maternity Hospital	Grade 1
	Specialized Pediatric Hospital	Grade 1
	Specialized Cancer Care Hospital	Grade 1
	Specialized Rehabilitation Hospital	Grade 1
	Specialized Mental Health Hospital	Grade 1
	Specialist Orthopedic Hospital	Grade 1
Diagnostic Center	Specialist Cardiac Care Centre	Grade 1
	Medical Imaging Center	Grade 2
	Nuclear Medicine Centers (not involving treatment)	Grade 2
	Medical Laboratory	Grade 2
Rehabilitation Center	General Diagnostic Center	Grade 3
	Specialized Physiotherapy Centers	Grade 3
	Specialized Occupational Therapy Centers	Grade 3
	Specialized Hydrotherapy Centers	Grade 3
Clinic and Medical Centers	Specialized Prosthetics and Orthotics Center	Grade 4
	General Practice or Group Practice Primary Health Center	Grade 3
	General and Specialized Clinics – Medical Polyclinics	Grade 2
	IVF Unit (Fertilization Centers)	Grade 1
	General and Specialized Dental Clinics – Dental Polyclinics	Grade 2
	Community Health Centers	Grade 4
	Complementary and Alternative Medical Centers	Grade 3
Pharmaceutical Facilities	Scientific Offices	Grade 4
	Drug Stores	Grade 4
	24-Hours Pharmacy	Grade 4
Spas, Wellness and Fitness Centers	Medical Spa	Grade 3
	Destination Spa	Grade 3
	Wellness Center	Grade 3
	Fitness Centre	Grade 3
Day Procedure Centers	Day Surgery Center	Grade 2
	Specialized Invasive Imaging Center	Grade 2
	Specialized Radiotherapy and Chemotherapy Center	Grade 2
	Specialized Dialysis Center	Grade 2
	Specialized Eye Surgery Center	Grade 2
	Specialized Orthopedic Center	Grade 2
	Specialized Plastic Surgery Center	Grade 2
Specialized Dental Surgery Center	Grade 2	
Aged Care Facility	Day Care Centers	Grade 3
	Long-Term Care Center	Grade 2

3.0 Prequalification Process for Health Facility Design Consultants

Medical Centers	Logistic	General Warehouses	Grade 3
		Special Warehouses	Grade 1

4.0 Terms and Abbreviations

TERM	MEANING	TERM	MEANING
ADA	American Disability Act	IEE	Institute of Electrical and Electronics Engineers
AHFG	Australasian Health Facility Guidelines	IT	Information Technology
AS	Australian Standards	LDR	Labor, Delivery and Recovery
ASHRAE	American Society of Heating, Refrigeration and Air-Conditioning Engineers	NHS	National Health Service (UK)
CIBSE	Chartered Institution of Building Services Engineers	NFPA	National Fire Protection Association
CCTV	Closed Circuit Television	NOC	No Objection Certificate
CEO	Chief Executive Officer	OSH	Occupational Safety and Health
CRT	Cathode Ray Tube	RDL	Role Delineation Level
CT	Computerized Tomography	RDS	Room Data Sheet
DCA	Directorate of Civil Aviation	RLS	Room Layout Sheet
DTPS	Directorate of Town Planning and Survey	RSB	Regulation and Supervision Bureau
FPU	Functional Planning Unit (Departments)	SM	Sharjah Municipality
GP	General Practitioner	SOA	Schedule of Accommodation
HEPA	High Efficiency Particulate Air (filter)	SHCC	Sharjah Healthcare City
HTM	Health Technical Memorandum	TIS	Traffic Impact Study
HVAC	Heating, Ventilation, Air-Conditioning	UPC	Urban Planning Council
HR	Human Resources	UPS	Uninterruptible Power Supply

5.0 Further Reading

The following reference and reading material may be useful additional information for readers:

5.1 Building Codes, Regulations and Guidelines

- Ceilings & Interior Systems Construction Association (CISCA). 'Acoustics in Healthcare Environments' 2010. Retrieved from website: http://www.cisca.org/files/public/Acoustics%20in%20Healthcare%20Environments_CISCA.pdf 2014
- Samuel Clarke. 'Acoustic Design Approach for Hospitals [Paper No. 112, Proceedings of ACOUSTICS 2011]' November 2011. Retrieved from website: http://www.acoustics.asn.au/conference_proceedings/AAS2011/papers/p112.pdf 2014.

5.2 Health Facility Guidelines and Regulations

- Australasian Health Facility Guidelines, Australia, Rev 4, 2012. Retrieved from website: <http://www.healthfacilityguidelines.com.au/default.aspx> 2014
- DH (Department of Health), UK 'Health Building Notes' 2009. Retrieved from website: <https://www.gov.uk/government/collections/health-building-notes-core-elements> 2014
- Health Authority of Abu Dhabi, UAE. 'HAAD Health Facility Guidelines' 2013. Retrieved from website: <http://www.healthdesign.com.au/haad.hfg/> 2014
- Paul V. Richter, (Risk Management Coordinator for Support Services, South Carolina Hospital Association, West Columbia, SC). 'Hospital Disaster Preparedness: Meeting a Requirement or Preparing for the Worst?' Published on the American Society for Healthcare Engineering (ASHE) of the American Hospital Association (AHA) website. Retrieved from website: <http://www.ashe.org/advocacy/organizations/TJC/ec/emergency/hospdisasterprepare.html> 2014
- TAHPI Pty Ltd. 'International Health Facility Guidelines' 2013. Retrieved from website: <http://www.healthdesign.com.au/ihfg/> 2014
- The Facility Guidelines Institute. 'Guidelines for Design and Construction of Healthcare Facilities' 2010. Retrieved from website: www.fgiguideelines.org 2014.

5.3 Infection Control

- Center for Disease Control and Prevention (CDC) (US). 'Guidelines for Environmental Infection Control in Health-Care Facilities' 2003. Retrieved from website: <http://www.cdc.gov/hicpac/pubs.html> 2014
- Center for Disease Control and Prevention (CDC) (US). 'Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings' 2007. Retrieved from website: <http://www.cdc.gov/hicpac/pubs.html> 2014
- National Institute for Health and Care Excellence (NICE) (UK). 'Infection: Prevention and control of healthcare-associated infections (PH36)' 2011. Retrieved from website: <http://www.nice.org.uk/guidance/PH36> 2014
- Standards Australia, AS/NZS 4187. 'Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities' 2003. Retrieved from website: <http://www.saiglobal.com/PDFTemp/Previews/OSH/as/as4000/4100/4187.pdf> 2014

- Standards Australia 2003a. '*Handbook 260: Hospital acquired infections – Engineering down the risk*' 2003. Retrieved from website: <http://infostore.saiglobal.com/store/details.aspx?ProductID=568868> 2014
- World Health Organization (WHO), World Alliance for Patient Safety. '*Guidelines on hand hygiene in health care*' 2009. Retrieved from website: <http://www.who.int/gpsc/5may/tools/9789241597906/en/> 2014
- Victorian Advisory Committee on Infection Control (AUS). '*Guidelines for the classification and design of Isolation Rooms in health care facilities*' 2007. Retrieved from website: http://www.health.vic.gov.au/infectionprevention/downloads/iso_roomguide.pdf
http://www.health.vic.gov.au/infectionprevention/downloads/iso_roomguide_references.pdf 2014.

6.0 Acknowledgements

These Guidelines have been created through collaboration with numerous individuals and organisations.

The considerable support, co-operation and advice of the many contributors is gratefully acknowledged including:

- H.H. Dr. Sheikh Sultan Bin Mohammed Al Qassimi, the Ruler of Sharjah and member of the Supreme Council of UAE
- H.E Abdulla Ali Al Mahyan, Chairman of Sharjah Health Authority, Sharjah Healthcare City and Member of Sharjah Executive Council
- Sharjah Healthcare City team members.
- The Director General of Directorate of Town Planning and Survey – Sharjah
- Assistant Undersecretary of Public Health Policy & Licensing, Ministry of Health
- Assistant Director General, Engineering and Project Department of Sharjah Municipality
- Director General of General Directorate of Civil Defense – Sharjah
- Director General, Sharjah Electricity and Water Authority (SEWA)
- Director General, Department Of Civil Aviation – Sharjah
- Deputy General Manager of Etisalat (West Coast Region)
- Chairman of Public Work Department.

TAHPI Pty Limited is the author of these guidelines under engagement to Sharjah Healthcare City (SHCC). TAHPI can be contacted within the UAE on +971 44281348 or visit www.tahpi.net.

Parts of these guidelines, including format, words, concepts, drawings, schedules and website have been adopted from the HAAD Health Facility Guidelines version 3.2 owned by the Health Authority of Abu Dhabi. This adoption is under the terms of the kind permission from HAAD dated 9.4.2012. These parts generally represent elements which are universally applied to all competent healthcare facilities regardless of location.

Furthermore, parts of these guidelines have been adopted from the International Health Facility Guidelines (iHFG) by TAHPI, under the terms of engagement of TAHPI by SHCC.

See Appendices 01 – 16, attached overleaf.

7.0 Appendix 01 – Health Facility Registration Form

Attached Overleaf

Health Facility Guidelines

Health Facility Registration Form

Purpose:

All health facilities in Sharjah Healthcare City are required to be licensed. 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, SHCC will confirm the date and time when the Submission can be lodged at the SHCC office. ***NOTE: The online submission is not enabled until further notice. The applicant is to submit the signed hard copy only. An appointment with SHCC is to be made prior to lodging the registration.**

Section 1 – General Information																			
'AIP-R Approval Number:	For Office Use Only																		
Type of Application⁽¹⁾:	<input type="checkbox"/> New License <input type="checkbox"/> Change to Existing License <input type="checkbox"/> Change Facility Location <input type="checkbox"/> Other																		
Project: Name																			
Location/Address																			
Legal Plot Number																			
Size (Gross Floor Area in m ²)																			
Type of Building⁽²⁾:	<input type="checkbox"/> Dedicated Building <input type="checkbox"/> Commercial Building <input type="checkbox"/> Villa <input type="checkbox"/> Flat/Suite																		
Land Availability⁽³⁾:	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
Expected Date of:	Starting the Project on Site: _____ Commissioning the Facility: _____																		
Total Project Cost:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Item</th> <th style="width: 30%;">Value (AED)</th> </tr> </thead> <tbody> <tr> <td>Construction Cost</td> <td>-----</td> </tr> <tr> <td>Medical Equipment Cost</td> <td>-----</td> </tr> <tr> <td>Furniture and Office Equipment Cost</td> <td>-----</td> </tr> <tr> <td>Vehicle and Transportation Equipment Cost</td> <td>-----</td> </tr> <tr> <td>Working Capital</td> <td>-----</td> </tr> <tr> <td>Pre-Operation Cost</td> <td>-----</td> </tr> <tr> <td>First Year Operating Cost</td> <td>-----</td> </tr> <tr> <td>Total Investment</td> <td>-----</td> </tr> </tbody> </table>	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	-----
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⁽⁴⁾:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Company Name</td> <td style="width: 60%;"></td> </tr> <tr> <td>Name and Surname Executive</td> <td></td> </tr> <tr> <td>Role Executive</td> <td></td> </tr> <tr> <td>Business Address</td> <td></td> </tr> <tr> <td>Business Phone Number</td> <td></td> </tr> <tr> <td>Business Email</td> <td></td> </tr> <tr> <td>Date the Health Facility Registration Submission will be ready⁽⁵⁾:</td> <td></td> </tr> </table>	Company Name		Name and Surname Executive		Role Executive		Business Address		Business Phone Number		Business Email		Date the Health Facility Registration Submission will be ready⁽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⁽⁵⁾:																			

(1) This is the Type of Application that 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 Health Facilities only.

(4) This is the Owner/Operator of the Health Facility. This section is to be filled out by a Senior Executive.

(5) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the Submission can be lodged.

Section 2 – Type of Facility

Type of Facility⁽⁶⁾: <i>(Fill in the selected Facility)</i>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Diagnostic Center
	<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Clinic and Medical Center
	<input type="checkbox"/> Pharmaceutical Facilities	<input type="checkbox"/> Spas, Wellness and Fitness Centers
	<input type="checkbox"/> Day Procedure Center	<input type="checkbox"/> Aged Care Facilities
	<input type="checkbox"/> Medical Logistic Center	

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

Section 3 – Hospitals

Functional Planning Units (FPUs)⁽⁷⁾: <i>(Select the FPUs from below to be included in the Facility)</i>	Hospital								
	Research and Teaching Hospital	General Hospital	Specialist Maternity Hospital	Specialist Pediatric Hospital	Specialist Cancer Care Hospital	Specialist Rehab Hospital	Specialist Mental Health Hospital	Specialist Orthopedic Hospital	Specialist Cardiac Care Center
Administration Unit									
Admission Unit									
Adult Mental Health Inpatient Unit									
Ambulatory Care Unit									
Catering Unit									
Child and Adolescent Mental Health Unit									
Cleaning and Housekeeping Unit									
Clinical Information Unit									
Community Health Unit									
Day Surgery Procedure Unit									
Emergency Unit									
Engineering and 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	<i>Refer to Section 7</i>								
Public and Staff Amenities Unit									
Radiation Oncology Unit									
Rehab- Allied Health Unit									
Sterile Supply Unit									
Supply Unit									
Waste Management									

(7) For detailed information on FPUs, refer to Part B – Health Facility Brief and Design, Section 3.

Section 4 – Diagnostic Centers

Functional Planning Units (FPUs) ⁽⁸⁾ : (Select the FPU's from below to be included in the Facility)	Diagnostic Center			
	Medical Imaging Center	Nuclear Medicine Center	Medical Laboratory	General Diagnostic Center
Administration Unit				
Cleaning and Housekeeping Unit				
Clinical Information Unit				
Engineering and 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 to Part B – Health Facility Brief and Design, Section 3.

Section 5 – Rehabilitation Centers

Functional Planning Units (FPUs) ⁽⁹⁾ : (Select the FPU's from below to be included in the Facility)	Rehabilitation Centers			
	Specialist Physiotherapy Centers	Specialist Occupational Therapy Centers	Specialist Hydrotherapy Centers	Specialist Prosthetics and Orthotics Centers
Administration Unit				
Cleaning and Housekeeping Unit				
Clinical Information Unit				
Rehab - Allied Health Unit				
Waste Management Unit				

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

Section 6 – Clinics and Medical Centers

Functional Planning Units (FPUs) ⁽¹⁰⁾ : (Select the FPU's from below to be included in the Facility)	Clinics and Medical Centers					
	General Practice or Group Practice Primary Health Centers	General and Specialized Clinics - Medical Polyclinics	IVF Unit (Fertilization Centers)	General and Specialized Dental Clinics - Dental Polyclinics	Community Health Centers	Complementary and Alternative Medical Centers
Administration Unit						
Cleaning and Housekeeping Unit						
Clinical Information Unit						
Ambulatory Care Area						
Waste Management Unit						

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

Section 7 – Pharmaceutical Facilities

Functional Planning Units (FPUs) ⁽¹¹⁾ : (Select the FPU from below to be included in the Facility)	Pharmacies		
	Scientific Offices	Drug Stores	24-Hour Pharmacy
Pharmacy Unit			

(11) This refers to stand-alone facilities only. Pharmaceutical facilities that are included within other facility types are included in the selected FPUs for that facility.

Section 8 – Spas, Wellness and Fitness Centers

Functional Planning Units (FPUs): (Select the FPU from below to be included in the Facility)	Spas, Wellness and Fitness Centers			
	Medical Spa	Destination Spa	Wellness Center	Fitness Center
Spas, Wellness and Fitness Centers				

Section 9 – Day Procedure Centers

Functional Planning Units (FPUs) ⁽¹²⁾ : (Select the FPUs from below to be included in the Facility)	Day Procedure Centers							
	Day Surgery Center	Specialist Dental Surgery Center	Specialist Eye Surgery Center	Specialist Orthopedic Center	Specialist Plastic Surgery Center	Specialist Radiotherapy and Chemotherapy Center	Specialist Dialysis Center	Specialist Invasive Imaging Center
Administration Unit								
Admission Unit								
Cleaning and Housekeeping Unit								
Clinical Information Unit								
Day Surgery Procedure Unit								
Engineering and 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 to Section 7							
Public and Staff Amenities Unit								
Radiation Oncology Unit								
Sterile Supply Unit								
Supply Unit								
Waste Management Unit								

(12) For detailed information on FPUs, refer to Part B – Health Facility Brief and Design, Section 3.



Section 10 – Aged Care Facilities

Functional Planning Units (FPUs): <i>(Select the FPU from below to be included in the Facility)</i>	Aged Care Facilities	
	Day Care Center	Long-term Care Center
Administration Unit		
Cleaning and Housekeeping Unit		
Clinical Information Unit		
Ambulatory Care Area		
Supply Unit		
Catering Unit		
Accommodation		
Linen Handling Unit		
Waste Management Unit		

Section 10 – Medical Logistic Services

Functional Planning Units (FPUs): <i>(Select the FPU from below to be included in the Facility)</i>	Medical Logistic Services	
	General Warehouses	Special Warehouses
Medical Logistic Services		



Section 10 – Role Delineation Levels (RDLs)

The Applicant must disclose the services to be provided in the facility by selecting the FPU's together with the appropriate RDLs for those services. The RDLs set out the most common health services defined under each level and under each category, the requirements are stated.

Once both the FPU's and the RDLs are selected, the facility requirements can be determined and verified by SHCC.

For detailed information on RDLs, definitions and abbreviations, refer to Part B – Health Facility Brief and Design, Section 2.

Role Delineation Levels (RDLs): <i>(Select the RDL for the services to be provided)</i>	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						
Gynecology						
Ophthalmology						
Orthopedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency/Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics						
Pediatrics Services						
Pediatrics						
Neonatology						
Rehabilitation Services						
Rehabilitation						
Continuing Care Services						
Community Assessment						



Role Delineation Levels (RDLs): <i>(Select the RDL for the services to be provided)</i>	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, STIs, BBVs 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 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						
Medical						
Rehabilitation						
Continuing Care						
Pediatrics						
Obstetrics						
Child and Adolescent 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						



Role Delineation Levels (RDLs): <i>(Select the RDL for the services to be provided)</i>	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Neurological						
Alcohol and Drug						
Other (Eating Disorders etc.)						
Clinical Support Services						
Pathology						
Radiology						
Pharmacy						
ICU/HDU						
Pediatric ICU						
CCU						
Anesthetics						
Operating Theatres						
Training and Research						



For Official Use

- Approved Incomplete, further information required Not Approved

Comments:

.....

.....

.....

.....

.....
*Head of SHCC Facility
Licensing Department*

8.0 Appendix 02 – Registration Approval Form

Attached Overleaf

Health Facility Guidelines

Registration Approval Form

Purpose:

The purpose of this form is to notify the Applicant of the approval or rejection issued by SHCC for the Registration Submission Stage (Step 1 as set out in Part A – Administrative Provisions) of the application only.

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

Type of Approval	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Notes:	
.....	
.....	
.....	
.....	
..... <i>Head of SHCC Facility</i> <i>Licensing Department</i>	

Approval Conditions:

In the case of approval, SHCC advises that approval of this 'Application for the Registration Submission' be 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 'Registration' (Step 1 as set out in Part A – Administrative Provisions), the 'Schematic Submission' (Step 2 as set out in Part A – Administrative Provisions) of the Approval Process must be lodged in full to the Health Licensing Department of SHCC within **twelve (12) months** of the date of approval on 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 **twelve (12) months**, during which 'Step 2 of the Approval Process for Health Facilities' shall be initiated. If required, the validity of the AIP-R (Approval in Principle – Registration) can be extended for a further **twelve (12) months** by special application to the Health Licensing Department of SHCC, prior to expiry of the 12-month period.

SAMPLE

9.0 Appendix 03 – Schematic Submission Application Form

Attached Overleaf

Health Facility Guidelines

Schematic Submission Application Form

Purpose:

The purpose of this Application Form is to notify SHCC of the intent to lodge a Schematic Submission for a comprehensive review against the Standards and Guidelines. The notification will allow SHCC 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.

Prerequisites:

Prior to lodging this Application Form, we advise the applicant to verify the health facility has been registered with SHCC; if the facility was registered, the applicant should have received a Registration Approval. Further information on the licensing process is available through the [Health Facilities Guidelines – Part A Administrative Provisions](#).

Process to Lodge this Application Form:

Fill out this form on screen – print – lodge without signature* – sign the printed copy and include it in the Schematic Submission. By return email, SHCC will confirm a date and time when the submission can be lodged at the SHCC office. ***NOTE: The online submission is not enabled until further notice. The applicant is to submit the signed hard copy only, together with all required documents. An appointment with SHCC is to be made prior to lodging the registration.**

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

(1) This is the number of times a Schematic Submission was lodged; the maximum number of submissions is **two (2)**.

(2) This is the Owner/Operator of the health facility; this section is to be completed by a Senior Executive.

(3) This is the number for all SHCC prequalified Owners/Operators.

(4) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:

.....

Date:

.....

10.0 Appendix 04 – Schematic Submission Approval Form

Attached Overleaf

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 SHCC for the Schematic Submission Stage (Step 2 as set out in Part A – Administrative Provisions) 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 Approval Expiry:	

Type of Approval	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Notes:	
.....	
.....	
.....	
..... <i>Head of SHCC Facility Licensing Department</i>	

Approval Conditions:

In the case of approval, SHCC 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 'Schematic Submission' (Step 1 as set out in Part A – Administrative Provisions), the 'Detailed Submission' (Step 2 as set out in Part A – Administrative Provisions) of the Approval Process must be lodged in full to the Health Licensing Department of SHCC within **twelve (12) months** of the date of approval on the AIP-S.

Rejection Conditions:

In the case of rejection, the Applicant is permitted to lodge **one (1) further submission** only for 'Step 1 – Schematic Submission of the Approval 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 **twelve (12) months**, during which the General Building Approval Process can be continued and 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 to the Health Licensing Department of SHCC prior to expiry of the 12-month period.

SAMPLE

11.0 Appendix 05 – Detailed Submission Application Form

Attached Overleaf

Health Facility Guidelines

Detailed Submission Application Form

Purpose:

The purpose of this Application Form is to notify SHCC of the intent to lodge a Detailed Submission for a comprehensive review against the Standards and Guidelines. The notification will allow SHCC 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 a Building Permit.

Prerequisites:

- Verify the health facility has received an 'Approval in Principle – Schematic' (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 [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 Application 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, SHCC will confirm the date and time when the submission can be lodged at the SHCC office. ***NOTE: The online submission is not enabled until further notice. The Applicant is to submit the signed hard copy only, together with all required documents. An appointment with SHCC is to be made prior to lodging the registration.**

AIP-S Approval Numbers (1):	AIP-S:	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-S form received from SHCC 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 **three (3)**.

(3) This is the Owner/Operator of the Health Facility. This section is to be filled out by a Senior Executive.

(4) This is the SHCC Prequalification Number for all SHCC prequalified Owners/Operators.

(5) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:
Date:

12.0 Appendix 06 – Detailed Submission Approval Form

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 SHCC for the 'Detailed Submission Stage' (Step 2 as set out in Part A – Administrative Provisions) of the Application only.

Submission Approval	
Building Permit Number:	
Number of Detailed Submissions:	
Project: Name	
Location/Address	
Legal Plot Number	
Applicant: Company Name	
Name and Surname	
Business Address	
Business Phone Number	
Business Email	
Date:	
Date of Approval Expiry:	

Type of Approval	
<input type="checkbox"/> Approved	<input type="checkbox"/> Incomplete, Resubmit
<input type="checkbox"/> Not Approved	
Notes:
..... <i>Head of SHCC Facility</i> <i>Licensing Department</i>	

Approval Conditions:

In the case of Compliance Standards, SHCC advises 'Approval for the Detailed Submission' by providing the Building Permit. Upon approval of the 'Detailed Submission' (Step 3 as set out in Part A – Administrative Provisions), 'Step 4 of the Approval Process' as set out in Part A – Administrative Provisions, must be initiated within **twelve (12) months** of the date of approval on the Building Permit.

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 request for a resubmission.

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 Building Permit remains valid for **twelve (12) months**, during which 'Step 3 of the Approval Process for Health Facilities' is to be initiated. If required, the validity of the Building Permit can be extended for a further **twelve (12) months** or longer by special application to the Health Licensing Department of SHCC prior to expiry of the 12-month period.

13.0 Appendix 07 – Inspection Request Form

Attached Overleaf

Health Facility Guidelines

Request for Inspection

Purpose:

The purpose of this Registration Form is to request SHCC to conduct a comprehensive Site Inspection against the Standards and Guidelines and the Assessment Report issued at various approval stages, namely AIP-S (Approval in Principle – Schematic) and Building Permit. The notification will allow SHCC to streamline requests and ensure adequate staffing is available for the inspection process.

Prerequisites:

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 SHCC with the Building Permit) and their answers/solutions and status and progress onsite, all in the format prescribed by SHCC. 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* – sign the printed copy and lodge it to SHCC together with the Progress Report. By return email, SHCC will confirm the date and time when the progress report can be lodged at the SHCC office.

***NOTE: The online submission is not enabled until further notice. The applicant is to submit the signed hard copy only, together with all required documents. An appointment with SHCC is to be made prior to the submission.**

AIP-S and Building Permit Approval Numbers (1):		AIP-S:	Building Permit:
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-S and AIP-D Form received from SHCC when receiving Approval for the Schematic and Detailed Submissions.

(2) This is the Owner/Operator of the health facility. This section is to be filled out by a Senior Executive.

(3) This is the number for all SHCC prequalified Owners/Operators.

(4) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:

Date:

14.0 Appendix 08 – Deliverables for Schematic Submission

Attached Overleaf

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

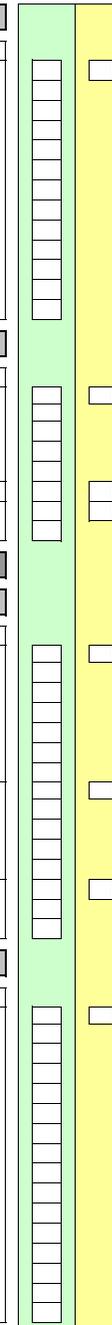
3. Drawings

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:

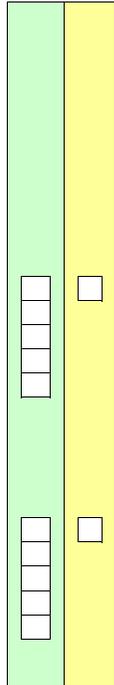
Signed:

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.

15.0 Appendix 09 – Deliverables for Detailed Submission

Attached Overleaf

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		<p>General description of each FPU</p> <ul style="list-style-type: none"> * 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 * Explain what facilities (change rooms, showers, lounges, toilets etc.) are available for staff, patients and visitors within/outside the department * Explain all different storage rooms within the FPU and their intended use * Explain all special hazards within this particular FPU and 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 and Goods Flows	2	A4		x	x		<p>At facility level, explain text and document in color through the departmental relationship plans</p> <ul style="list-style-type: none"> * 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, 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 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 wards. * 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

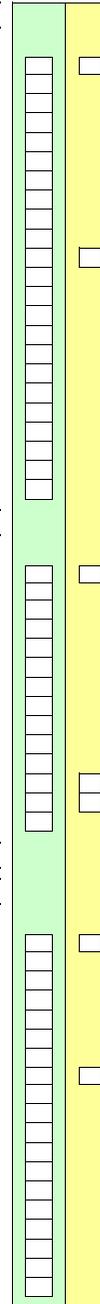
2.2 Architectural Schedules and Calculations

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	x	Excel	<p>Room names in line with HFG nomenclature</p> <p>Room number and Metric Floor Area</p> <p>No of rooms per type, per FPU (Department)</p> <p>Total circulation within the Department</p> <p>Departmental totals - net, circulation, gross</p> <p>Total circulation outside the Departments</p> <p>Total engineering space and plant rooms</p> <p>Floor level totals - net, circulation, gross</p> <p>Facility totals - net, circulation, gross</p> <p>State which area measurement method was used, internal dimensions or no-gap method</p> <p>GFA should be listed per floor and per use (offices, clinical etc.)</p>
2.2.2	Occupant Load Calculation	3	A4		x	x		Based on NFPA101 and stamped "Approved" by the Sharjah Civil Defence
2.2.3	Vertical Transportation Study	3	A4		x	x		<p>This should be conducted by a reputable vertical transportation specialist</p> <p>Indicate the exact use of each lift - patients, visitors, staff, goods, maintenance</p>

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 and People and Goods Flows	4	1/100		x	x	Acad	<p>Room names in line with HFG nomenclature</p> <p>FPU (Department) names in line with HFG nomenclature</p> <p>FPUs (Departments) shown in different colors</p> <p>Where support areas are shared between Departments, provide hatching indicating the extent</p> <p>Where areas are restricted or semi-restricted, provide a bold outline around the perimeter indicating the extent</p> <p>Indicate all people and goods flows as described under 1.2.4</p> <p>Key plan indicating what portion of the facility is shown on the sheet</p>
3.1.2	Architectural Floor Plans	5	1/100	S	x	x	Acad	<p>Room names in line with HFG nomenclature</p> <p>Room number and Metric Floor Area</p> <p>FPU (Department) names in line with HFG nomenclature</p> <p>Total FPU (Department) area written within each FPU</p> <p>Dimensions (between walls) for all rooms, including corridors</p> <p>Dimensions for door openings (clear opening)</p> <p>Dimensions between grid lines</p> <p>All built in joinery, sanitary fittings and large furniture/equipment</p> <p>Where sinks and basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning and for hand washing</p> <p>All floor wastes and shower drains, including floor falls</p> <p>Where storage rooms/alcoves are shown, specify the exact use in line with the nomenclature as described in the HFG</p> <p>Key plan indicating what portion of the facility is shown on the sheet</p>

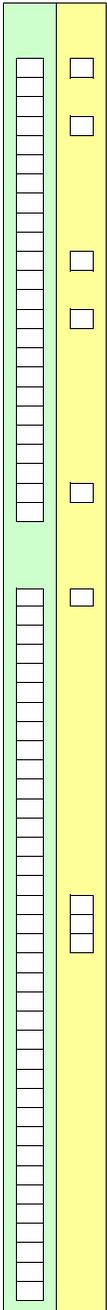


3.1 Architectural and Health Planning Drawings - continued

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 and 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 and external vents/intakes clearly labelled
3.1.6	Room Layouts and Elevations of all Typical Rooms	9	1/20 1/50		x	x	Acad	Room names in line with HFG nomenclature Room number and Metric Floor Area Dimensions (between walls) Dimensions for door openings (clear opening) All fixtures, fittings, joinery, sanitary fittings and equipment Where sinks and basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning and for hand washing All floor wastes and 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 and Elevations of all Non-Typical Critical Rooms	9	1/20 1/50		x	x	Acad	As above

3.2 Drawings Documentation

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
3.2.1	Site Plan	10	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 Externals steps and stairs Ambulance access and parking (this includes all details such as clear height, distance behind the ambulance etc.) Drop-off zones Helipads North arrow Site boundary Surrounding streets and access points Total land area, ground floor footprint area and total building area
3.2.2	Accessibility Floor Plans	11	1/100		x	x	Acad	Visualize (hatch, color) all accessible routes and facilities and joinery items along these routes, including and not limited to the list under 2.2.3 Provide call outs for each item and document at an appropriate scale as mentioned under item 2.2.3
3.2.3	Document all Accessible Items: * Passenger loading zones * Kerb Ramps * Ramps * Stairs * Lifts * Toilets, Ensuites, Bathrooms, Changing Rooms * Accessible patient rooms and ensuites * Counters, Kiosks etc.	11			x	x	Acad	Ensure compliance with all applicable ADA clauses is documented, including but not limited to the items below Slope, levels, clear width, length Slope, levels, clear width, length Slope, levels, clear width, length, handrail details Slope, levels, clear width, length, handrail details 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 and outside lift cabin) and handrails Door swings and clear openings Internal dimensions and accessible circle Location and size of fittings and fixtures Wheelchair square showing door approach Toilet and grab bar positioning Floor falls Shower seats Plans, elevations, sections etc., as required Plans, elevations, sections etc., as required



3.2 Drawings Documentation (Continued)

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
	* Public Phones, Drinking Fountains etc. * Water Coolers, ATMs , Vending Machines etc. * Wall Protection and Handrail Strategy * Approach with regards to the Hearing Impaired * Approach with regards to the Visibly Impaired	11			x	x	Acad	Plans, elevations, sections etc., as required Plans, elevations, sections etc., as required Typical section of corridor approach in all public corridors Details as required Details as required
3.2.4	Number of Accessible Facilities	11			x	x		Diagram documenting the number of accessible facilities, as per ADA 2010 section 223

4. Structural Reports, Schedules and Calculations

4.1 Structural Reports

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
4.1.1	Structural Report	12	A4		x	x		Explain Design Intent
4.1.2	Structural Calculations	12	A4		x	x		
4.1.3	Structural Specifications							

5. Structural Drawings

5.1 Structural and Health Planning Drawings

No	Item	Part	Scale	T/S	Hard copy	PDF	Soft copy	Showing
5.1.1	Foundation Plans		1/100		x	x		Levels, footings, metric dimensions, notes, cross references
5.1.2	Floor Plans, including columns, slabs, shear walls and set-downs		1/100		x	x		Relative levels, metric dimensions, notes, cross references, reinforcement
5.1.3	Column Schedules		N/A		x	x		Concrete and steel column types, dimensions, descriptions
5.1.4	Concrete Beam Profiles		1/20		x	x		Elevations, sections, metric dimensions, notes, cross references
5.1.5	Concrete Cross Sections		1/20 1/10 1/5		x	x		Concrete junctions, typical and special conditions, metric dimensions and notes
5.1.6	Concrete Details		Varies		x	x		Concrete junctions, typical and special conditions, metric dimensions and notes
5.1.7	Structural Steel Drawings		Varies		x	x		Plans, sections, elevations, notes and metric dimensions
5.1.8	Structural Steel Details		Varies		x	x		Typical and special details, junctions, connections, notes and metric dimensions
5.1.9	Structural Steel Schedules		Varies		x	x		Column, purlin, rafter or other schedules
5.1.10	Miscellaneous Details		Varies		x	x		Lintels, stabilizers, fasteners, slip joints and similar details, notes and metric dimensions

6. Engineering Reports, Schedules and Calculations

6.1 Engineering Reports and Specifications

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
6.1.1	MEP Design Report	16	A4		x	x		Explain Design Intent Parameters and consideration Design criteria
6.1.2	Fire Strategy Report	16	A4		x	x		Fire strategy and recommendation by Fire Consultant, Licensed house of Expertise by ADCD
6.1.3	MEP Technical Specifications	16	A4		x	x		
6.1.4	Acoustic Report	16	A4		x	x		Signed report by independent Acoustic Engineer to confirm compliance with the HFG

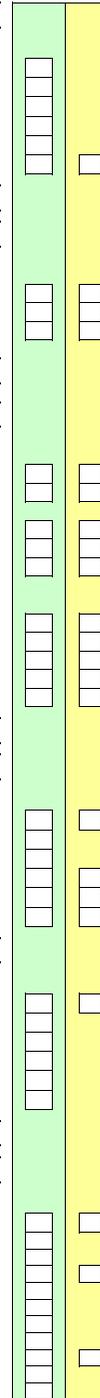
6.2 Engineering Calculations

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
6.2.1	HVAC Heat Load	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines
6.2.2	Water Demand, Boiler and Calorifier Sizing	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines
6.2.3	Major HVAC and Public Health Pump/Equipment Sizing (Hydraulic)	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines
6.2.4	LP Gas Load	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines
6.2.5	Fire Services	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines - Fire Water Reserve, Fire Pump Capacity, Gas Fire Suppression Capacity etc.
6.2.6	Electrical Power and Lighting	16	A4		x	x		Compliance to Approved/Recommended Code and Guidelines

7. Engineering Drawings

7.1 HVAC Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.1.1	HVAC Equipment Schedules	17	NTS		x	x	Acad	Equipment Description and Tags (Abbreviation) Equipment Locations Detailed Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head etc.)
7.1.2	HVAC System Riser Diagrams	17	NTS		x	x	Acad	Equipment and Duct/Pipe Description and Tags (Abbreviation) Detailed Duct Routing and Sizes Piping Routes and Sizes Major Valves, Dampers, Controls, Meters etc. Exact Equipment Quantities (FCU, AHU, FAHU) as per Design
7.1.3	HVAC System Design Plan Drawings	17	1/100		x	x	Acad	Key Plan Metric Dimensions of Duct and Pipes Sizes Equipment Description, Tags (Abbreviation), Capacity



								Optimized Duct and Pipes Routing Major Valves, Dampers, Controls, Meters etc. Coordinated Equipment Location Legends, Symbol and Abbreviations
7.1.4	HVAC Machine Rooms Plans and Sections	17	1/20 1/50		x	x	Acad	Room/Shaft Description and Levels Metric Dimensions of Clear Ceiling Heights Double Line Plan and Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Duct and Pipes Sizes Area/Room Identification
7.1.5	HVAC Main Shaft Sections, Major Crossovers	17	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan and Section Area/Room Identification
7.1.6	HVAC Standard Details, Symbols, Legends and 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 and Lagging Details Standard Inertia Bases Standard Support, Hangers and Brackets details Standard HEX Installation Detail Standard Connection Details to Major Equipment Standard Pipe and Duct Penetration Details Standard Louvre and Damper Mounting Details HVAC Symbol and Abbreviations

7.1 HVAC Design Drawings - continued

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

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

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.2.1	Public Health Equipment, Manhole Schedules and Pipe Schedules	18	NTS		x	x	Acad	Equipment and Tanks Description and Tags (Abbreviation) Equipment and Tanks Locations Water Tank and Boiler/Calorifier Capacity Detailed Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head etc.) Manhole Schedule showing Cover Levels and Invert Levels Nominal Size to be used for Water Supply Pipes. Equivalent Commercial Pipe Schedule to be Shown
7.2.2	Public Health System Riser Diagrams including Treatment/Filtration and Solar Heating (If any)	18	NTS		x	x	Acad	Equipment and Pipe Description and Tags (Abbreviation) Optimized Pipe Routing and 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 and Drainage Connection Detailed Schematic Showing Fixture Connections Riser Numbers (Description)
7.2.3	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 and Sizes Detailed Valves, Controls, Meters, Flexible Connectors, Drains, Manholes, SGT, Interceptor etc. Coordinated Equipment/Plant Room Location Legends, Symbol and Abbreviations Pipe Slopes and Invert Levels
7.2.4	Public Health Major Pump Room Plans and Sections	18	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan and Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes Sizes Area/Room Identification
7.2.5	Public Health Major Shaft Sections and 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.
7.2.6	Public Health Standard Details, Symbols, Legends and 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 and Lagging Details Standard Inertia Bases Standard Support, Hangers and Brackets details Standard HEX Installation Detail Standard Connection Details to Major Equipment and Sanitary Wares Standard Pipe Penetration Details Standard Pump Pit (Submersible) details Standard Drains and Manhole Installation details Public Health Symbol and Abbreviations
7.2.7	Major Public Health Sequence of Operations	18			x	x	Acad	Major Equipment, Valves and Control Sequence of Operation for Water Cooling Major Equipment, Valves and Control Sequence of Operation for Solar Water Heating (If any)

7.3 Fire Fighting Design Drawings

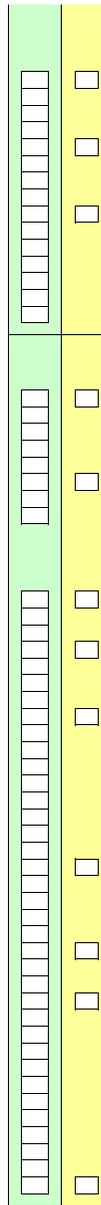
No/Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.3.1 Fire Fighting Equipment Schedules	19	NTS		x	x	Acad	Equipment and Tanks Description and Tags (Abbreviation) Equipment and Tanks Locations Fire Water Tank Capacity Detailed Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head etc.)
7.3.2 Fire Fighting System Riser Diagrams	19	NTS		x	x	Acad	Equipment and Pipe Description and Tags (Abbreviation) Detailed Pipe Routing and Sizes Major Valves, Controls, FHC, FHR, Hydrants etc. Detailed Equipment Quantities (Pumps, tanks, FHC, Hydrants) following Design Drawings
7.3.3 Fire Fighting System Design Drawings	19	1/100		x	x	Acad	Key Plan Sprinkler Zoning Key Plan (applicable for building exceeding 4831m ² 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, Breaching Inlet and Gas Suppression Cylinder (for Electrical and Communication Rooms) Location Legends, Symbol and Abbreviations

7.3 Fire Fighting Design Drawings - continued

No/Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.3.4 Fire Fighting Major Pump Room Plans and Sections	19	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling Heights Double Line Plan and Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes Sizes Area/Room Identification
7.3.5 Fire Fighting Major Shaft Sections and 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.

7.4 Medical Gas Design Drawings

No/Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.4.1 Medical Gas Equipment Schedules	20	NTS		x	x	Acad	Medical Equipment and Cylinder Description and Tags (Abbreviation) Medical Equipment and Cylinder Locations Optimized Medical Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head etc.)
7.4.2 Medical Gas System Riser Diagrams	20	NTS		x	x	Acad	Equipment and Pipe Description and Tags (Abbreviation) Pipe Routing and Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch etc. Exact Equipment Quantities (Gas Cylinders, Vacuum etc.) as per Design Drawings
7.4.3 Medical Gas System Design Plan Drawings	20	1/100		x	x	Acad	Key Plan Gas Zoning Key Plan Number and 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 and Abbreviations
7.4.4 Medical Gas Major Pump Room Plans and Sections	20	1/20 1/50		x	x	Acad	Metric Dimensions of Clear Ceiling heights Double Line Plan and Section Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Pipes sizes Area/Room Identification
7.4.5 Medical Gas Major Shaft Sections and 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
7.4.6 Medical Gas Standard Details, Symbols, Legends and 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 and Brackets Details Standard Remote and Alarm Switch Installation Detail Standard Connection Details to Major Medical Equipment Standard Pipe Penetration Details Medical Gas Symbol, Legends and Abbreviations
7.4.7 Major Medical Gas Sequence of Operations	20	N/A		x	x	Acad	Sequence of Operation for Medical Gas Supply Change-Over



7.5 Electrical Power Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.5.1	Electrical Load Schedules	21	NTS		x	x	Acad	MDB, SMDb and DB Schedules Cable Sizing Calculations Voltage Drop Calculations
7.5.2	Power Riser Diagrams	21	NTS		x	x	Acad	MDBs, SMDBs, DBs and Cables/Busbars Description and Tags (Abbreviation) All Cables, Busbar and Breaker Sizes MCCs and Control Panel Descriptions Earthing Details Generator Power Details
7.5.3	Power System Design Drawings	21	1/100		x	x	Acad	Key Plan Locations of all MDBs, SMDBs, DBs, MCCs etc. Equipment Description, Tags (Abbreviation), Capacity Detailed Cables and Busbar Routing Details of Transformer Room, Generator Room, LV Room etc. Coordinated Equipment Location Locations of all Small Power Outlets and its Circuiting Legends, Symbol and Abbreviations Earth Pit Locations

7.5 Electrical Power Design Drawings - continued

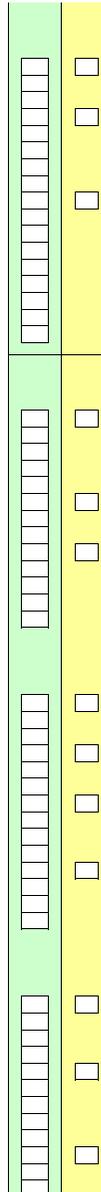
No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.5.4	Major Electrical Plant Rooms Plans and Sections	21	1/20 1/50		x	x	Acad	Room/Shaft Description and Levels Metric Dimensions of Clear Ceiling Heights Equipment Description, Tags (Abbreviation), Capacity Metric Dimensions of Cables and Busbar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

7.6 Electrical Lighting Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.6.1	Lighting Schedules	22	NTS		x	x	Acad	Light Fixture Schedules Lux Level Calculations Lighting Control Philosophy
7.6.2	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
7.6.3	Emergency Lighting Design Drawings	22	NTS		x	x	Acad	Key Plan Emergency Light Fixture Description, Tags (Abbreviation) Coordinated Equipment Location Legends, Symbol and Abbreviations
7.6.4	Lighting Standard Details, Symbols, Legends and Abbreviations	22	1/20 1/50 NTS		x	x	Acad	With Dimension Lighting Symbol and Abbreviations Light Fixture Circuiting and its Control System Lighting Fixture Installations

7.7 Electrical - ELV Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.7.1	ELV Riser Diagrams	23	NTS		x	x	Acad	CCTV System Drawings Access Control System Drawings Master Clock System Drawings SMATV/CATV System Drawings
7.7.2	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 and Abbreviations
7.7.3	ELV Standard Details, Symbols, Legends and Abbreviations	23	1/20 1/50 NTS		x	x	Acad	With Dimension ELV Symbol and Abbreviations CCTV Camera Details



7.8 Telecommunication Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.8.1	Telecom Riser Diagrams	24	NTS		x	x	Acad	Structured Cabling Details with Telecom Room Details (sizes and locations) All Cables Sizes Equipment Description and Tags (Abbreviation)
7.8.2	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 and Abbreviations

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

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.9.1	FA and VE Riser Diagrams	25	NTS		x	x	Acad	Detectors, Sounders and Speakers Description and Tags (Abbreviation) All Cables Sizes Control Panel Details and Locations
7.9.2	FA and 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 and Abbreviations

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

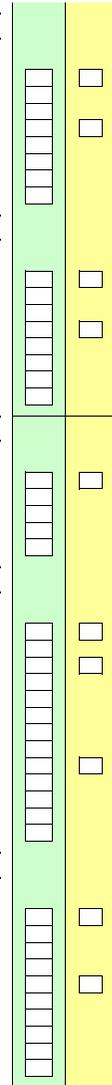
No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.9.3	FA and VE Standard Details, Symbols, Legends and Abbreviations	25	1/20 1/50 NTS		x	x	Acad	With Dimension FA and VE Symbol and Abbreviations Typical Mounting Detail for Detectors Typical Mounting Detail for Manual Pull Station Typical Mounting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

7.10 Lightning Protection Design Drawings

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.10.1	Lightning Protection Riser Diagrams	26	NTS		x	x	Acad	Down Conductor Details Conductor Sizing and Routing
7.10.2	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 and Abbreviations Earth Pit Locations
7.10.3	Lightning Protection Standard Details, Symbols, Legends and Abbreviations	26	1/20 1/50 NTS		x	x	Acad	With Dimension Lightning Protection Symbol and Abbreviations Down Conductor Detail for Curtain Wall Building Typical Earth Pit Detail Typical Earth Bar Detail

7.11 Nurse Call

No	Item	Part	Size	T/S	Hard copy	PDF	Soft copy	Comments
7.11.1	Nurse Call Systems Schematic Diagram	27	NTS		x	x	Acad	System's Components with Descriptions and Locations Power Requirement Details Interfacing with other Systems - Details Specific Requirements, if any
7.11.2	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 and Abbreviations



8. Compliance Declaration

We, the undersigned, have compiled the Detailed 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 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 (relevant sections)
- Civil Defence Authority Manual UAE
- 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)
- UPC-AD (Uniform Plumbing Code of Sharjah Emirate)
- ADCD Fire Code and Latest Circulars and Memorandums
- ADWEA (Sharjah Water and Electricity Authority) Guidelines
- ADSSC (Sharjah Sewerage Services Company) Guidelines
- 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:

Organization:

Prequalification Number:

Name:

Position:

Date:

Specialist Health Facility Planner:

Signed:

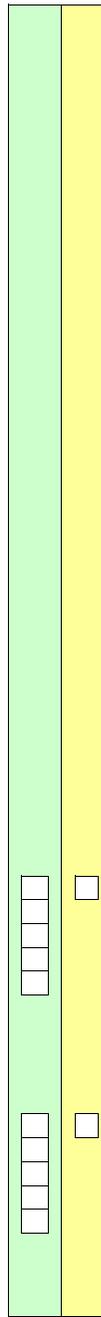
Organization:

Prequalification Number:

Name:

Position:

Date:



6. Compliance Declaration - continued

Engineer of Record:

Signed:

Organization:
Prequalification Number:
Name:
Position:
Date:

For SHCC office use only:

Signed:

Stamp:

SHCC 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 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 officers discretion, SHCC 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 SHCC.

16.0 Appendix 10 – Consultants Prequalification Application Form

Health Facility Guidelines

Health Facility Design Consultants

Prequalification Application Form

Purpose:

Only prequalified organizations will be allowed to participate in the Approval Process for Health Facilities. Through this restriction, SHCC aims to ensure that the design of health facilities within the Sharjah Healthcare City is conducted by capable and experienced design consultants.

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

Prerequisites:

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 SHCC along with all additional documents required.

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

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

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

The acceptance of the consultant's prequalification will be at SHCC's discretion. SHCC 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)
- SHCC will only discuss or disclose details of the prequalification 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):	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2
		<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 4
1.2	Prequalification level pursued:	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2
		<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 4
1.3	Is this an individual or company:	<input type="checkbox"/> Individual	<input type="checkbox"/> 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 Organization: (Please tick one)	<input type="checkbox"/> Public Limited <input type="checkbox"/> Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other (please specify)
2.10	Company's Registration with 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 (UAE). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- The company's organizational chart.

3 Healthcare Project Experience:

The health facility consultant is to demonstrate their healthcare project experience through submitting a separate report providing the following information, for each relevant project carried out in the last five (5) years. Each project should be covered in a maximum of two pages (one page 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 (AED):	
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 health care project experience. Provide a project summary list with the information, as shown above. Listed projects should be separated based on their location - within the UAE, 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):	
3.2.4	Biomedical Engineering:	

5 Personnel Capabilities:

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

5.1 Key Personnel 1	
5.1.1 Name:	
5.1.2 Title/Position:	
5.1.3 Date of Birth:	
5.1.4 Professional Qualifications:	
5.1.5 Responsibilities within Organization:	
5.1.6 Years of Experience in Healthcare Design:	
5.1.7 Relevant Project Experiences (includes Company, Project Names, and Project Role etc.):	

Supplementary Information:

- Personnel CVs showing the background and experience of the individuals may be submitted in addition to the above form (maximum three pages each, one page preferred)

6 Nominated Contacts for Enquiries:

Should SHCC require further details, SHCC will contact the relevant person within your organization 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 organization:			
7.2	Any professional or trade bodies of which your organization is a member:			
7.3	Total number of employees overall:			
7.4	Number of employees in UAE office(s):			
7.5	Approximate permanent staff turnover in the last three calendar years:	Year:	Year:	Year:
		Percentage:	Percentage:	Percentage:
7.6	Does your organization deal with these regulatory bodies on the right on a regular basis?	Directorate of Town Planning and Survey	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Sharjah Municipality	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		MoH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		SEWA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Civil Defence	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Department of Civil Aviation (Sharjah)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Etisalat/Du	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8 Legal Information:

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

8.5	Has your organization ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.6	Has your organization or any of its principals ever petitioned for bankruptcy or been terminated on a contract awarded to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.7	Is your organization or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> YES <input type="checkbox"/> 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 organization met all its obligations to pay its creditors and staff during the past two years? If answer 'No', please provide details of such.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.3	Has your organization 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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 (AED)
10.1	Employer's Liability (min AED36,000,000):	
10.2	Public Liability (min AED36,000,000):	
10.3	Professional Indemnity (min AED36,000,000):	
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 organization hold an internationally recognized Quality, Health, Safety and Environment (QHSE) management certification equivalent to ISO 9001?	<input type="checkbox"/> YES <input type="checkbox"/> 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 organization.	
12.3	Describe the Health and Safety assessment criteria your organization uses on other sub-contractors employed by your organization.	

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 organization in either the public or private sector.

13.1 Reference 1	
13.1.1	Name of Organization:
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 (AED):
13.1.7	Contract Period:
13.2 Reference 2	
13.2.1	Name of Organization:
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 (AED):
13.2.7	Contract Period:
13.3 Reference 3	
13.3.1	Name of Organization:
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 (AED):
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 (UAE). For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- Item 1 - Company's Organizational 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 Prequalification Application Declaration:

The following must be signed by an authorized senior executive from your organization. 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 prequalified consultants list.

Applicant's Name, Signature and Date:

Name:
Signature:
Date:

17.0 Appendix 11 – Template for Non-Compliance Report

Attached Overleaf

18.0 Appendix 12 – Template for Schedule of Accommodation (SOA)

Attached Overleaf

19.0 Appendix 13 – Template for RDL Project Matrix

Attached Overleaf

Health Facility Guidelines

Template - Role Delineation Matrix

XYZ Hospital, Sharjah Healthcare City

Introduction:

Role Delineation refers to a level of service that describes the complexity of the clinical activities undertaken by that service. The level is 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 that 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 1–6 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
<ul style="list-style-type: none"> ▪ Physician 	<ul style="list-style-type: none"> ▪ Cardiology ▪ Dermatology ▪ Endocrinology ▪ Gastroenterology ▪ Geriatric medicine ▪ Neurology ▪ Renal Medicine ▪ Rheumatology ▪ Venereology ▪ Pediatrics ▪ Respiratory Medicine 	<ul style="list-style-type: none"> ▪ Clinical Hematology ▪ Clinical Microbiology ▪ Immunology ▪ Medical Oncology ▪ Palliative Care ▪ Radiotherapeutic Oncology ▪ Genetics ▪ Clinical Infectious Diseases 	<ul style="list-style-type: none"> ▪ General Surgeon 	<ul style="list-style-type: none"> ▪ Ear, Nose and Throat ▪ Obstetrics and Gynecology ▪ Ophthalmology ▪ Orthopedics ▪ Urology 	<ul style="list-style-type: none"> ▪ 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, visiting Type I subspecialists, junior medical staff
5	Outpatient and inpatient care – plus visiting Type II subspecialists, some medical staffing, 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 specialists; 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 Gynecology	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	Computerized 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						
Gynecology				√		
Ophthalmology						
Orthopedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency/Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics				√		
Pediatrics Services						
Pediatrics						
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 and mosquito borne diseases						
Communicable Disease Control <ul style="list-style-type: none"> Includes food and water borne diseases, vaccination programs, STIs and BBVs 						
Child and Community Health <ul style="list-style-type: none"> Community Health Services, School Health Services, Child Health Services, Child Development Services 						
Health Promotion Primary prevention including lifestyle diseases and injury prevention						
Breast Screen <ul style="list-style-type: none"> Screening and assessment 						
Cervical <ul style="list-style-type: none"> Health promotion, screening awareness, maintain cervical cytology register 						
Genomics <ul style="list-style-type: none"> 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						
Pediatrics						
Obstetrics						
<i>Child and Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services</i>						
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						
<i>Mental Health Services</i>						
Forensic						
Maternal						
Neurological						
Alcohol and Drug						
Other Eating disorders						
<i>Clinical Support Services</i>						
Pathology				√		
Radiology				√		
Pharmacy				√		
ICU/HDU				√		
Pediatric ICU						
CCU						
Anesthetics				√		
Operating Theatres						
Training and Research						

20.0 Appendix 14 – Assessment Report Format

Attached Overleaf

Health Facility Guidelines

Sample – Assessment Report

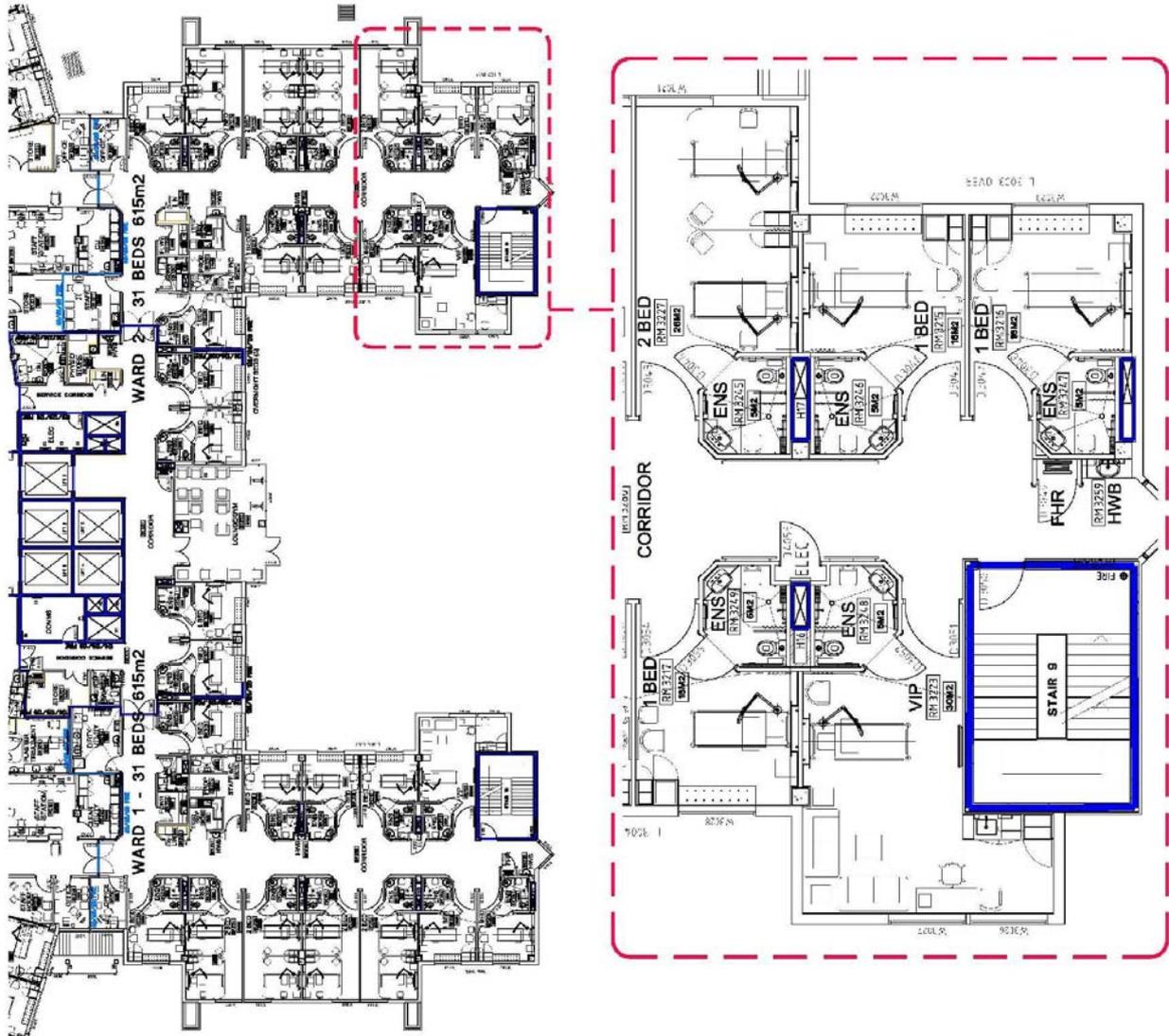
No	Room Number	Room Name	Design Code	Comment	Consultant Response
<i>GROUND FLOOR</i>					
<i>Emergency Unit</i>					
001		Isolation Room	HFG17.3.5	There does not appear to be any provision for a negative pressure Isolation Room	
002		Dirty Utility	HFG17.2.2	There does not appear to be a Dirty Utility within the Emergency Unit	
003	52.097	WC/Shower Female	ADA4.13.6	The entry door is not accessible	
004	52.099	Patient WC	ADA4.17.3	The minimum depth of the toilet stall has not been achieved and there do not appear to be any grab bars adjacent to the toilet	
005	52.099	Patient WC	HFG17.3.9	The patient toilet does not appear to be equipped with an emergency call facility	
006	52.103	Acute Treatment Area	HFG17.3.6	The spacing between the beds does not appear to comply with the minimum 2.4m	
007	52.103	Acute Treatment Area	HFG17.2.2	Each treatment area should be at least 9m ² ; this does not appear to have been achieved	
008	52.105	Treatment Area	HFG17.3.5	Not every treatment area appears to have its own dedicated hand wash basin	
009	52.110	Patient WC/Ensuite	HFG17.2.2	The number of Patient WC/Ensuites per treatment bay does not appear to be compliant. Only 2 Patient WC/Ensuites are provided for 10 treatment bays	
0010	52.211	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	

21.0 Appendix 15 – Sample Drawing for Schematic Submission

Attached Overleaf

Health Facility Guidelines

Sample - Drawing Schematic Submission



22.0 Appendix 16 – Sample Drawing for Detailed Submission

Attached Overleaf

