

DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

70 – Complementary and Alternative Medicine Centre



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Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a Complementary and Alternative Medicine (CAM) Unit. Complementary and Alternative Medicine (CAM) is a wide-reaching term that is used to describe medical products and practices that are not part of conventional or standard medical care in western society. Standard care is defined as medicine which is practiced by a licenced medical doctor.

The CAM Unit is applicable to a wide range of facilities and service provisions including (but not limited to) Traditional, Complementary and Alternative Medicine Centres (TCAM) which include Ayurveda, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Therapeutic massage, Traditional Chinese Medicine (TCM) and Unani Medicine. CAM facilities may be provided as a Unit within a larger health facility to work in conjunction with other service provisions or as an independent stand-alone facility.

The CAM Unit is arranged in Functional Zones that include Entry/ Reception, Consult Areas, Treatment Areas and Staff and Support Areas. The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other key departments and hospital services. Design Considerations outlined below address a range of important issues including acoustics, privacy, safety and security and building services requirements. The Schedules of Accommodation are provided using Standard Components (typical room templates) and quantities for typical Units at Role Delineation Level (RDL) 1 to 6.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report (Appendix 4 in Part A)** to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.



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70. Complementary and Alternative Medicine Centre

1 Introduction

1.1 Description

Complementary and Alternative Medicine (CAM) is a wide-reaching term that is usually used to describe a range of health approaches that have their history or origins outside of conventional, modern mainstream medicine. Other terms used include alternative therapy, holistic therapy, and traditional medicine. Whilst generally used interchangeably, the two terms 'complementary' and 'alternative' refer to different concepts:

- 'Complementary' refers to using a non-mainstream approach that is integrated with conventional medicine.
- 'Alternative' refers to using a non-mainstream approach to in place of conventional medicine.

Initially there was skepticism regarding the use and effect of complementary and alternative medicines, but recent scientific research into some complementary treatments has produced scientific evidence supporting their use, safety and efficacy.

CAM is usually provided on an outpatient basis within the context of the broader health system. An integrative approach of combining CAM with conventional treatment is more frequently being offered by healthcare providers in regard to:

- Health promotion
- The management and relief of symptoms/side effects of conventional treatments
- General improvement in health or well-being

CAM services are generally classified into two subgroups:

- Natural products e.g. dietary, vitamin and mineral supplements



- Mind and body practices, which include a wide range of procedures and techniques administered by trained practitioners, e.g. yoga, massage therapy, acupuncture and meditation

There are also CAM approaches which do not fit into either of these groups including homeopathy, naturopathy, traditional Chinese medicine and traditional healing practices.

Some common Complementary and Alternative Therapies/Medicine include:

- Traditional Chinese Medicine
 - Acupuncture
 - Acupressure
 - Cupping
 - TUINA Massage
 - GUASA
 - Herbal Remedies (steaming bathroom)
 - Foot Reflexology
- Hijama
- Aromatherapy
- Biofeedback
- Chiropractic and Osteopathic
- Kinesiology (the science of body movement)
- Meditation
- Movement therapies such as Pilates and Yoga
- Naturopathy
- Ayurveda

The size, design, functional requirements (facilities and equipment), and internal/external relationships will be determined by the type, range and scope of services offered by the Unit. These



elements should be outlined and described in the Services and Operational Policy of the Unit/Centre. The CAM Centre can be incorporated as part of another health facility or as a freestanding and independently-operated centre.

Applicable local authority statutory requirements and guidelines are to be complied with.

2 Functional & Planning Considerations

2.1 Operational Models

The service plan and operational model will determine the specific requirements for manufacture, storage and dispatch of products, and the provision/delivery of treatment and services. The CAM Centre may extend its service from a single healthcare facility to outlying facilities.

2.1.1 Hours of Operation

A CAM centre will commonly provide services up to 12 hours per day, five-days a week- although there is no restriction in hours of operation. Hours of operation generally complement outpatient clinics and services. CAM Centres coordinate multiple practitioners and services and generally create a weekly/monthly timetable which is updated as client demand changes.

2.1.2 Operational Policies

Because the services that can be delivered by the CAM Unit are so diverse, operational policies vary greatly. Operational policies have a major impact on facility design, management, capital cost and recurrent costs of health facilities. It is recommended that users/management of the Centre develop Operational Policies to suit the individual facility based on the services to be provided and the clientele to be served.



3 Unit Planning Models

3.1.1 Integrated CAM Centre

If the CAM Centre is collocated with a hospital, medical clinic or other health facility it is seen to be operating under an integrated model. The attached facility's operational policy shall determine, in part, the products and services to be supplied by the Centre, with the aim of complementing the conventional/mainstream medicine that is provided in the healthcare facility. An integrated model of operation requires the creation of referral pathways between the Centre and the health facility. Products and services beyond the scope of the facility's requirements shall be negotiated and predefined.

3.1.2 Stand-alone CAM Centre

A private CAM Centre may be separate to any health facility and its operational model will resemble a private business. The success of the private CAM Centre relies on:

- Market demand
- The products and services supplied
- The availability of trained and qualified practitioners.

Depending on the scope of services and products provided, a private Centre may choose to establish formal relationships with nearby health facilities or independent medical practitioners to optimize business operations.

It is recommended that the facilities of a CAM Centre be contained within a dedicated space. If it is incorporated as a unit within a health facility, a CAM Centre should be easily accessed by ambulatory patients and should have a functional relationship with outpatient clinic rooms. By confining the CAM Centre within a dedicated space, the environment and ambience of the Centre can be maintained and operational flow is optimised.



3.1.3 Treatment and Procedural Services

For the delivery of treatment and procedural services offered by CAM Centres a sufficient amount of space and equipment is required. This may range from large studios for yoga, Pilates and meditation practices to small treatment spaces for massage therapy, chiropractic therapy and acupuncture. In some cases, outdoor space may be required for classes.

3.1.4 Product Preparation

Any dietary supplements or natural products manufactured onsite must comply with DHA regulatory requirements. Manufacturing practices and products should also be aligned and negotiated with the hospital's pharmacy procedures and products if the Centre is collocated with such a health facility.

The safe manufacture of products for ingestion requires sterile handling and manufacturing techniques and extemporaneous manufacturing will require sufficient space for compounding products. The Centre must include specialized space and equipment for the refinement, testing, compounding, packaging, labelling and storage of manufactured products.

3.1.5 Unit/Department-Based CAM Treatment and Consultation Spaces

CAM Treatment and Consultation Spaces may be located within particular departments throughout a healthcare facility and can be collocated with Allied Health services and spaces. This is not a commonly adopted model and may result in the duplication of resources, labour and equipment.

However, in specialty areas such as Cancer Day Care Units and Fertility and Women's Clinics, CAM treatments are becoming more popular and common place. Therefore, it may be feasible, depending on the service profile of the centre/hospital, to provide dedicated CAM Units adjacent to these units.



3.2 Functional Zones

There are both 'accessible' and 'restricted' Functional Zones of a CAM Centre:

3.2.1 Public Areas

- Reception counter
- Waiting Areas; it is possible to share waiting areas with an adjacent unit if CAM is within a hospital/healthcare facility
- Patient Counselling and Consult Areas (access is controlled to ensure privacy)
- Patient Treatment and Consultation Areas (accessed in the company or with the guidance of a staff member to ensure safety)

3.2.2 Restricted/Staff Areas

- Dispensing Area for products
- Preparation and Manufacturing Areas of non-sterile products
- Active store for stock storage
- Bulk stores including an unpacking area
- Secured storage for refrigerated items and flammable goods as required
- Staff Areas which may include: Offices, Workstations, File Stores, Meeting Rooms, Staff Room, Change Rooms and Toilets

3.2.3 Optional Areas

The operational policy and scope of services plan will determine additional areas that may be required in a CAM. These Optional Areas may include:

- Therapeutic compound preparation suites with support facilities including Anterooms, Change Rooms and Sterile Storage Rooms



- Facilities for clinical trials, which may include dedicated dispensing areas, additional treatment spaces, secured storage for records and workstations; clinical trials in CAM Centres may include trials of both products and therapies
- An Extemporaneous or 'practitioner dispensed product' manufacturing area which requires extra space for compounding products

3.2.3.1 CAM Counter/Reception

The CAM Counter/Reception should be prominent, clearly signposted, and have a clear functional relationship with the Entry and the Waiting Area. If used for cashier functions, appropriate security measures should be taken to allow safe cash handling.

Patients will present at the counter for products or services and wait for a practitioner to dispense and counsel on the product or lead them to a treatment/consultation space for services.

A range of patients with varying mobility will need access to the waiting areas of a CAM Unit. With this in mind, the Waiting Areas should be designed for easy accessibility. Waiting Areas should have a functional relationship with the reception counter, public amenities, baby change and feeding areas, refreshments, play facilities (optional) and public telephones. There should be ready access to Counselling, Consult and Treatment Areas.

3.2.3.2 Patient Counselling and Consult Areas

The patient Counselling and Consult Areas of a CAM Unit should be spatially related to the Counter/Reception and Waiting Areas. Privacy is important and, if it is not possible to entirely enclose these areas, they should be designed to create perceived privacy using a confined space and barricades. There should still be adequate acoustic and visual privacy for spaces in which confidential information is being discussed.



3.2.3.3 Treatment/Consultation Space

Treatment or Consultation Spaces should have controlled access, being accessible to a patient only when accompanied by a staff member or practitioner. The number and size of treatment spaces will be determined by the service plan and they can be located interior or exterior to the central CAM Centre. The equipment required will be dependent on the number and type of services to be provided within that space. Equipment may include, but is not limited to:

- Hand-washing facilities
- Appropriate means for disposal of waste
- Patient treatment bench, table and/or chair for therapies such as acupuncture and massage
- Movement therapy machines and equipment for manipulative therapies such as Pilates
- Flashlight, magnifying glass, cameras and slit-lamp microscopes for iridology
- Adequate lighting and ventilation
- Storage for equipment used in therapies such as aromatherapy and acupuncture.
- Durable, comfortable and stain-resistant flooring, particularly for the delivery of yoga and other floor-based therapies

3.2.3.4 Dispensing Area

An effectively designed area dedicated to the dispensing of products should enable practitioners to prepare, pack and label products in a safe and efficient manner. The Dispensing Area should have the following equipment nearby to facilitate its operations:

- Adequate lighting including both task and ambient lighting
- Shelving and reference texts
- Hand-washing facilities
- Adequate bench space adjacent to dispensing units for product preparation



3.2.3.5 Preparation Area

The manufacturing of products involves the preparation of oral or topical dosage forms, often requiring little manipulation of the main ingredients. If manufacturing is performed onsite the following elements shall be required:

- A confined, dedicated room with HEPA filtered air
- Hand-washing facilities located near the entry/exit point of the room
- Impervious surfaces with minimal joins and easy to clean walls and flooring
- Bulk compounding area
- Adequate space for packaging and labelling
- Quality control area

3.2.3.6 Storage

Storage in the form of cabinets, cupboards, shelves, and/or separate rooms or closets, shall be included as required:

- Bulk storage
- Active storage
- Refrigerated storage (See Below)
- Storage for volatile fluids and alcohol with construction determined by the relevant regulations for substances involved
- Storage for general supplies and equipment not in use

3.2.3.7 Store – Refrigerated

The refrigerated store can be a room/bay containing refrigerators to store specific ingredients and products. A commercial grade cool room may be used as an alternative if the service plan requires it.

Refrigerated storage should be located close to assembly and preparation areas, packaging areas,



manufacturing areas and other storage areas. All access doors of to the Refrigerated storage areas should, if needed, be lockable and it is recommended that a temperature monitoring system connected to a warning system should be installed.

3.2.3.8 Staff Areas

Both administrative and clinical functions will require offices and workstations to facilitate educational/research activities. The approved staffing levels will determine the number of offices provided. Additional educational areas can include optional Meeting/Tutorial Room/s and the inclusion of technology facilities will provide additional capacity for educational activities.

Administration, education and staff welfare areas, including Staff Room/s, Toilets and Meeting Room/s may be shared with nearby adjacent units if the CAM Centre is within another facility.

4 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

4.1 External Relationships

The CAM Centre shall be located for convenient access, staff control, and security. The CAM Centre should be readily accessible from the Main Entry of the health facility and outpatient clinics for patient convenience. It should be well-signposted, and it should have ready access to a loading dock for deliveries. Depending on the scope of its services and Operational Policy, it may be appropriate to situate the CAM Centre adjacent to the Inpatient Pharmacy Unit.

Various types of access points for visitors to the centre, patients, practitioners, centre staff, and professionals conducting maintenance and delivering supplies should be carefully considered.

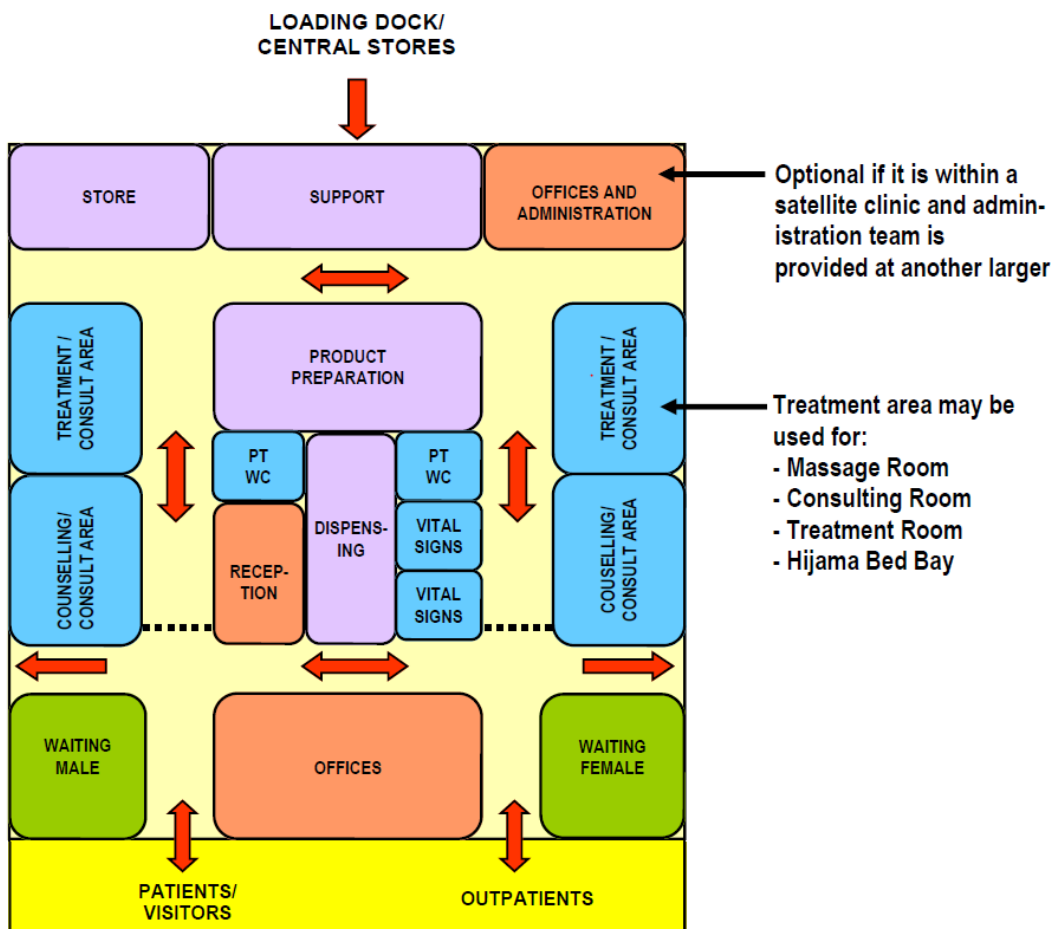


4.2 Internal Relationships

The public should have access to the Reception area, Waiting Areas, Amenities, Counselling and Consult Areas, and subsequent Treatment and Consultation Spaces. These spaces should have a coherent functional relationship. The CAM Centre must provide secure, discrete access for delivery of supplies to storage areas and access to these storage areas, as well as Offices and Operational Support Areas will be restricted to staff only. Assembly, Preparation, Dispensing Areas and Manufacturing Areas should be in proximity to drug storage areas. Manufacturing areas should be located in a discrete, low traffic zone within the CAM Centre.

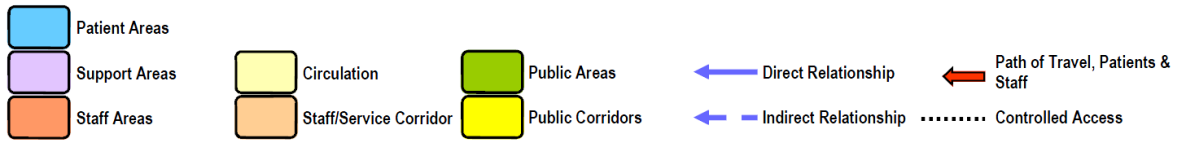
4.3 Functional Relationships Diagram

The relationships between the various components within a CAM Unit are best described by Functional Relationships Diagram below.





LEGEND



The external and internal functional relationships are demonstrated in the diagram above, including:

- Entry for patients and visitors directly from public corridor
- Entry of good via loading dock directly into stores areas

The optimum internal relationships include the following:

- Reception and waiting areas at the entrance of the CAM Centre
- Restricted access to operational areas
- Treatment and Consultation rooms located between accessible and staff-only areas
- Support rooms located on the perimeter for ease of access

5 Design Considerations

5.1 General

The design of the CAM Centre will be largely dependent on the scope of services and Operational Policy of the Centre and the facility it is incorporated into, if relevant.

If integrated into a health facility the Operational Policy will determine the degree of integration, including access and entries, types of treatments and services provided, and the dispersion of CAM services throughout the facility or the containment of all CAM services in a distinct space. The provision of shared or exclusive entry points will have implications for controlled access, preventing unauthorized entry and the maintenance of privacy of the centre's operations.

It is considered best practice for comprehensive care that all treatments and products prescribed by practitioners in the CAM Centre should be recorded into the patient clinical records and integrated



with the health facility's information technology and data systems. Extensive information and communication technology capabilities will be needed to facilitate this.

5.2 Environmental Considerations

5.2.1 Acoustics

The CAM Unit should be designed to minimise the ambient noise level within the Unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including Consult Rooms.

Acoustic treatment is required to the following:

- Waiting and play areas should be located further away from the Consult Rooms, Treatment Spaces and Staff Areas
- Interview Areas with clients require acoustic treatment in order to maintain the confidentiality of conversations between clients and clinicians
- Meeting Rooms and discussion areas for staff where confidential patient information is shared require acoustic treatment
- Consultation/ Treatment Areas where loud equipment may be used or noise producing treatments are likely to take place should be treated to minimise the transmission of noise

5.2.2 Natural Light/ Lighting

The use of Natural Light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients and staff. Windows should be provided to all patient and staff spaces wherever possible.

External lighting must be addressed for stand-alone units, including car parking areas, particularly if the Unit is accessed after-hours, according to Local Authority requirements.



5.2.3 Privacy

Privacy should be provided for in all patient Treatment, Consultation and Counselling Areas. The following features should be considered to facilitate privacy in the design:

- Location of doors, windows, examination equipment and furniture to ensure patient privacy and promote staff security
- Appropriate window treatments to offer privacy from external and internal viewing
- Security of patient records and confidentiality of patient discussion

5.3 Accessibility

There should be a weatherproof vehicle drop-off zone with easy access for less-mobile patients and wheelchair bound patients.

Design should provide ease of access for wheelchair bound patients in all Patient Areas including Consult Rooms and Waiting Areas in accordance with NFPA standards. Waiting Areas should include spaces for wheelchairs (with power outlets for charging electric mobility equipment) and suitable seating for patients with disabilities or mobility aids. The Unit requires provision for bariatric patients.

5.4 Size of the Centre

The approved Service Plan will determine the size of the CAM Unit taking into consideration the needs of an associated health facility, if applicable, and other external facilities. A Schedule of Accommodation is provided below for a CAM Unit servicing a tertiary level hospital with the capacity to undertake product manufacture onsite.

5.5 Safety and Security

The CAM Unit and any external Treatment and Consultation Spaces must be secured to prevent unauthorized access through doors, windows, wall and ceilings.



Security measures for consideration include:

- A security intrusion detector alarm be fitted to monitor the Centre 24-hours a day
- Duress alarms at Centre counter/reception and in treatment/consultation spaces
- Electronic door controls and alarms to perimeter doors
- Movement sensors
- Solid ceilings to prevent access

5.6 Finishes

The desired ambience of a CAM Unit is relaxing and calm therefore finishes, including fabrics, floors, walls and ceilings, should be as non-institutional as is possible while still facilitating cleanliness and infection control. The following factors should be considered when selecting finishes:

- Purpose of the rooms
- Movement of equipment
- Acoustic properties
- Durability
- Ease of cleaning and infection control
- Fire safety
- Aesthetic appearance

Refer also to Part C of these Guidelines.

5.7 Curtains / Blinds

Window treatments should be durable and easy to clean. Consideration may be given to use of blinds, shutters, tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting.

If blinds are to be used instead of curtains, the following applies:



- Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.
- Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side.

Privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

5.8 Building Services Requirements

This section identifies Unit specific services briefing requirements only and must be read in conjunction with **Part E - Engineering Services** for the detailed parameters and standards applicable.

5.8.1 Information and Communication Technology

Information technology/communications systems should provide for:

- Sufficient data and power outlets for computers and laptops
- Electronic records and computerized ordering systems
- Integration of CAMS records with attached healthcare facility's clinical records to ensure comprehensive care.
- Video-conferencing/tele-medicine in Meeting Room/s

5.8.2 Heating, Ventilation, Air-Conditioning (HVAC)

The air conditioning system in the unit should be designed to maintain a comfortable temperature range in Patient Areas including Waiting Areas, Meeting Rooms, Therapy Areas and Consult Rooms.

All HVAC requirements are to comply with services identified in Standard Components and Part E – Engineering Services in these Guidelines.



5.8.3 Hydraulics

Warm water shall be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold water services.

For further information and details refer to **Part E – Engineering Services** in these Guidelines.

5.9 Infection Control

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. The design of all aspects for the Unit should take into consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

5.9.1 Hand Basins

The quantity and ratio of hand basins to work areas will be determined by the size of the individual areas, the services provided and the operating policies and standard guidelines relating to the Units services.

It is recommended that hand-washing facilities are provided in each area where ingredients and products are handled including Preparation Rooms, Assembly/Dispensing Areas and Manufacturing Areas. Facilities should also be provided in all support areas.

All hand basins in the Unit should permit clinical hand-washing with hands-free activation. Taps may be wall-mounted, lever-operated or sensor operated and should include dispensers for soap, antiseptic soap and paper towels. Hand basins in non-clinical areas should permit routine hand washing and taps may be basin -mounted and lever operated.

Handbasins are to comply with **Standard Components – “Bay - Handwashing”** and **Part D - Infection Control**.



5.9.2 Antiseptic Hand Rubs

Antiseptic Hand Rubs should be located so they are readily available for use at points of care and in high traffic areas.

The placement of antiseptic hand rubs should be consistent and reliable throughout facilities.

Antiseptic hand rubs are to comply with **Part D - Infection Control**, in these guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Handwashing Bays.

Both are required.

6 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder



3	Provided and installed by the Client
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- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Complementary and Alternative Medicine Centre consists of Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

6.1 Non-Standard Rooms

Non-standard rooms are rooms are those which have not yet been standardised within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS.



6.1.1 Massage Room

Massage Room should consists of an appropriate massage table with a handwash basin as minimum. Storage cupboard should be provided for keeping the required remedies and linen for massages. Surface of the massage table should be impervious and easily cleanable. Depending on operational policy, an attached shower room with hand wash basin may be provided.

6.1.2 Sauna

A sauna room can be supplied with dry heat or steam. Heat resistant materials should be used for the floor, bench(es) and the walls. Design of the room can vary but must promote user safety with no sharp corners, slippery surfaces.

All surfaces to be anti-microbial.



7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framework (Part A - Appendix 6)** in these guidelines for a full description of RDL's.

The table below shows the SOA for a typical Complementary and Alternative Medicine Centre located within a hospital at RDL 4 to 6 only. However, Complementary and Alternative Medicine Centre are permitted from RDL1 to 6.

For stand-alone facilities, designers may add any other FPU's required such as Main Entrance Unit, Medical Imaging Unit etc. based on the business model.



Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A - Appendix 4**) with any departure from the Guidelines for consideration by the DHA for approval.

7.1 Complementary and Alternative Medicine Centre

ROOM/ SPACE	Standard Component Room Codes					RDL 4 Qty x m ²	RDL 5 Qty x m ²	RDL 6 Qty x m ²	Remarks
Public Areas									All room areas depend on size of service
Counter	pha-co-d similar					1 x 9	1 x 9	1 x 20	
Meeting Room - Small	meet-9-d					1 x 9	1 x 9	1 x 9	Interview function, small meetings
Toilet - Public	wcpu-3-d					2 x 3	2 x 3	2 x 3	
Staff Areas (Restricted)									
Office- Single Person	off-s9-d off-s12-d					1 x 9	1 x 12	1 x 12	Director
Office - Workstation	off-ws-d					2 x 5.5	4 x 5.5	6 x 5.5	Qty depends on staffing
Assembly/Preparation	aspr-20-d similar					1 x 10	1 x 20	1 x 30	
Bay-Handwashing Type B	bhws-b-d					3 x 1	4 x 1	5 x 1	Unit entrance and corridor recesses,
Cleaners Room	clrm-6-d					1 x 6	1 x 6	1 x 6	Include cupboard for dry goods
Cool Room	corm-d						2 x 10	2 x 10	Optional, or refrigerators and freezers
Manufacture Room	prep-d similar					1 x 18	2 x 12	3 x 12	Based on 3m ² per person
Store-Bulk	stbk-20-d					1 x 40	1 x 100	1 x 150	May include pallets
Bed Bay	pbtr-rs1-12-d similar					1 x 12	1 x 12	1 x 12	Bed bays for Hajima Pre-op/ Post-op. Qty to be determined by service plan
Store-Files	stfs-10-d similar					1 x 8	1 x 10	1 x 20	Collocate with Ward Clerk
Store-General	stgn-8-d similar					1 x 6	1 x 8	1 x 10	Size as required
Massage Room	NS					1 x 10	1 x 10	1 x 10	Optional
Sauna	NS					1 x 9	1 x 9	1 x 9	Optional
Shower	shst-3-d					1 x 3	1 x 3	1 x 3	Optional
Toilet – Accessible	wcac-d					1 x 6	1 x 6	1 x 6	Optional
Treatment Room	trmt-14-d					1 x 14	1 x 14	1 x 14	Optional
Store-Ingredients	stbk-20-d similar					1 x 5	1 x 10	1 x 10	If required by the service modality



ROOM/ SPACE	Standard Component Room Codes					RDL 4 Qty x m ²	RDL 5 Qty x m ²	RDL 6 Qty x m ²	Remarks
Store-Photocopy/Stationary	stps-8-d					1 x 8	1 x 8	1 x 8	Collocate with Clerk
Store-Refrigeration	bmeq-4-d similar					1 x 6	1 x 6	1 x 6	Bay with fridges
Meeting Room-Large	meet-l-15-d meet-l-30-d similar					1 x 15	1 x 20	1 x 25	
Property Bay-Staff	prop-3-d					2 x 3	3 x 3	4 x 3	For quantity of staff per shift
Staff Room	srn-15-d similar					2 x 15	2 x 20	2 x 20	Unit-specific space, with beverage bay
Toilet-Staff	wcst-d					2 x 3	4 x 3	4 x 3	
Consult/ Exam Room	cons-d					1 x 13	1 x 13	1 x 13	Optional
Shared Areas									
Waiting	wait-10-d similar					2 x 5	2 x 10	2 x 10	Separate male/female areas
Treatment Room/Spaces	trmt-d					1 x 14	1 x 14	1 x 14	For specialist units or shared. Optional
Preparation Room	prep-d similar					1 x 12	1 x 12	1 x 12	Optional
Clean-up/ Sterilisation Room	clup-p-d					1 x 12	1 x 12	1 x 12	For reusable appliances
Sub Total						326	480	595	
Circulation %						32	32	32	
Area Total						430.3	633.6	785.4	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit



8 Further Reading

In addition to Sections referenced in this FPU, i.e. **Part C - Access, Mobility, OH&S** and **Part D - Infection Control** and **Part E - Engineering Services**, readers may find the following helpful:

- DHA (Ministry of Health – UAE), Unified Healthcare Professional Qualification Requirements, 2017, website:
<https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=2K19llpB6jc%3d&tabid=927>
- International Health Facility Guideline (iHFG), Part B - Health Facility Briefing & Design, refer to website: www.healthdesign.com.au/ihfg
- National Cancer Institute (US). 'Recommendations for use of CAM' 2014. Retrieved from website: http://www.cancer.gov/cancertopics/cam_2014
- National Center for Complementary and Alternative Medicine (NCCAM) (US) 2014 for general research information. Retrieved from website: http://nccam.nih.gov/research/results_2014
- Refer to DHA website for local licensing requirements www.dha.gov.ae
- The Facility Guidelines Institute (US). 'Guidelines for Design and Construction of Hospitals' 2018 Edition. Retrieved from website: www.fgiguilines.org
- The Facility Guidelines Institute (US). 'Guidelines for Design and Construction of Outpatient Facilities' 2018 Edition. Retrieved from website: www.fgiguilines.org