

DHA Health Facility Guidelines 2023

PART A – Administrative Provisions



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Dubai Health Authority



Table of Contents

Table of Contents	2
Structure of the Guidelines	4
Introduction	6
Disclaimer	7
1 Terms and Abbreviations	8
2 Approval Process for Health Facilities	10
2.1 Introduction	10
2.2 The Approval Process	10
2.3 Health Facility Licence Application	16
2.4 DHA Facility Approval Process Flow Chart	22
2.5 Master Approval Process Flow Chart	23
2.6 Standards and Guidelines	24
3 Prequalification of Health Facility Design Consultants	25
3.1 The Prequalification Process	25
3.2 The Level of Prequalification linked to the Type of Health Facilities	27
4 Acknowledgements	42
5 Appendices	48
5.1 Appendix 01 - Deliverables - Schematic Design Submission	48
5.2 Appendix 02 - Deliverables - Detailed Design Submission	48
5.3 Appendix 03 - Consultants Pre-qualification Application	48



- 5.4 Appendix 04 - Template for Non-Compliance Report48**
- 5.5 Appendix 05 - Template for SOA.....48**
- 5.6 Appendix 06 - Role Delineation Framework.....48**
- 5.7 Appendix 07 - Sample - Design Review Report48**
- 5.8 Appendix 08 - Sample - Inspection Report48**
- 5.9 Appendix 09 - Sample Drawing for Schematic Submission.....48**
- 5.10 Appendix 10 - Sample Drawing for Detailed Submission.....48**
- 5.11 Appendix 11 - Facility Types, FPU’s and RDL’s Guide48**
- 5.12 Appendix 12 - Health Facility Design Review Checklist49**
- 5.13 Appendix 13 - Health Facility Inspection Checklist49**

- 6 Further Reading..... 50**



Structure of the Guidelines

These Health Facility Guidelines consist of 6 Parts (A to F), arranged in a logical sequence where duplication of information can be avoided between sections. All volumes should be read in conjunction with each other for comprehensive information and understanding.

These Guidelines describe the minimum requirements for the design and construction of various types of Health Facilities and the requirements for the prequalification of **Health Facility Design Consultants** (HFDC). The 6 Parts and the major subjects they cover are as follows. For a detailed index of the subjects refer to the relevant Part.

Part A **Administrative Provisions** (this Part)

- Approval process for Health Facility Licensing
- Prequalification of Health Facility Design Consultants
- Standards and Guidelines applicable to planning and engineering

Part B **Health Facility Briefing and Planning**

- Planning guidelines
- Role delineation level
- Functional Planning Unit incorporating Description of each Unit
- Functional Relationships with diagrams
- Schedule of Accommodation for typical units
- Standard Components Room Layout Sheets and Room Data Sheets

Part C **Access, Mobility and OH&S**

- Space standards
- Human Engineering
- Ergonomic considerations
- Accessibility requirements
- Signage guidance
- Safety and mobility considerations for floors, grab rails, doors, windows



Part D Infection Prevention

- General principles applicable to health facilities
- Hand hygiene
- Sources of Infection
- Isolation Rooms
- Surfaces and Finishes
- Construction and Renovation

Part E Engineering - Building Services

- Electrical / ELV & ICT
- Mechanical (HVAC)
- Water Systems
- Drainage Systems
- Medical Gas Systems
- Fuel Systems
- Pneumatic Tube Systems
- Fire Protection Systems (Special Areas Only)
- Applicable Standards

Part F Feasibility Planning and Costing

A framework related to Part A licensing and methodology covering

- Needs analysis
- Risk Analysis
- Funding strategies
- Procurement strategies

Each part includes relevant guidance and reference material for readers to obtain further information.



Introduction

These Guidelines have considered the best international practice as well as the local environment and cultural influences. The main objective of these Guidelines is to:

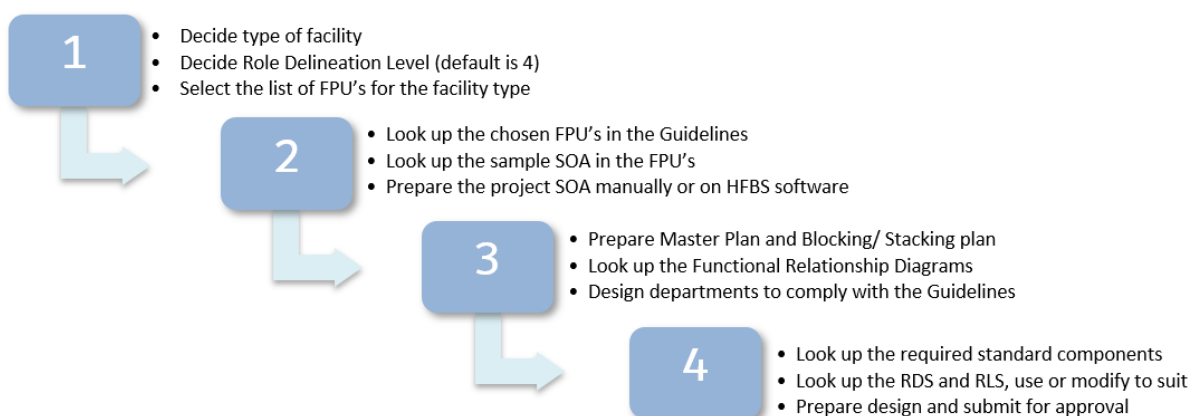
- Establish the minimum acceptable standards for Health Facility Design and Construction;
- Maintain public confidence in the standard of Health Facilities;
- Determine the basis for the approval and licensing of Health Facilities;
- Provide general guidance to designers seeking information on the special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

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

Certain other International Guidelines have been referenced in these Guidelines, especially in Part E (Engineering). However, it should be clearly understood that these Guidelines from Dubai Health Authority clearly set out the specific and unique requirements applicable to Dubai which over-ride any other referenced Guidelines.

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

A simple guide explaining ‘how-to-use the Guidelines to design’ is provided below.



Above: How to Use the Guidelines to Design



Disclaimer

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

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.

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

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

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

These Guidelines are not exhaustive and do not cover every eventuality that may or may not occur in the design, commissioning, operation or decommissioning of the health facility. Where there is conflict between DHA-HFG and existing laws, the latter takes precedence.

Live Documents as published on the DHA-HFG website should always be the only source of reference. Printed / downloaded version could go dated as revisions are published on the website.



1 Terms and Abbreviations

AHFG	Australasian Health Facility Guidelines
AS	Australian Standards
ASHRAE	American Society of Heating, Refrigeration and Air Conditioning Engineers
CIBSE	Chartered Institution of Building Services Engineers
CCTV	Closed Circuit Television
CEO	Chief Executive Officer
CRT	Cathode Ray Tube
CT	Computerised Tomography
DCD	Dubai Civil Defence
DED	Department of Economic Development
DM	Dubai Municipality
DEWA	Dubai Electricity and Water Authority
DHA	Dubai Health Authority
DUDC	Dubai Universal Design Code
FANR	Federal Authority of Nuclear Regulation
FPU	Functional Planning Unit (Departments)
GP	General Practitioner
HEPA	High Efficiency Particulate Air (filter)
HRS	Health Regulation Sector
HTM	Health Technical Memorandum
HVAC	Heating, Ventilation & Air Conditioning
HR	Human Resources
IEE	Institute of Electrical and Electronics Engineers
ITLDR	Information Technology
LDR	Labour, Delivery & Recovery



NHS	National Health Service (UK)
NFPA	National Fire Protection Association
NOC	No Objection Certificate
OH&S	Occupational Health & Safety
RDL	Role Delineation Level
RDS	Room Data Sheet
RLS	Room Layout Sheet
SOA	Schedule of Accommodation
TIS	Traffic Impact Study



2 Approval Process for Health Facilities

2.1 Introduction

2.1.1 Purpose

The purpose of the Approval Process for Health Facilities is to ensure all Health Facilities within the jurisdiction of Dubai Health Authority (DHA) are designed and constructed to a minimum acceptable standard. This is required to maintain the public confidence in the quality of Health Facilities approved, inspected and licensed by the Dubai Health Authority. It is also necessary to promote and maintain Dubai's reputation as a trusted destination for Medical Tourism. These Guidelines aim to achieve these goals through a number of measures as follows:

- Facility Approval Process – a streamlined four-step approval process explained in detail below, from the initial registration of a proposal to the final design, construction and licensing for the operation of the facility.
- Prequalification of **Health Facility Design Consultants** – a process of pre-qualification for design consultants who are authorised to design and submit plans for approval and licensing by the DHA. This is to ensure the design of such critical facilities is in competent hands.
- Standards and Guidelines – a comprehensive set of Ready-to-Use Guidelines for the Briefing, Design and Construction of Health Facilities licensed by the DHA for operation in Dubai. These Guidelines also serve to educate to assist in the above streamlined approval process by informing the applicants, reviewers and inspectors alike by giving acceptable examples which have a “Deemed to Satisfy” or DTS status.

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” at the rear of Part A.

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

2.2 The Approval Process

2.2.1 The Approval Process – Integrated with the General Building Approval

The Approval Process consists of two online applications, as illustrated in Section 3.3 and summarised below:

1. New Facility Licence Application (via Sheryan) including:
 - Schematic Design Submission (Architectural Design only)



- Detailed Design Submission (Architectural Design, MEP Engineering including Medical Gases, Nurse Call Systems and Medical Equipment)
2. Activate Facility Licence Application (via Sheryan) including:
- Pre-Inspection Assessment (optional)
 - Final Inspection

2.2.2 New Health Facilities

All new Health Facilities proposed which are subject to new applications to the DHA for the approval and licensing after the launch of these Guidelines must fully comply with the requirements of these guidelines.

For any existing licensed facilities, if the Owner wishes to relocate a facility to a different building or location, the approval process will be similar to a New Health Facility.

2.2.3 Existing Health Facilities Undergoing Changes and Refurbishment

Existing Health Facilities undergoing changes and refurbishment, such as re-modelling subject to applications to the DHA for the modification of previous license approvals may also need to follow the processes and requirements of these Guidelines based on the type and extent of the changes being proposed. The ultimate judge of this requirement is the DHA, however as a guide to the applicants, the following types of changes and refurbishments will require full compliance with these guidelines:

- Changing the type of service (i.e. the use of space) – for example converting an Inpatient Unit to ICU or converting the Administration Department to Medical Imaging. In these situations, the whole of the department under the new use will have to fully comply with these Guidelines.
- Changing the scope and size of the facility's services – for example adding 15 more beds to the current Inpatient Unit or expanding the current Operating Unit by the addition of 3 new operating rooms. In these situations, the whole of the new expansion (but not the original facility) need to fully comply with these Guidelines.
- Re-modelling over 50% of an existing department - for example by changing the plans, room sizes and corridors for more than 50% of the existing area. For example, re-designing the bedrooms and support areas of more than 50% of an Inpatient Unit within a hospital (even without adding any more patient bedrooms). In these situations, the whole of the Unit (in this example the Inpatient Unit) needs to be upgraded to fully comply with these Guidelines, not only those areas which are subject to the re-modelling and refurbishment.
- Partial re-modelling, less than 50% of an existing department – for example upgrading only 6 bedrooms and associate ensuite bathrooms in a 30 bed Inpatient



Unit whilst keeping the rest of the Unit un-modified or only subject to superficial internal decoration. In these situations only the portion of the Unit being re-modelled will have to fully comply with these Guidelines. In these situations, the whole of the balance of the Unit will continue under the original approval. It should be noted that this 50% limit will be considered cumulative. So, if a succession of future applications for re-modelling exceeds 50% of the total Unit area (in this example more than 50% of the Inpatient Unit), then the applicant will be required to ensure that the entire Unit complies with these Guidelines.

2.2.4 Existing Health Facilities Undergoing superficial re-decoration

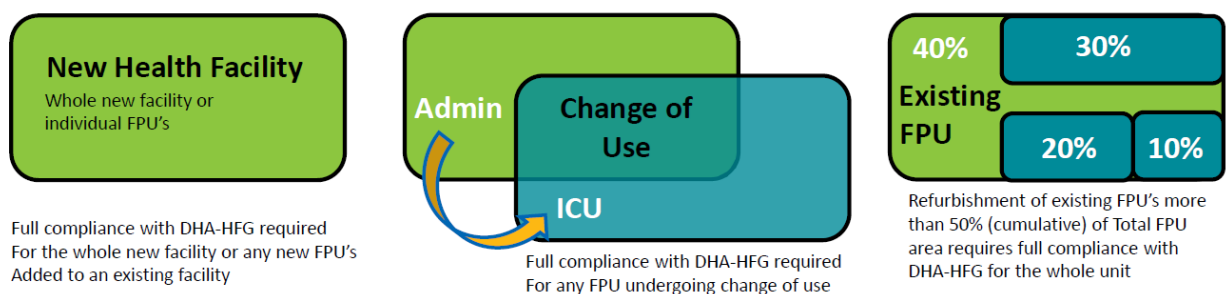
Existing facilities which are undergoing superficial re-decoration without any changes to the plans, increase in size, movement of wall locations and mandatory services (as required by these Guidelines) do not require compliance with these Guidelines. In short for such facilities, these Guidelines will not be retrospectively applied. However the DHA guidelines which existed at the time of the approval of the existing facilities will continue to apply.

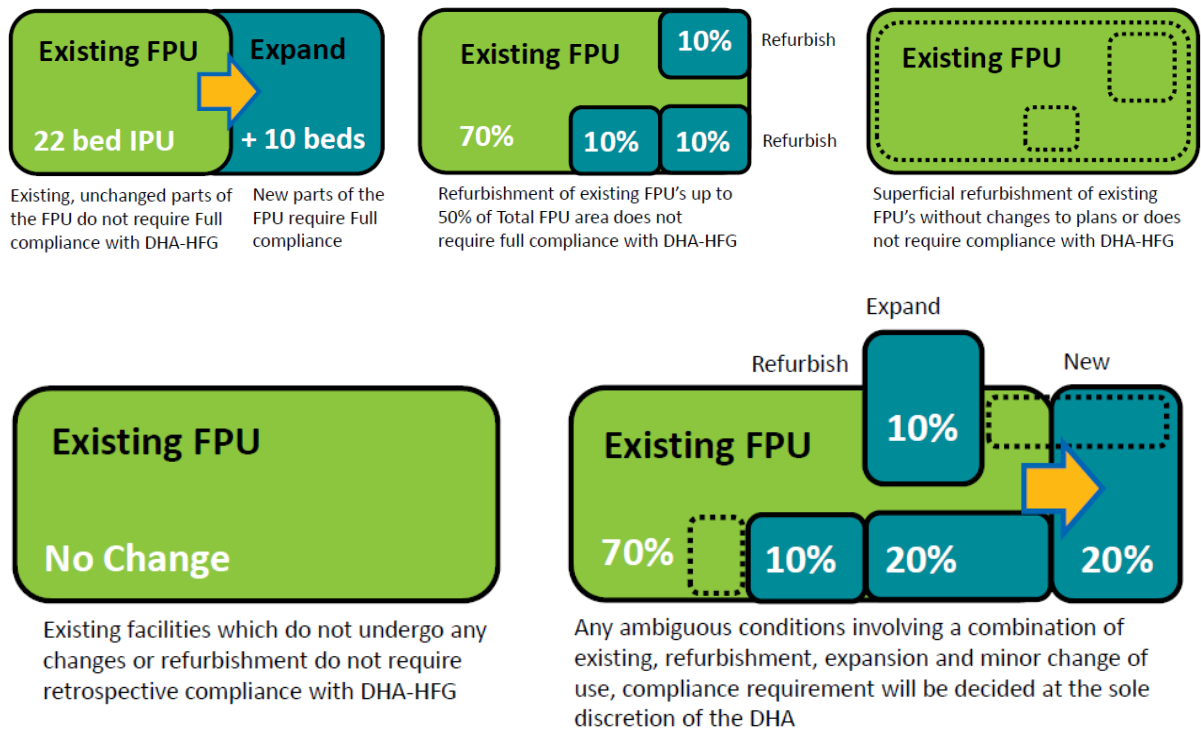
2.2.5 Existing Health Facilities not undergoing any changes

Existing facilities which are not undergoing any physical changes or operational change of use do not have to comply with these Guidelines. In short for such facilities, these Guidelines will not be retrospectively applied. However the DHA guidelines which existed at the time of the approval of the existing facilities will continue to apply.

2.2.6 Exceptional or Ambiguous Situations

In exceptional situations, not anticipated in the above conditions and examples, the sole judge of the requirement for compliance with these Guidelines will be the DHA and the DHA decision will be final. The same applies to ambiguous situations where the applicant is of the view that the modifications comprise only superficial re-decoration, however the DHA reviewers believe that the proposed work is more extensive, amounting to planning modifications or change of use. In such situations, also, the DHA will determine the need for full compliance.





2.2.7 New Health Facilities Undergoing Design Changes during DHA Approval Process

If an applicant wishes to implement design changes whilst proceeding through the Approval Process, the portion that remains unchanged may proceed with the current Approval process (which may have been under previous approval processes or under these Guidelines). If the facility is already under construction according to a DHA approval, the construction may also continue according to the DHA approval at hand. For the new changes, the Applicant should clearly document the proposed changes and re-lodged for the DHA approval. These changes will be processed in a similar manner to proposed changes to an existing Health Facility as per the examples given above. Any new approvals given by the DHA for such changes proposed during the Approval Process (which may be at any of the 4 Steps of the process) will over-ride any earlier approval, unless it is a rejection, in which case the original approval will continue to apply.

Under no circumstances should the Applicant proceed to build the proposed changes without first receiving a new approval from the DHA under these Guidelines. The Applicant should not expect to gain an approval from the DHA inspectors during the construction. In the future, DHA inspectors will not have the authority to approve any design changes applied on site and therefore any deviations from approved plans, discovered during the DHA inspection will not be accepted. The Applicant will be required to lodge an application for the approval of the proposed changes. A new site inspection will be arranged by the DHA Inspection Team accordingly.



2.2.8 Integration of the DHA Approval Process and the Building Approval Process

The DHA Health Facility Approval Process is part of the General Building Approval Process in Dubai. The General Building Approval Process refers to approvals given by other Dubai Authorities for new construction or modifications and expansion of existing facilities. The exact timing of the different submissions to the DHA should be adhered to as certain pre-requisites for the submissions are in place. The General Building Approval Process is governed and managed by the Dubai Municipality in coordination with other Authorities having jurisdiction in the Emirate of Dubai.

If the subject health facility is located within a Freezone, the applicant is advised to check the approval process with the concerned Freezone Authority.

Refer to Section 3.7 and 3.8 of Part A for the typical General Building Approval Process diagram and how the Approval Process for Health Facilities is integrated and sequenced within the overall process.

2.2.9 Design Changes Requested by the Municipality or Other Authorities

It should not be assumed that an approval by one Authority in Dubai will necessarily match or anticipate the requirements of other Authorities such as the DHA. The applicants need to familiarise themselves with the requirements of all responsible authorities and prepare their proposal for compliance with all such requirements. For maximum clarity, should one Authority (such as the Municipality or Civil Defense) require certain changes to the applicant's proposal after an approval by the DHA, it is the responsibility of the Applicant to modify the DHA application and re-submit the changes for a revised approval by the DHA. The Applicant should be aware that significant changes requested by the Municipality or other authorities but not reported to the Dubai Health Authority will risk future penalties such as denial of 'Licence to Operate' certificate post construction completion.

The DHA should not expect the DHA reviewers or inspectors to check the plans or the actual construction against the approvals by other Authorities. The DHA will only check against its own previous approvals. It is the responsibility of the Applicant to ensure that the design complies with the requirements of all Authorities.

2.2.10 Re-aligning the Authority Requirements

Notwithstanding the cautionary notes under 3.2.5 above, applicants should have some comfort that the DHA and the authors of these Guidelines have made a serious attempt to coordinate the requirements of these Guidelines with those of other Authorities to reduce the possible conflict of Authority requirements over the same proposal or facility. Major progress has been made by using some or all of the following initiatives:

- Authorities to remove un-necessary requirements which are no longer regarded as necessary or appropriate



- Authorities to remove un-necessary restrictions to operations, where such requirements do not contribute to better facilities or health care in general
- Authorities to attempt not to cover exactly the same subject, but refer to common requirements instead, including these Guidelines or Dubai Building Code

All Authorities consulted are committed to making the overall approval process as smooth and efficient as possible, to eliminate un-necessary barriers to investment in Health Care in Dubai.

The above attempt at the alignment of the Guidelines and requirements of all Authorities will continue to be supported by the DHA and future editions of these Guidelines will inform the applicants accordingly. Meanwhile the applicants are advised to re-check the requirements of the other Authorities (rather than go by the past memory) as certain requirements may have been removed or changed due to this health facility design guideline alignment initiative.



2.3 Health Facility Licence Application

All Health Facilities in the Dubai are required to be licensed by DHA with exception of those located within the Dubai Healthcare City Freezone (DHCC). The first step for establishing a new health facility is to obtain a licence. This process identifies the Applicant and describes the type and size of the facility, the health services to be provided, approximate construction cost and delivery timeframe etc.

2.3.1 New Facility Licence Application

All facility licence application must be initiated online via the DHA electronic portal “Sheryan”. Integrating with the online application system “Sheryan”, the applicant has the choice of selecting one of the two methods offered for new facility licence application. Both methods will involve two applications as follow:

1. New Facility License Application
2. Activate Facility Licence Application

Two methods are offered where each method is developed to suit a particular type of healthcare facility. For simple and smaller facilities (clinics and day surgery) or minor extensions to an existing facility, the applicant can refer to Method 1. For larger and more complex facilities (like hospitals), Method 2 should be followed by the Applicant. Each method is explained in details below.

2.3.1.1 Method 1 - Simple Process (one detailed submission)

This method suits simple or small facilities or minor extensions. All “non-hospital” facilities can follow this method where Method 2 is only optional. The applicant can prepare one fully detailed application and make one submission.

Step 1 - New Facility Licence Application

Applicant must create a User account on Sheryan and follow the process as described below:

- Consider the requirements of in these Guidelines_and design the proposed facility accordingly
- The recommended steps required to prepare the design are summarised in **Section 1.1 above - “How to Use these Gudielines”**
- Prepare all of the deliverable documents listed in **Appendix 2 of Part A** in these Guidelines
- Access the Sheryan system online and follow on-screen instructions. Be prepared to pay fees by credit card.
- When prompted, provide Applicant Details, Facility Overview and Location Details etc.
- When prompted to “Upload Facility Layout” upload all the required detailed design



documents and design reports as per the deliverables listed in **Appendix 2 of Part A** in these Guidelines

- If the Facility is a Hospital, a Feasibility Study must be provided as per the requirements of Part F of these Guidelines. This can be uploaded when prompted to “Upload Additional Documents”.
- If the Applicant wishes to provide any other supporting documents, use “Upload Additional Documents”
- Accept the “Terms and Conditions” and Submit the application online
- Follow online payment instruction (fees will be automatically calculated based on facility category and the services)
- Follow online instructions and complete a survey form for Dubai Capacity Planning
- After DHA review, you will receive an In-active Facility License or conditions of approval
- If you receive conditions of approval online or by email, revise the design and supporting documents and re-submit in the same manner as shown above
- Obtain approvals from other relevant Authorities (such as Dubai Municipality) prior to Construction start

Step 2 - Activate Facility Licence Application

Step 2 can commence once construction is fully completed and operational commissioning is fully in-place. Applicant to follow the process as described below:

- To start, access Sheryan system online to request an Inspection
- Follow on-screen instructions to complete the License Information, Review (healthcare) Professionals and Required Accreditation
- For any medical imaging/ nuclear medicine services, a separate license from FANR is required. Provide evidence it is being processed at FANR
- Confirm Facility is ready for Final Inspection. This means the facility is ready for operation once the facility passes the inspection
- Review Contact Details, Terms & Conditions and Submit the application
- Follow the online payment instructions
- DHA will contact the Applicant and schedule a suitable time for inspection
- Receive Facility License upon inspection approval (Active License). Otherwise, re-inspection will be required once all identified non-compliances are rectified. Contact the DHA for re-inspection if required
- Facility can commence operation



2.3.1.2 Method 2 - Enhanced Process (two-step submission)

This method suits larger and more complex facilities and it is mandatory for all facilities in the “Hospital” or “Specialised Hospital” categories. For other “Non-hospital” facilities, this method can still be considered as an option. The applicant will first submit a simplified Schematic Application. Then upon the DHA approval submit a Detailed Application. This allows the financial risk to the applicant to be minimised before committing to a full engineering design team. The steps for this method are as follows:

Step 1a - New Facility Licence Application - Schematic Design Submission

Applicant must create a User account on Sheryan and follow the process as described below:

- Consider the requirements of these Guidelines and design the proposed facility only at the Schematic level. The recommended steps required to prepare the design are summarised in **Section 1.1** above - “**How to Use these Guidelines**”
- Prepare all of the required documents listed in **Appendix 1 of Part A** of these Guidelines
- Access the Sheryan system online and follow on-screen instructions. Be prepared to pay fees by credit card
- When prompted, provide Applicant Details, Facility Overview and Location Details etc.
- When prompted to “Upload Facility Layout” upload all the required design documents and design reports as per the deliverables of Schematic Design Submission listed in **Appendix 1 of Part A** of these Guidelines
- If the Applicant wishes to provide any additional supporting documents, use “Upload Additional Documents”
- Accept the “Terms and Conditions” and Submit the application online
- Follow payment instruction and complete online payment (fees will be automatically calculated based on facility category and the services selected)
- If you are notified of conditions of approval online or by email, revise the design and supporting documents and re-submit in the same manner as shown above
- DHA will review your Schematic Design application. If approved, you will be notified by the DHA and advised to submit your Detailed Submission. Until then your approval is “suspended”

Step 1b - New Facility Licence Application - Detailed Design Submission

- Follow the same steps as above. However, when prompted to “Upload Floor Layout”, provide all the deliverables of a Detailed Design Submission as required under **Appendix 2 of Part A** of these Guidelines
- If the Facility is a Hospital, a Feasibility Study must be provided as per the



requirements of **Part F** of the these Guidelines. This can be uploaded when prompted to “Upload Additional Documents”

- DHA to review the Detailed Design Submission and if it complies, a Facility Licence will be issued.
- Obtain approvals from other relevant Authorities such as Dubai Municipality prior to Construction commencement
- Proceed to Construction on site

Step 2a - Activate Facility Licence Application - Pre-Inspection Assessment

Step 2a can commence once construction of the facility is fully completed. Unlike in Method 1, inspection will be taken at two stages of the project. The process for this step is described below:

- Contact DHA for a Pre-Inspection Assessment on site when the construction of the building is at 100% completion but operational commissioning of the facility is yet to be implemented by the operator
- Make online payment. DHA Inspection team will schedule the inspection
- Receive a list of items to be rectified or clear pass from the DHA to proceed to Final Inspection (Step 2b)

Step 2b - Activate Facility Licence Application - Final Inspection

- After the completion of the above list of items and the full operational commission of the facility, apply for ‘Activation of Facility License’ by accessing the Sheryan system
- Follow on-screen instructions and complete the information relating to License Information, Review (healthcare) Professionals and Required Accreditation
- For any medical imaging/ nuclear medicine services, a separate license from FANR is required. Provide evidence it is being processed at FANR
- Confirm Facility is ready for Final Inspection
- Review Contact Details, Terms & Conditions and Submit the application
- Follow the online payment instructions
- DHA will contact the Applicant and schedule suitable time for inspection
- Receive Facility License upon inspection approval (Active License). Otherwise, re-inspection will be required once all identified non-compliances are rectified. Contact the DHA for re-inspection as required



2.3.2 The roles and responsibilities of the Inspectors

The inspections required under Activate Facility Licence Application may be performed by DHA's in-house inspectors or assigned by the DHA, at its sole discretion to an external and prequalified design consultants including Healthcare Architecture (Medical Planning), MEP and Biomedical Engineering. Either way, the roles and responsibilities of the inspectors are as follows:

- Attend the facility at the time advised to the applicant by the DHA
- Inspect the facility visually, accessing areas which are reasonably accessible
- Compare the built facility with the approved plans and conditions of approval under Step 3, Detailed Design Submission
- Note any deviations from the previous approvals
- Note any incomplete work in general terms (not a replacement for the applicant's own defects list)
- Prepare an inspection report
- Make a recommendation for one of the following outcomes:

A = Approval without conditions

B = Approval with a list of conditions

C* = Suspension of Application with a list of reasons

D = Outright Rejection

*For Inspections with an outcome of a 'C', DHA requires a second inspection to be conducted once the list of non-compliant items are rectified on site. A second inspection will require additional fee to be paid to DHA.

The DHA inspectors will ensure the constructed facility is built in accordance to the approved design by DHA.

For further details, refer to relevant DHA Inspection Policy available on the DHA website.

2.3.3 Restrictions on the role of the inspectors

The inspectors, whether the DHA's own inspectors or outsourced external inspectors have certain restrictions on their role. These restrictions should be strictly observed by the inspectors and applicants alike:

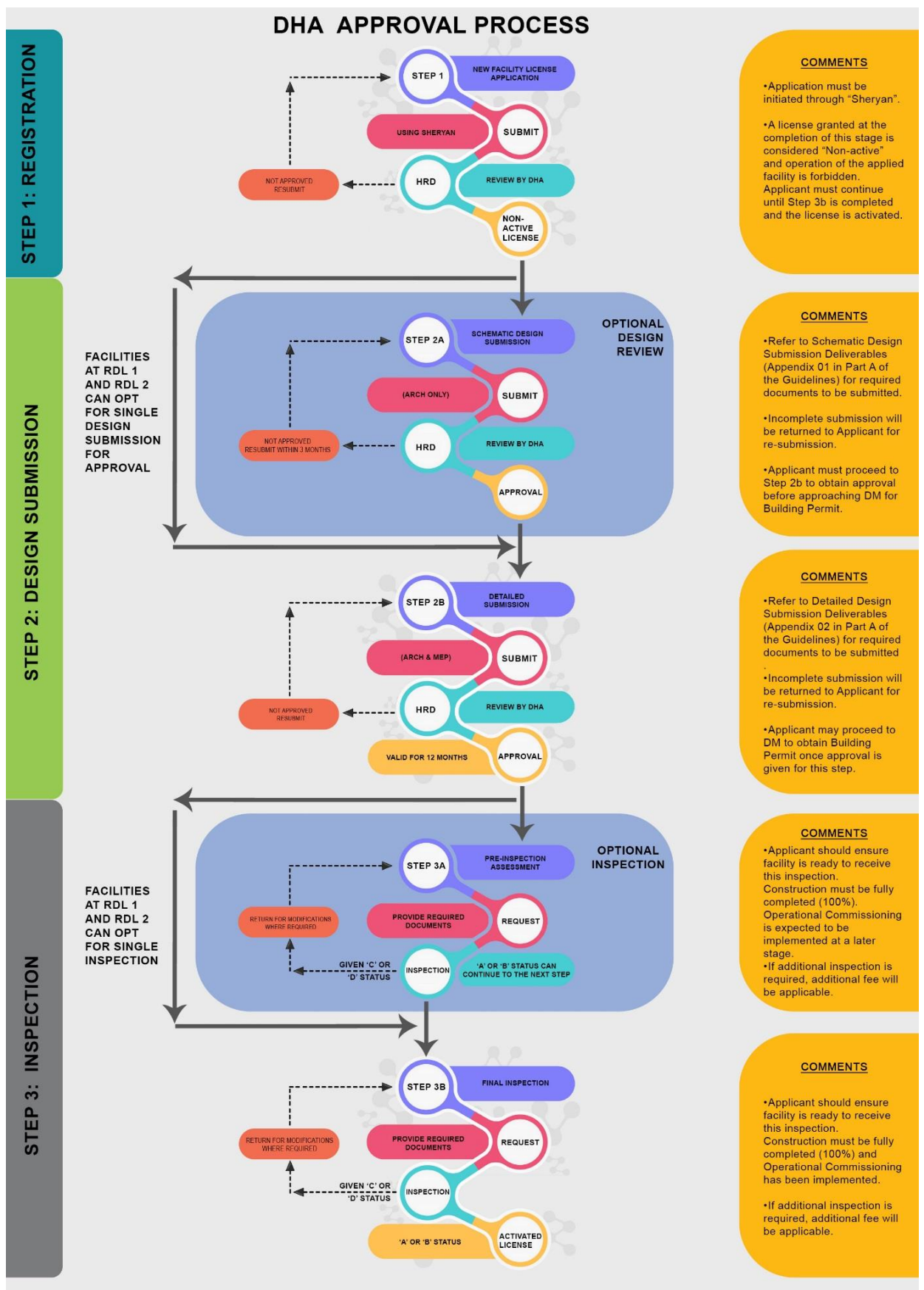
- The inspectors are not to act as a "Court of Appeal" against previous conditions of approval, giving any form of relaxation for the previous conditions of approvals
- The inspectors may not re-interpret the requirements of these Guidelines. Instead, the inspectors must only use the previously approved drawings and conditions of approval as the basis for their inspections.



- The inspectors must not consider the areas of work which are outside the jurisdiction of the DHA
- The inspectors must not consider any incentives offered by the applicants for mitigating against non-compliances (for example making a change elsewhere to fix a non-compliance with the plans).
- The inspectors must not imply that they are empowered to approve any revisions since the previous approvals.
- The inspectors must not act as intermediaries between the DHA reviewers and the applicants in cases of non-compliance.

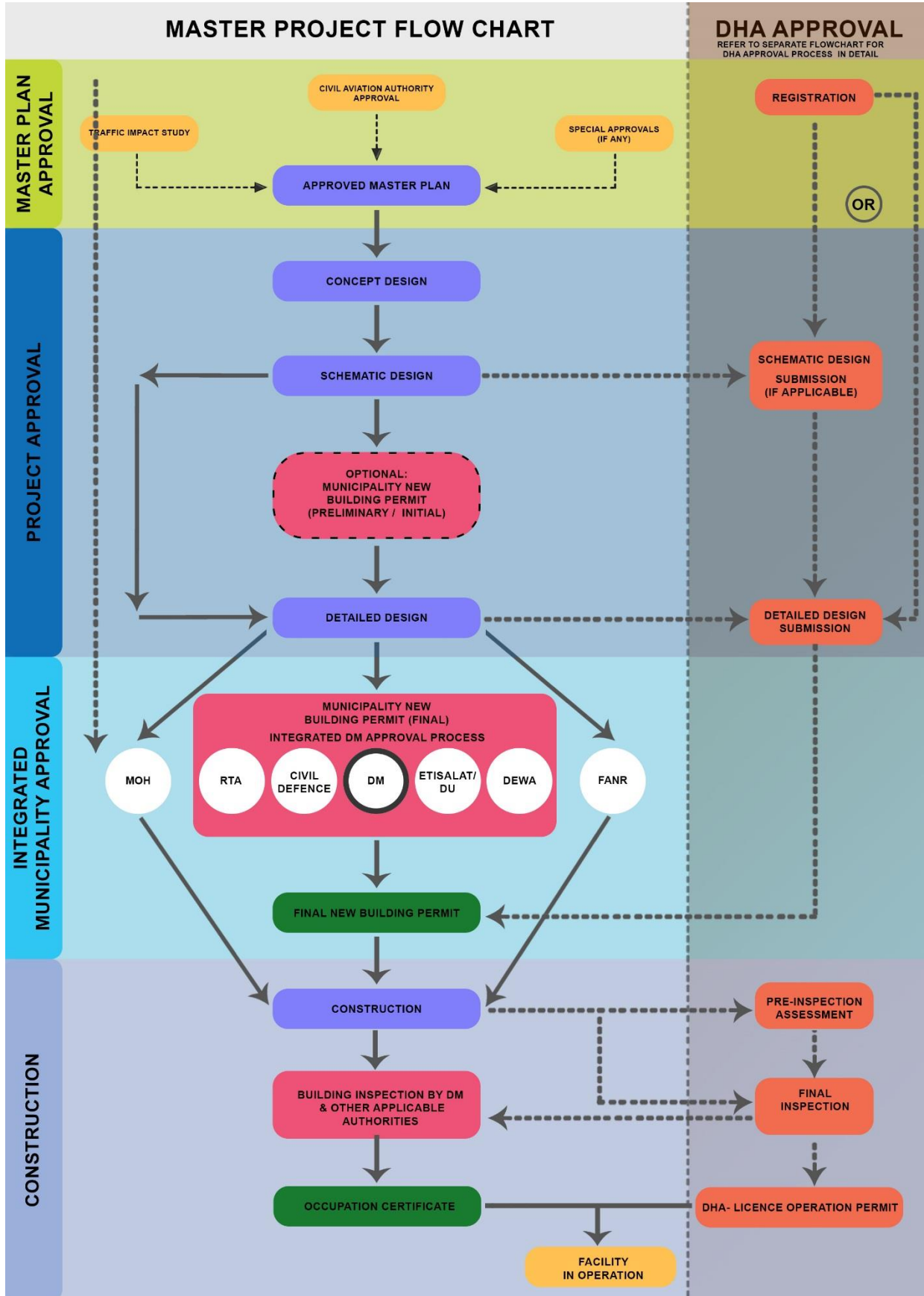


2.4 DHA Facility Approval Process Flow Chart





2.5 Master Approval Process Flow Chart





2.6 Standards and Guidelines

2.6.1 Standards and Guidelines for the Architectural Disciplines

All Health Facilities in the jurisdiction of the DHA are to be designed to the Standards and Guidelines as set out in the table below. Projects lodged with the DHA for review will be tested for compliance against these “Health Facility Guidelines” and where appropriate, the “Dubai Universal Design Code”. The compliance with the remaining Standards and Guidelines in the table will not be tested by the DHA considering their compliance falls under another Authority’s jurisdiction (eg. Dubai Municipality, Dubai Civil Defence)

Standards and Guidelines applying to the Architectural Discipline	
1	DHA Health Facility Guidelines - Parts B to D
2	Dubai Universal Design Code
3	UAE Fire and Life Safety Code of Practice 2017
4	Al Sa’afat Green Building Rating System
<p>In situations where compliance with the Standards and Guidelines has not been achieved or is impractical or an entirely new, innovative proposal is advanced by the applicant, the non-compliance is to be highlighted and openly declared to the DHA using the form provided as part of Appendix 04 to Part A of these Guidelines.</p> <p>Reasons for such non-compliance and any alternative solutions are to be put forward for consideration. The DHA verdict on the alternative solutions is final.</p>	

2.6.2 Standards and Guidelines for the MEP Engineering Disciplines

Refer to Part E of these Guidelines for a full list of referenced external standards and guidelines as well as the contents of Part E (Engineering). It should be noted that all elements of these Guidelines from Part A to F over-ride any external, referenced guidelines including those in Part E.



3 Prequalification of Health Facility Design Consultants

3.1 The Prequalification Process

3.1.1 What is “Prequalification” and what is its Purpose

The prequalification of Health Facility Design Consultants (HFDC) is a further initiative by the DHA Health Regulation Sector to ensure new Health Facilities within Dubai are designed to the appropriate standards by competent HFDC. Furthermore, they will give the Dubai Health Authority confidence that the design outcome will be in line with the expected Standards and Guidelines which subsequently will reduce the processing time of the Health Facility Approval Process.

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

The prequalification is category-based representing the level of skill and specialization in health facilities. DHA, at its sole discretion may delegate certain tasks such as plan reviews or inspections to these pre-qualified consultants. However, such consultants must not have any involvement in the subject project and present no conflict of interest. This is another initiative to speed up and streamline the process of approval of health facilities by competent professionals.

3.1.2 Definition of the Health Facility Design Consultant

HFDC is defined as a company with experienced individuals in the Healthcare Sector. An Individual (Freelancer) such as a General Practice Architect or Engineer will not be eligible for Prequalification unless associate with HFDC .

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

- HFDC may apply for prequalification if they have the necessary experience in the Healthcare Sector
- Companies may form a consortium to combine the skills of different entities for the purpose of designing Health Facilities. A consortium may act as a Health Facility Design Consultant provided the different entities are Prequalified by DHA. Companies are allowed to propose new entities whom they intend to form a consortium with, however, Companies will be required to follow the Prequalification procedure for each new entity proposed.
- The DHA may prequalify only legally recognized entities. Should a consortium or Joint Venture (JV) form a legal entity recognized in Dubai, it may apply for prequalification as a separate entity
- A consortium or JV may carry out Health Facility Design work, however, in the context of the Dubai Health Authority applications requiring prequalified consultants, only those portions of the Consortia or JV's which are prequalified will be recognized



A HFDC may be prequalified in the following disciplines:

- Healthcare Architecture (sometimes referred to as Medical Planner)
- Healthcare Mechanical and HVAC
- Healthcare Electrical (Power, lighting, ELV, lightning protection), IT and Communications
- Public Health (Plumbing, drainage, medical gas, LPG gas)
- Biomedical Engineering (which may include Equipment Planning)

DHA requirements for prequalification are in addition to any other legal or professional requirements for practice under these disciplines.

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

- Landscape Architect
- Traffic Engineer
- Civil and Structural Engineer
- Signage Consultant
- Quantity Surveyor
- Façade Engineer
- Radiation Shielding
- Catering/ Laundry
- Sterilizing
- Laboratory

The Dubai Health Authority does not prequalify consultants for these disciplines or any other not listed in this section.

3.1.3 How can a HFDC become Prequalified?

- Design Consultants can become prequalified by submitting the Prequalification documents as per the prequalification criteria (refer to Appendix 3 of these Guidelines). This process will collect important information which will be used to assess the capability of the Design Consultant.
- The HFDC's expertise will be assessed on multiple criteria. Some examples are as follows:
- The experience of the organization applying for prequalification, both outside and within the Dubai Health Authority. The consultant will be assessed on the number and type of Health Facilities designed and completed. The size and complexity of the Health Facilities will also be taken into consideration.
- The experience and prequalification of the key individuals within the organization. The individual expertise is important because key staff may leave the organization.



- The level of prequalification is partly based on the size of projects undertaken, obviously only organizations with sufficient staffing will be permitted to undertake large scale projects. The staff may include those working in the GCC or from other countries.
- Methodology of the Health Facility in using the internationally recognized tools & systems.
- HFDC currently working with or under the Dubai Health Authority and considered to be performing to an acceptable standard will be given priority for prequalification for a period of 12 months from the revised publication of these Guidelines.
- Any Prequalified Consultants registered with the Department of Health in Abu Dhabi will be automatically registered as prequalified Consultants in DHA with an active License in Dubai

3.2 The Level of Prequalification linked to the Type of Health Facilities

3.2.1 A Category Based System

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

- **Category 1** - HFDC's who has professional qualification in the respective Architectural and Engineering fields. Category 1 Consultants will only be permitted to undertake the smallest and least complex Health Facilities at RDL 1 and 2.
- **Category 2** - HFDC's who are qualified for Category 1 with additional practical experience in Hospitals and Surgical Facilities. Category 2 Consultants will be permitted to undertake the more complex Health Facilities at all six RDLs.

3.2.2 Lowering the Barrier to Entry

The Dubai Health Authority prequalification system aims to lower the barrier to entry into the Health Facility Design field experienced by HFDC. The typical path for an individual General-practice Architect or Engineer 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.

3.2.3 Increasing the level of prequalification

HFDC may apply for the higher category of prequalification based on the experience they gain at the lower category as well as work under the supervision of others at Category 2.

DHA at its sole discretion may consider these applications and increase the prequalification category of the consultants.



Companies may also apply for Category 2 prequalification based on the experience and prequalification of specialist staff. This experience is demonstrated through the application forms listing the experience and responsibility for such projects permitted at Category 2.

3.2.4 Frequency of Application

Dubai Health Authority accepts HFDC Prequalification applications on a regular basis. In general, applications will be accepted and reviewed as a continuous process. Subsequently applications may be submitted for a number of reasons as the following:

- Submission after the expiry of prequalification - at any time
- Re-submission with better information, if requested by Dubai Health Authority – as required
- Re-submission due to the rejection of a previous application – within two weeks after the original application for the submission of the missing documents
- Application for increasing prequalification from Category 1 to Category 2 – Subject to providing sufficient experience for Category 2 projects under prequalified HFDC

3.2.5 Duration of Prequalification

Dubai Health Authority prequalification for the current Category, will be valid for a period of 3 years after approval.

During the period of validity, the HFDC's are required to inform Dubai Health Authority of any major changes to the information supplied to them on the prequalification forms including changes to higher management and departure of key specialist staff etc.

HFDC's may apply for the renewal of the prequalification for a further period of 3 years by the submission of a new prequalification application (refer to **Part A - Appendix 3** of these Guidelines). A new prequalification application may be lodged up to 2 months before the expiry of the current prequalification. A new application may be a copy of the previous application with updated information unless Dubai Health Authority requirements for prequalification change in the interim period.

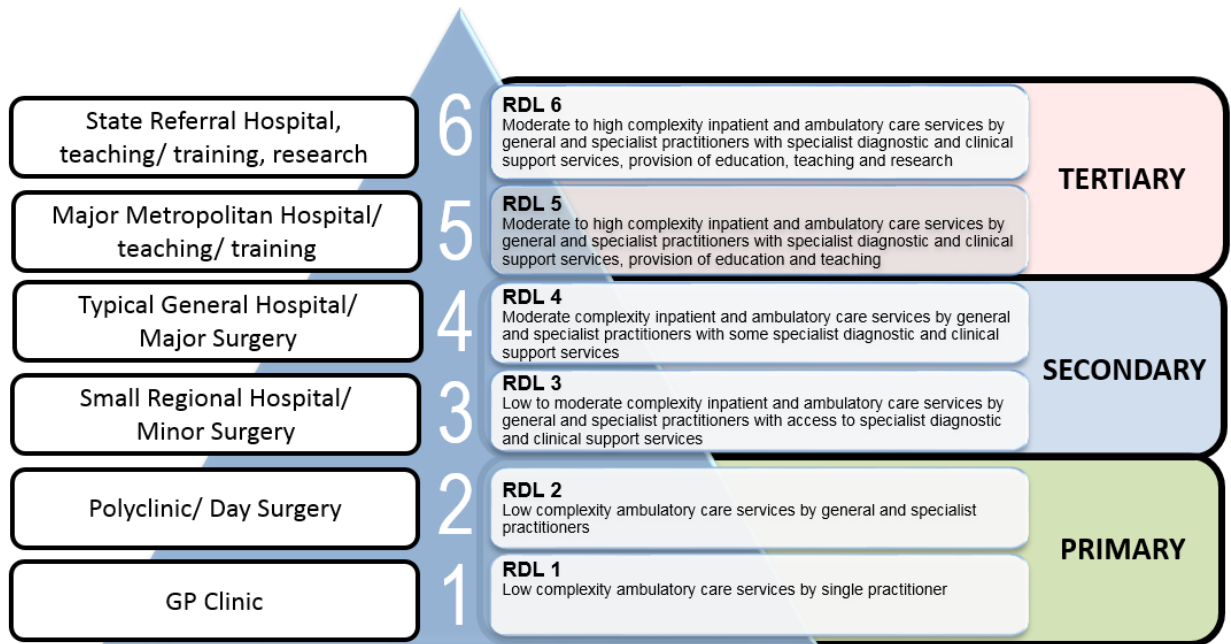
For applicants who are currently prequalified at Category 1, they may also request an increase to Category 2 at the time of renewal with supporting credentials. This will be considered as an 'upgrade' in the prequalification form.

Dubai Health Authority at its sole discretion may renew the application at the new or a higher Category.



3.2.6 Prequalification Category based on Types of Health Facility

A simple Role Delineation Guide for definitions of classifications of Health Facilities by the service level is provided in the diagram below. For further details, refer to the **Role Delineation Framework, Appendix 6**.



Above: Simple Role Delineation Guide

Qualifications of Design Consultants are based broadly on the experience of different Health Facility Types. DHA has a list of available Health Facility Types which can be found at the DHA website. Each Health Facility Type in turn include one or more Functional Planning Units (FPU’s).

The design of the facility types listed require consultants who are at a particular pre-qualified category as noted in the far right column.

A simplified guide for linking Facility Type, FPU’s (mandatory and optional), the possible RDL’s and Design Consultant Categories required are provided below. It can also be found in **Appendix 11, Facility Type, RDLs and FPUs Guide** of these Guidelines.

It should be noted mandatory FPU’s must be provided for the type of Facility as shown in the table below. Optional FPU’s may be applicable if such clinical services have been identified as part of the Facility’s Service Plan. Detail requirements of each FPU can be found in Part B of this Guidelines and the relevant chapter number in Part B is also provided for ease of reference.



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
General Hospital	Hospital Any facility with inpatient services with the Mandatory FPU's listed in this row. No particular specialisation required. RDL may be from 3 to 6.	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit • Admissions Unit & Discharge • Catering Unit ⁽⁴⁾ • Clinical Information Unit • Day Surgery/ Procedure Unit • Emergency Unit⁽⁷⁾ • Engineering and Maintenance Unit • Housekeeping Unit • Inpatient Unit - General • Intensive Care Unit - General • Laboratory Unit • Linen Handling Unit 	RDL 3 RDL 4 RDL 5 RDL 6	Cat 2 Cat 2 Cat 2 Cat 2
		Optional additional FPU's <ul style="list-style-type: none"> • Birthing Unit • Cardiac Investigation Unit • Complementary & Alternative Medicine Unit • Coronary Care unit • Dental Surgery Unit • Education Unit⁽⁶⁾ • Endoscopy Unit • Health Centres • Inpatient Unit - Bariatric • IVF Unit • Maternity Unit • Medical Imaging Unit - Nuclear Medicine & PET • Mental Health Unit - Adults • Mental Health Unit - Child & Adolescent • Mental Health Unit - Older Persons Unit • Mobile Healthcare Unit • Oncology Unit - Chemotherapy Unit • Oncology Unit - Radiation Unit • Rehabilitation Unit - Allied Health • Renal Dialysis Unit 		



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Specialty Hospital	<p>Hospital Multi-specialty Hospital Super-specialty Hospital Centre of Excellence</p> <p>Any facility with inpatient services which has the basic General Hospital Requirements at minimum RDL 3 plus a number of Specialist services at higher RDL's such as 4, 5, 6.</p> <p>Facilities with one or more Specialist services and matching facilities at RDL 5/6 may be regarded as Centre of Excellence by the DHA.</p>	<p>Mandatory FPU's As per General Hospital above with additional FPU(s) related to the Specialty (or Service Line) required in order to qualify as a Specialty Hospital or Centre of Excellence. For example, Cardiology, Oncology, Neurology etc. Emergency Unit will no longer be mandatory. Refer to Optional Additional FPU's below for further explanation.</p> <p>Optional Additional FPU's As per General Hospitals above except Emergency Unit(7) will be optional.</p>	RDL 4 RDL 5 RDL 6	Cat 2
Oncology Centre	<p>Cancer Care Centre Health Centre Ambulatory Cancer Care Centre Polyclinic Medical Centre</p>	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Admissions Unit & Discharge • Clinical Information Unit • Laboratory Unit • Medical Imaging Unit - General • Medical Imaging Unit - Nuclear Medicine & PET • Oncology Unit - Chemotherapy Unit • Outpatients Unit • Pharmacy Unit • Public and Staff Amenities Unit 	RDL 2	Cat 1



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
	Any ambulatory care facility for Cancer diagnosis or treatment incorporating the Mandatory FPU's shown in this row.	Optional additional FPU's <ul style="list-style-type: none"> • Administration Unit • Complementary & Alternative Medicine Unit • Dental Surgery Unit • Education Unit⁽⁶⁾ • Engineering and Maintenance Unit • Housekeeping Unit • Linen Handling Unit • Oncology Unit - Radiation Unit • Rehabilitation Unit - Allied Health • Renal Dialysis Unit • Supply Unit • Waste Management Unit 		
Rehabilitation Centre	Day Rehabilitation Centre Ambulatory Rehabilitation Physiotherapy Centre Any ambulatory care facility specialised in rehabilitation services with Mandatory FPU's shown in this row.	Mandatory FPU's <ul style="list-style-type: none"> • Admissions Unit & Discharge • Clinical Information Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾ • Public and Staff Amenities Unit⁽⁵⁾ • Rehabilitation - Allied Health Unit Optional additional FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Complementary & Alternative Medicine Unit • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory Unit • Linen Handling Unit⁽⁵⁾ • Medical Imaging Unit - General • Outpatients Unit • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	Cat 1
Day Surgical Centre	Day Surgery Centre Day Procedure Centre Invasive Imaging Centre	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Admissions Unit & Discharge • Clinical Information Unit⁽⁵⁾ • Day Surgery/ Procedure Unit • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory Unit • Linen Handling Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾ • Outpatients Unit • Pharmacy Unit • Public and Staff Amenities Unit⁽⁵⁾ • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	Cat 2



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
	Any ambulatory care facility providing ambulatory surgical services incorporating the mandatory FPU's in this row.	Optional additional FPU's <ul style="list-style-type: none"> • Cardiac Investigation Unit • Dental Surgery Unit • Endoscopy Unit • Medical Imaging Unit - General • Medical Imaging Unit - Nuclear Medicine & PET 		
Fertility Centre	IVF (In-Vitro Fertilisation) Centre A specialised ambulatory care facility treating patients with fertility-related problems and incorporating the mandatory FPU's in this row.	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • IVF Unit • Laboratory • Linen Handling Unit⁽⁵⁾ <ul style="list-style-type: none"> • Main Entrance Unit⁽⁵⁾ • Public and Staff Amenities Unit⁽⁵⁾ • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	Cat 2
		Optional additional FPU's <ul style="list-style-type: none"> • Pharmacy Unit 		
Renal Dialysis Centre	Renal Dialysis Centre A specialised ambulatory care facility providing treatments for patients requiring dialysis and incorporating the mandatory FPU's in this row.	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory • Linen Handling Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾ <ul style="list-style-type: none"> • Public and Staff Amenities Unit⁽⁵⁾ • Renal Dialysis Unit • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	Cat 1
	No inpatient beds are permitted.	Optional additional FPU's <ul style="list-style-type: none"> • Pharmacy Unit 		
Polyclinic	Health Centre Super-specialty Centre Multi-specialty Centre	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Health Centre • Housekeeping Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾ <ul style="list-style-type: none"> • Outpatients Unit • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
	<p>A clinic with multi-specialities ambulatory services incorporating the mandatory FPU's in this row.</p> <p>If the Polyclinic includes Day Surgery, please refer to Day Surgical Centres above for additional FPU's required and the higher Design Consultant Category.</p>	<p>Optional additional FPU's</p> <ul style="list-style-type: none"> • Complementary and Alternative Medicine Centres • Dental Surgery Unit • Health Centres • Laboratory Unit • Medical Imaging Unit – General • Pharmacy Unit 		<p>Cat 1</p> <p>Cat 2 if the facility includes Day Surgery</p>
Specialty Clinic	Specialist Clinic	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Outpatients Unit • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ <p>Optional additional FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽³⁾ 	RDL 2	Cat 1
Convalescence House	Long Term Care Centre	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Catering Unit⁽⁴⁾ • Housekeeping Unit⁽⁵⁾ • Linen Handling Unit⁽⁵⁾ • Inpatient Unit - General • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ <p>Optional additional FPU's</p> <ul style="list-style-type: none"> • Main Entrance Unit • Pharmacy Unit⁽⁵⁾ 	RDL 3	Cat 2
Radio Diagnostic Centre	Medical Diagnostic Imaging Centre	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Linen Handling Unit⁽⁵⁾ • Main Entrance Unit • Medical Imaging Unit - General • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾ 	RDL 2	Cat 2



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Diagnostic Centre (Multiple Specialties)	Radiology Medical Imaging	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory Unit • Linen Handling Unit⁽⁵⁾ 	RDL 2	Cat 2
		Optional additional FPU's <ul style="list-style-type: none"> • Cardiac Investigation Unit • Medical Imaging Unit - Nuclear Medicine & PET 		
Medical Laboratory	Pathology Laboratory	Mandatory FPU's <ul style="list-style-type: none"> • Administration Unit • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory 	RDL 1	Cat 2
Dental Laboratory		As Per DHA Dental Laboratory Regulation	RDL 1	Cat 1
Hospital (Inpatient) Pharmacy	Central Pharmacy	Mandatory FPU's <ul style="list-style-type: none"> • Pharmacy Unit 	RDL 3	Cat 1
			RDL 4	Cat 2
			RDL 5	Cat 2
			RDL 6	Cat 2



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Community (Outpatient) Pharmacy	<p>A stand-alone pharmacy in any location</p> <p>A pharmacy attached to an Ambulatory Care Centre, Polyclinic or similar.</p> <p>An outpatient pharmacy within the hospital serving outpatients, the discharged patients or general public.</p>	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Pharmacy Unit 	<p>RDL 1</p> <p>RDL 2</p>	<p>Cat 1</p> <p>Cat 2</p>
TCAM Center	<p>Traditional Medicine</p> <p>Complementary Medicine</p> <p>Acupuncture Centre</p> <p>Ayurveda Treatment Centre</p>	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Complementary & Alternative Medicine Unit • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ <p>Optional additional FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ 	<p>RDL 1</p>	<p>Cat 1</p>
General Clinic	<p>Family Clinic</p> <p>GP Clinic</p>	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ • Outpatients Unit • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ 	<p>RDL 1</p>	<p>Cat 1</p>
Dental General Clinic	<p>Dental Surgery</p>	<p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Dental Surgery Unit • Public and Staff Amenities Unit⁽⁵⁾ • Supply Unit⁽⁵⁾ <p>Optional additional FPU's</p> <ul style="list-style-type: none"> • Administration Unit⁽⁵⁾ 	<p>RDL 1</p>	<p>Cat 1</p>



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Company Clinic	An on-site medical clinic within a licensed commercial or industrial facility providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's • Outpatients Unit	RDL 1	Cat 1
Hotel Clinic	An on-site medical clinic within a licensed commercial or industrial facility providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's • Outpatients Unit	RDL 1	Cat 1
School Clinic	An on-site medical clinic within a licensed school campus providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's • Outpatients Unit	RDL 1	Cat 1



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Drug Store	Pharmacy Store A stand-alone storage facility for holding pharmaceutical products where no clinical services can be provided.	Mandatory FPU's <ul style="list-style-type: none"> Administration⁽⁵⁾ Pharmacy (related to storage of various types of drugs only) 	RDL 1	Cat 1
Relaxing Massage Centre	Spa Relaxation Centre A facility which provides non-surgical cosmetic services.	Mandatory FPU's <ul style="list-style-type: none"> Complementary & Alternative Medicine Unit ⁽⁸⁾ 	RDL 1	Cat 1
Special Needs Centre	Facilities intended for the care of disabled but otherwise health people	Contact DHA for further information	RDL 1	Cat 1
Air Ambulance	Patient transfer service via Helicopter or Airplane	Contact DHA for further information	RDL 1	Cat 1
Optical Centre	A facility which provides optometry services including dispensing of optical devices.	As Per DHA Optical Center and Optometry Services	RDL 1	Cat 1
Beauty Centre Salon	A facility which provides non-surgical cosmetic services.	As Per to DHA Standards for Non-Surgical Cosmetic Services	RDL 1	Cat 1



Facility Type (as per Sheryan)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Home Health-care Agency	<p>Home Care Home Nursing Hospital in the Home (HITH) Rehabilitation in the Home (RITH)</p> <p>A facility where exchange of patients' medical information from one site to another is conducted via the internet.</p>	As Per to DHA Home Healthcare Regulation	RDL 1	Cat 1
Telehealth	<p>Telemedicine</p> <p>A facility where exchange of patients' medical information from one site to another via the internet.</p>	As Per to DHA Telehealth Regulation	RDL 1	Cat 1
Mobile Healthcare Unit	<p>Mobile Health Vehicle</p>	<p>This is not currently available on Sheryan. Owner/ Operator wishes to provide this service must contact DHA and seek their approval.</p> <p>Mandatory FPU's</p> <ul style="list-style-type: none"> • Mobile Healthcare Unit 	RDL 1	Cat 1

Note:

(1) Not Mandatory but to be determined by the Service Plan of the Facility.



- (2) By default, the same RDL applies to the whole facility and the FPU's within the facility unless permitted otherwise by the full **Role Delineation Framework** (refer to **Appendix 6 of Part A** of these guidelines). If one or more of the Specialties and their matching facilities are provided at RDL5/6, then the facility will be recognized by the DHA as a Centre of Excellence in those services. The single or multi RDL's indicated next to each Facility Type represents the minimum permitted RDL and the relationship to the HFDC Prequalification Category in the next column.
- (3) For Consultants Prequalification and the definition of Categories, refer to **Part A, Section 4, Prequalification of Health Facility Design Consultants** of these Guidelines.
- (4) When a full-service Catering Unit is not provided, a holding and reheating area sized to the facility's requirement must be provided.
- (5) Support services should be sized accordingly to the number of staff, Role delineation level (RDL) and service plan as defined by the Facility.
- (6) Education Unit is mandatory for teaching Hospital at RDL (Role Delineation Level) 05 and research hospital at RDL 06.
- (7) Emergency Unit is mandatory in General Hospitals and optional in Specialty Hospitals. Health Facility Owner/ Operator must contact DHA directly for further details and services requirements as Emergency Service will be part of the Emirate-wide health services strategy.
- (8) These are Functional Planning Units that are similar and could be used as a guide.
- (9) Co-locating multiple 'Facility Type' is not prohibited. However, each Facility Type may require their separate DHA licence.
- (10) It should be noted the Consultant Categories noted in the above table refer only to Design Consultants, not Professional Consultants in the medical profession.
- (11) Relaxing Massage Centre will be removed from the Category List of the Type of Facilities



3.2.7 Co-Existing and Integrated Facilities and their Classification

Portions of Health Facility types (as listed in **Appendix 11**) may perform services which are separately covered under these Guidelines. Where these services operate as an integrated service within the overall Health Facility and benefit from the overall common services, staff and patient flows, they will be regarded as part of the overall Health Facility and therefore fall under its prequalification level appropriate to that facility.

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

Here are some examples:

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

Good indicators of integrated services are:

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

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



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- Dr. Nadia Malik - Consultant Radiation Oncologist (AMERICAN HOSPITAL DUBAI)
- Vijaya Kumar - Infection Control Nurse (AMERICAN HOSPITAL DUBAI)
- Martha Tisibele - Housekeeping Manager (AMERICAN HOSPITAL DUBAI)
- V. V. S. Reddy - Materials Manager (AMERICAN HOSPITAL DUBAI)
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- Dr. Aaron Han - Chief of Pathology (AMERICAN HOSPITAL DUBAI)
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- Gisha Paul – Wound Care Nurse (AMERICAN HOSPITAL DUBAI)
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- Dr Osama Elzamzami, Head of Radiology (AL ZAHRA HOSPITAL)
- Masood Ahmed - Radiology Manager (AL ZAHRA HOSPITAL)
- Elissar Hamade - Nurse Supervisor (AL ZAHRA HOSPITAL)
- Afroz Alam - Catering supervisor (AL ZAHRA HOSPITAL)
- Sneha Potdar - Autocad-Draftsman (AL ZAHRA HOSPITAL)
- Gerlyn Jalea - Infection Control Manager (AL ZAHRA HOSPITAL)
- Syamalan (AL ZAHRA HOSPITAL)
- Khurram Shehzad - Housekeeping/supplies (AL ZAHRA HOSPITAL)
- Shafiq.Ur.Rehman Khan - Medical Records Manager (AL ZAHRA HOSPITAL)
- Chandrika Thonaparathi - Medical Records Supervisor (AL ZAHRA HOSPITAL)
- Fauzia Lucas - Oncology Manager (AL ZAHRA HOSPITAL)
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- Aravind Asokan (ASTER CLINIC)
- Satheesh Kosuri - Mobile Clinic Unit (ASTER DM HEALTHCARE)
- Nikita Barretto - Clinical Psychologist (DUBAI HOMEOPATHY HEALTH CENTER)
- Monica Garnett - Occupational Therapist and Vision Therapist (DUBAI HOMEOPATHY HEALTH CENTER)
- Ana Theresa - Nurse coordinator (HEALTH PLUS MEDCARE FERTILITY CLINIC)
- Jeddahlyn Mae Maglinoa - Cardiac Nurse (MEDEOR HOSPITAL)
- Dr Rajeev Lochan - Head of Department – Cardiology (MEDEOR HOSPITAL)
- Majo Matthew - CSSD Technician (MEDEOR HOSPITAL)
- Dr Ali Mohammed Ganai - Emergency Department (MEDICLINIC WELFARE HOSPITAL)
- Madge Kruger - Director of Nursing (NEURO SPINAL HOSPITAL)



- Chadi Mishlawi - Facilities Manager (NEURO SPINAL HOSPITAL)
- Laisy Mathew - Nurse Supervisor (NMC HOSPITAL DIP)
- Sheen Mathew - Infection Control Nurse (NMC HOSPITAL DIP)
- Bibin Joy - Head Nurse (NMC HOSPITAL DIP)
- Ashalatha Malpe - Outpatient (NMC HOSPITAL DIP)
- Dr. Bhushan Jayade - Consultant Oral & Maxillofacial Surgeon and Head of the Dental Department (NMC HOSPITAL DIP)
- Nishil Kurian - Pharmacy incharge (NMC HOSPITAL DIP)
- Dr. Naveen Tiwari - Specialist clinical Pathologist (NMC HOSPITAL DIP)
- Dr. Sudhir Goel - Specialist Radiologist (NMC HOSPITAL DIP)
- Ajo John - Radiography Technologist (NMC HOSPITAL DIP)
- Rakesh Srivastav - Maintenance Engineer (NMC HOSPITAL DIP)
- Dana Rajagopal – Head Nurse L&D department (NMC HOSPITAL DIP)
- Mahima Shiny Peter - Staff nurse L&D department (NMC HOSPITAL DIP)
- Sheena Matthew - Infection Control Nurse (NMC Hospital DIP)
- Biji Mathew - Nurse Educator (NMC Hospital DIP)
- Lilibeth Abayon - Infection control nurse (NMC Hospital DIP)
- Sumitra Das - Housekeeping Supervisor (NMC Hospital, DIP)
- Abhijit Sawant - Store Manager (NMC Hospital, DIP)
- Hazel Oshita Manzul - Medical Records Assistant (NMC Hospital DIP)
- Divya Kuttikrishnan (NMC Hospital DIP)
- Siji Angel - Infection Control Facilitator (NMC Hospital DIP)
- Premchand Choudhary - RN Endoscopy assistant (NMC SPECIALTY HOSPITAL)
- Sheeba Rani - Senior Nurse - Patient and Family Educator (NMC SPECIALTY HOSPITAL)
- Harishankar Sharma - Operating Room Manager (NMC SPECIALTY HOSPITAL)
- Niygi Joseph Thayil - Nursing Supervisor (PRIME MEDICAL CENTER)
- Dr Avinash Shamran - Specialist, Endodontist (PRIME HEALTHCARE GROUP)
- Ahmed Karkash - Public Relations Officer (PRIME HEALTHCARE GROUP)
- Renuka Gopinath - Clinic Admin (PRIME HEALTHCARE GROUP)
- Dina Wanna - Quality and Patient Safety Manager (SAUDI GERMAN HOSPITAL)
- Julie Ann - Head Nurse (SAUDI GERMAN HOSPITAL)
- Mallapuram Keshava Rao, CSSD Supervisor (SAUDI GERMAN HOSPITAL)
- Kenneth, Infection Control Practitioner (SAUDI GERMAN HOSPITAL)
- Dr. Madian Alterkawi, Specialist Radiology (SAUDI GERMAN HOSPITAL)



- Dr. Sujata Sudhir Pathak, Nuclear Medicine (SAUDI GERMAN HOSPITAL)
- Mohamad El Sayyed Mahmoud, Nursing Supervisor (SAUDI GERMAN HOSPITAL)
- Nagina Calvin Mall, Charge Nurse- L & D (SAUDI GERMAN HOSPITAL)
- Sara Ali, Midwife (SAUDI GERMAN HOSPITAL)
- Tejal Srivalsan, Infection Control Specialist (SAUDI GERMAN HOSPITAL)
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- Panchami Vijayanath, Nurse ICU (ZULEKHA HOSPITAL)
- Siji Joseph, Nurse in charge-Emergency Room (ZULEKHA HOSPITAL)
- Robin M Sebastian, Head Nurse, Dialysis (ZULEKHA HOSPITAL)
- Aiman Hamza, Cardiology nursing Supervisor (ZULEKHA HOSPITAL)
- Marichu Bataican, OT and CSSD manager (ZULEKHA HOSPITAL)
- Emmah Ncube, manager maternity and child health (ZULEKHA HOSPITAL)
- Abdul Rahiman, Ast manager housekeeping (ZULEKHA HOSPITAL)
- Praveen Vijayakumar, Manager, Medical Records (ZULEKHA HOSPITAL)

Industry Consultants

- Sami Ghouri – Principal Consultant (ARGENTELM)
- Sherif Magdy – Senior Public Health Engineer (ASU CONTRACTING)
- Ashveen Jeetun – Principal Public Health Engineer (MEINHARDT)
- Sunil George – Principal Mechanical Engineer (MEINHARDT)
- Furqan Ayub – Principal Public Health Engineer (MOTT MACDONALD)
- Ian Hurst – Projects Director (MOTT MACDONALD)
- Abhishek Gupta – Manager of Interior and Architecture (STANTEC)
- Craig MacMenomay – MEP Manager (STANTEC)
- Wilfredo Alonso – Principal Electrical Engineer (STANTEC)
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Industry Suppliers & Manufactures

- Jude Williams – Business Development Manager (AL-REEM HOSPICO)
- Gilson Thomas – Technical Engineer (AL-REEM HOSPICO)
- Tency James – Technical & Sales Support (AL-REEM HOSPICO)
- Dani Elamana – Technical Manager (CAMFIL)
- Franco Ferrari – Technical Director (CULLIGAN)
- Majid Khan – Sales & Technical Engineer (CULLIGAN)
- Haitham Allo – Sales Executive Engineer of Infrastructure (GULFDRUG)



- Bibin Vincent – Technical Engineer (GULFDRUG)
- Stefan Dittforth – Enterprise Architect (HONEYWELL)
- Tushar Shirvalkar – Regional Chiller Product Management (JOHNSON CONTROLS)
- Faiz Ahmed – Prescription and Technical Support Manager (SCHNEIDER ELECTRIC)
- Waqas Khan – Head of Sales Power Solutions (SCHNEIDER ELECTRIC)

The following Health Facility Guidelines were considered in the preparation of these Guidelines:

- Federal and Local Regulations
- International Health Facility Guidelines (IHFG)
- Department of Health (Abu Dhabi) Health Facility Guidelines (HAAD HFG)

These guidelines may include Concepts, Words, Principles, Numbers or Diagrams which may be similar to (or originated in) other Health Facility Guidelines.

Such material, as used in these Guidelines only relate to the Correct briefing and design principles which are common knowledge to the specialist consultants and operators in the field of Health Facility Planning.

Nevertheless we acknowledge and thank all other Health Facility Guidelines where similar material may have been provided for public use.



5 Appendices

Refer to the following Appendices 1 – 11 attached overleaf

5.1 Appendix 01 - Deliverables - Schematic Design Submission

5.2 Appendix 02 - Deliverables - Detailed Design Submission

5.3 Appendix 03 - Consultants Pre-qualification Application Form

5.4 Appendix 04 - Template for Non-Compliance Report

5.5 Appendix 05 - Template for SOA

5.6 Appendix 06 - Role Delineation Framework

5.7 Appendix 07 - Sample - Design Review Report

5.8 Appendix 08 - Sample - Inspection Report

5.9 Appendix 09 - Sample Drawing for Schematic Submission

5.10 Appendix 10 - Sample Drawing for Detailed Submission

5.11 Appendix 11 - Facility Types, FPU's and RDL's Guide



5.12 Appendix 12 - Health Facility Design Review Checklist

5.13 Appendix 13 - Health Facility Inspection Checklist



6 Further Reading

For additional reference, three other international guidelines may be considered:

- Dubai Health Authority. Dubai Universal Design Code, 2017. Refer to <https://www.dha.gov.ae>
- UAE Federal Law no (4) of 2015 concerning Private Health Facilities

Where one guideline is deemed to be inadequate in the coverage of certain facility types, another guideline may be consulted. It should be noted that following another guideline wholly is not acceptable.

Another guideline can only be followed by exception where the subject is not covered by these guidelines.