1.0 Introduction

This document, consisting of several volumes and their respective appendices, represents the Health Authority of Abu Dhabi’s (hereafter referred to as HAAD) minimum requirements for the Design and Construction of various types of Health Facilities and for the prequalification of Design Consultants.

Throughout this document, the requirements set out are referred to as the “Health Facility Guidelines”, “Guidelines” or “these Guidelines”. They may also be abbreviated as “HFG” or “HAAD-HFG”.

The Guidelines consist of several volumes, as outlined below:

- Part A - Administrative Provisions
- Part B - Health Facility Briefing & Design
- Part C - Access, Mobility, OH&S
- Part D - Infection Control
- Part E - Engineering
- Part F - Feasibility Planning and Costing Guidelines

Part A - Administrative Provisions outlines the licensing process for Health Facilities and the prequalification process for Design Consultants. Part A basically sets out the different processes whereas Parts B to F cover the design and service definitions and requirements for fully compliant Health Facilities. Part A includes:

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

Part B - Health Facility Briefing & Design includes all Architectural and Health Facility Planning Guidelines including:

- Masterplanning and Health Planning
- Role Delineation Level Guide (RDL)
- Individual Functional Planning Units (FPU’s)
- Required Rooms and Areas by RDL and FPU
- Functional Relationships
- Typical Room Layout Sheets (RLS) for Standard Components
- Room Data Sheets (RDS) for Standard Components

Part C - Access, Mobility, OH&S includes the over-riding requirements for Access, Mobility, OHS and Security which include such considerations as corridor widths, slip resistance of floors, need for natural light, ergonomic guides and other safety requirements. These are focused on health projects unlike other generalised standards and guidelines such as those used for disability access or fire evacuation. Where there is a conflict with other standards, the most onerous standard will need to be adhered to.

Part D - Infection Control incorporates the requirements for infection control. Having a separate section for these features prevents the need to re-state these requirements many times, in the context of each department.

Part E - Engineering focuses on the engineering systems and environmental settings such as Temperature range, humidity control, air changes per hour, size and type of lifts, acceptable methods of hot water reticulation, ESD (Ecologically Sustainable Development) etc.

Part F – Feasibility Planning and Costing Guidelines focuses on the processes required in the
pre-design period to ensure a viable, achievable and sustainable business. This includes the preparation of a competent Feasibility Study taking into account the demand for the proposed healthcare services, the existing supply and therefore the service gap. Other key elements of the Feasibility Plan are described including the Human Resource (HR) Planning, Recurrent and Capital Costing. Furthermore this section provides a guide for the health services which may be permissible or restricted. The services are categorised as Centralised, Regional and Standard. Certain restrictions apply to Centralised and Regional services.
1.1 The Purpose of the Guidelines

These Guidelines do not represent the ideal or best standards; neither do they cover management practices beyond the influence of design. 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 Care Facilities
- Determine the basis for the approval and licensing of hospitals
- 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 practices
- Eliminate duplication and confusion between various Standards and Guidelines

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

These Guidelines have been compiled for HAAD. Many existing International Guidelines have been referenced in these Guidelines, especially in Part E. However, the specific and unique requirements of HAAD are clearly set out and these will over-ride any other Guidelines.

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

1.2 Disclaimer

Although the quality of design and construction has a major impact on the quality of 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.

HAAD 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 the Guidelines remains solely with the applicant. Any design and construction non-compliances identified during or after the approval process, may need to be rectified at the sole discretion of HAAD at the expense of the applicant.

Therefore, HAAD, 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.

Some deliverables of the application process described under these Guidelines requires the submission of a Feasibility Plan, Costing and a demonstration of the capacity to fund the proposed projects. Any approval of health facility applications under these guidelines does not imply that HAAD, its officers and the authors of these Guidelines endorse or guarantee the applicant’s business mode or financial capacity.

Compliance with these Guidelines does not imply that the facility will automatically qualify for accreditation. Accreditation is primarily concerned with hospital management and patient care practices, although the design and construction standard of the facility is certainly a consideration.
1.3 HAAD HFG Updates

HAAD Health Facility Guidelines may be updated from time to time for a number of reasons including, but not limited to the following:
- Minor error correction
- Additional FPU’s
- Additional Standard Components
- Revisions due to HAAD policy changes
- Revisions to meet current Models of Care and Technology
- Approved suggestions from the health sector or other Authorities.

The latest changes will be reflected on the HAAD HFG website. HAAD HFG version numbers will be changed to reflect the changes.

Whole number changes indicate major or numerous changes. These will typically occur once a year and will be notified in a manner deemed appropriate by HAAD eg Version 3 to Version 4.

Decimal number changes reflect minor changes which will only be shown on the website with the label NEW in red against the download link.

Users of the HAAD HFG’s are expected to check the website frequently to ensure that they use the latest version.

1.3.1 This Update

This update is version 3.3 dated April 2014.

The following have been added or changed in this issue:
- Modified: This Part (A) now includes the requirements for Service Definition.
- Added: Appendix 15 – Pro-forma for the proposed Service Lines and DRG’s
- Added: Part F Feasibility and Costing Guidelines

1.4 Compliance of Existing Facilities

From time to time, at its sole discretion, HAAD may require existing facilities which are not subject to a licensing application to comply with HAAD HFG’s in part or as a whole. Directions for such compliance may be given as a general health sector direction or on a facility-specific basis.

Inspections of existing facilities, for any reason may also trigger an order for compliance. Such orders will indicate the required timeframe for compliance.

Voluntary minor or progressive upgrades to existing facilities which change or contradict any of the requirements of HAAD HFG or the use of the facility will require an application to HAAD showing the full extent of work proposed and the timeframe for completion.

If the proposed changes for any reason or purpose affect no more than 50% of the area of each FPU, the full requirements of HAAD HFG will apply only to the portions of those FPU’s being modified in aggregate.

Should the proposed changes for any reason or purpose affect more than 50% of the area of each FPU, then the full requirements of HAAD HFG will apply to the whole of the relevant FPU’s. In other words, more than 50% change to an FPU will trigger the automatic requirement to fully comply across the whole of that FPU.
Furthermore if a change to one FPU has the effect of upgrading its current RDL, then according to the HAAD HFG RDL Guide, this may require changes to other FPU's. For example, if the RDL for an Operating Unit is upgraded from RDL 4 to 5, the RDL Guide should be consulted to determine the required RDL for the Intensive Care Unit.

1.5 Changes during Construction

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

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

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

Any valid Changes to previous HAAD approvals or interpretations of HAAD HFG’s affecting individual facilities will be issued by the HAAD formally and in writing.