

International Health Facility Guidelines



Health Facility Registration Form

Purpose:

All Health Facilities are required to be licensed. The registration is the first step to obtaining a license and describes the type and size of the facility, the type(s) of health services provided, an approximate construction cost, etc. On satisfactory completion of this process the applicant will be given an 'Approval in Principle – Registration' (AIP-R) certificate.

Process to Lodge this Registration Form:

Fill out this form on screen including selecting the appropriate boxes – print – lodge without signature online – the owner is to sign the printed copy and include it in the Health Facility Registration Submission. By return email, the Local Health Authority may confirm the date and time when the submission can be lodged at the office.

Section 1 – General Information		
'AIP-R Approval Number⁽¹⁾:	For Office Use Only	
Type of Application⁽²⁾:	<input type="checkbox"/> New License	<input type="checkbox"/> Change to Existing License
	<input type="checkbox"/> Change Facility Location	<input type="checkbox"/> Other
Project: Name:		
Location/Address:		
Legal Plot Number:		
Size (Gross Floor Area in m ²):		
Type of Building⁽³⁾:	<input type="checkbox"/> Dedicated Building	<input type="checkbox"/> Commercial Building
	<input type="checkbox"/> Villa	<input type="checkbox"/> Flat / Suite
Land Availability⁽⁴⁾:	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Expected Date of:	Starting the Project on Site:	Commissioning the Facility:
Total Project Cost:	Item	Value (AED)
	Construction Cost	-----
	Medical Equipment Cost	-----
	Furniture and Office Equipment Cost	-----
	Vehicle and Transportation Equipment Cost	-----
	Working Capital	-----
	Pre-Operation Cost	-----
	First Year Operating Cost	-----
	Total Investment	-----
Applicant⁽⁵⁾: Company Name:		
Name and Surname Executive:		
Role Executive:		
Business Address:		
Business Phone Number:		
Business Email:		
Date the Health Facility Registration Submission will be ready: ⁽⁶⁾		

(1) This is the Type of Application which the applicant is seeking to be licensed.

(2) This is the Type of Building in which the Facility will be located.

(3) This applies to Hospitals only.

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

(5) This is the date the Submission will be ready for submission. THE LOCAL HEALTH AUTHORITY will advise a date on which the Submission can be lodged.

Section 2 – Type of Facility

Type of Facility⁽⁷⁾: <i>(Fill in the selected Facility)</i>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Day Procedure Centre
	<input type="checkbox"/> Rehabilitation Centre	<input type="checkbox"/> Diagnostic Centre
	<input type="checkbox"/> Clinic	<input type="checkbox"/> Mobile Health Unit
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other

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

Section 3 - Hospitals

Functional Planning Units (FPU's)⁽⁸⁾: <i>(Select the FPU's from below to be included in the Facility)</i>	Hospital								
	Teaching and Research Hospital	General Hospital	Maternity Hospital	Specialist Paediatric Hospital	Specialist Cancer Care Hospital	Specialist Rehab Hospital	Specialist Mental Health Hospital	Nursing Home	Dementia Care Centre
Administration Unit									
Admission Unit									
Adult Mental Health Inpatient Unit									
Ambulatory Care Unit									
Catering Unit									
Child & Adolescent Mental Health Unit									
Cleaning and Housekeeping Unit									
Clinical Information Unit									
Community Health Unit									
Day Surgery Procedure Unit									
Emergency Unit									
Engineering & Maintenance Unit									
Hospital Morgue									
Inpatient Accommodation Unit									
Intensive Care Unit – General									
IVF Unit									
Linen Handling Unit									
Main Entrance Unit									
Medical Imaging Unit – General									
Nuclear Medicine Unit									
Obstetrics Unit									
Operating Unit									
Oral Health									
Pathology									
Pharmacy	<i>Refer Section 7 below</i>								
Public & Staff Amenities Unit									
Radiation Oncology Unit									
Rehab- Allied Health Unit									
Sterile Supply Unit									
Supply Unit									
Waste Management									

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

Section 4 – Day Procedure Centres

Functional Planning Units (FPU's) ⁽⁸⁾ : (Select the FPU's from below to be included in the Facility)	Day Procedure Centre									
	Day Surgery Hospital	Specialist Dental Surgery Centre	Specialist Eye Surgery Centre	Specialist Orthopaedic Centre	Specialist Plastic Surgery Centre	Specialist Radiotherapy Centre	Specialist Chemotherapy Centre	Specialist Dialysis Centre	Specialist Invasive Imaging Centre	
Administration Unit										
Admission Unit										
Cleaning & Housekeeping Unit										
Clinical Information Unit										
Day Surgery Procedure Unit										
Engineering & Maintenance Unit										
IVF Unit										
Linen Handling Unit										
Main Entrance Unit										
Medical Imaging Unit – General										
Nuclear Medicine Unit										
Obstetrics Unit										
Operating Unit										
Oral Health Unit										
Pathology Unit										
Pharmacy Unit	<i>Refer Section 7 below</i>									
Public & Staff Amenities Unit										
Radiation Oncology Unit										
Sterile Supply Unit										
Supply Unit										
Waste Management Unit										

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

Section 5 – Diagnostic Centres

Functional Planning Units (FPU's) ⁽⁸⁾ : (Select the FPU's from below to be included in the Facility)	Diagnostic Centre			
	Medical Imaging Centre	Nuclear Medicine Centre	Phlebotomy Centre	General Diagnostic Centre
Administration Unit				
Cleaning & Housekeeping Unit				
Clinical Information Unit				
Engineering & Maintenance Unit				
Main Entrance Unit				
Medical Imaging Unit – General				
Nuclear Medicine Unit				
Radiation Oncology Unit				
Pathology Unit				
Waste Management Unit				

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

Section 6 – Rehabilitation Centres

Functional Planning Units (FPU's) ⁽⁸⁾ : (Select the FPU's from below to be included in the Facility)	Rehabilitation Centre			
	General or Group Practice Primary Health Centre	General and Specialised Clinic – Medical Polyclinic – School Clinic	General and Specialised Dental Clinic – Dental Polyclinic	Community Health Centre
Administration Unit				
Cleaning & Housekeeping Unit				
Clinical Information Unit				
Rehab- Allied Health Unit				
Waste Management Unit				

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

Section 7 – Pharmaceutical Facilities

Functional Planning Units (FPU's) ⁽⁹⁾ : (Select the FPU from below to be included in the Facility)	Pharmacies		
	24 Hour Pharmacy	Inpatient	Outpatient
Pharmacy Unit			

(9) This refers to stand alone facilities only. Pharmaceutical Facilities which are included within other facility types are to be in the selected FPU's for that facility.

Section 8 – Mobile Units

Functional Planning Units (FPU's): (Select the FPU from below to be included in the Facility)	Mobile Unit	
	One - Speciality Unit	Multi - Speciality Unit
Mobile Unit		

Section 9 – Role Delineation Levels – RDL's

The applicant must select the services to be provided in the facility by selecting the FPU's in the above sections together with the appropriate RDL's for those services in the following section. The RDL's below set out the most common health services defined under each RDL under each category the requirements are stated.

Once both the FPU's and the RDL's are selected the facility requirements can be determined and verified by THE LOCAL HEALTH AUTHORITY.

For detailed information on RDL's, definitions and abbreviations refer Part B – Health Facility Brief and Design, Section 2.

Role Delineation Levels (RDL's): <i>(Select the RDL for the services to be provided)</i>	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
General						
Cardiology						
Endocrinology						
Geriatric						
Neurology						
Renal – General						
Renal – Dialysis						
Oncology						
Radiation Oncology						
Respiratory						
Palliative Care						
Gastroenterology						
Surgical Services						
General						
ENT						
Gynaecology						
Ophthalmology						
Orthopaedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency / Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics						
Paediatrics Services						
Paediatrics						
Neonatology						
Rehabilitation Services						
Rehabilitation						
Continuing Care Services						
Community Assessment						

Role Delineation Levels (RDL's): <i>(Select the RDL for the services to be provided)</i>	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Prevention and Promotion Services						
Environmental Health ▪ Health protection including food, air, water, radiation, pharmaceutical, pesticides, mosquito borne diseases						
Communicable Disease Control ▪ Includes food and water borne diseases, vaccination programs, STI's, BBV's and indigenous diseases						
Child and Community Health ▪ Community Health Services, School Health Services, Child Health Services, Child Development Services						
Indigenous Health						
Health Promotion ▪ Primary prevention including lifestyle diseases and injury prevention						
Breast Screen						
Screening & Assessment						
Cervical ▪ Health promotion, screening awareness, maintain cervical cytology register						
Genomics ▪ Education, research						
Primary Care Services						
GP Based Community Nursing						
Ambulatory Care Services						
Surgical						
Medical						
Rehabilitation						
Continuing Care						
Paediatrics						
Obstetrics						
Child & Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Mental Health Promotion & Illness Prevention						
Emergency Services (Hospital Based)						
Inpatient Services						
Community Clinical Based Services						
Day Therapy Services (Hospital Based)						
Community Non Clinical Support Programs						
Intermediate Care						
Mental Health Services						
Forensic						

Role Delineation Levels (RDL's): <i>(Select the RDL for the services to be provided)</i>	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Maternal						
Neurological						
Alcohol & Drug						
Other Eating Disorder						
<i>Clinical Support Services</i>						
Pathology						
Radiology						
Pharmacy						
ICU / HDU						
Paediatric ICU						
CCU						
Anaesthetics						
Operating Theatres						
Training & Research						

I,, hereby certify or affirm that:

Applicant Name and Surname *Title of Applicant*

The information provided in this application is complete and accurate;

1. All official documents required by THE LOCAL HEALTH AUTHORITY are enclosed;
2. Upon approval of Step 1 – Registration (as setout in Part A – Health Facility Brief and Design), Step 2 – Schematic Submission of the Approval Process must be lodged in full to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY within **twelve (12) months** of the date of approval of Step 1;
3. In the case of land being reserved by THE LOCAL HEALTH AUTHORITY, Step 2 – Schematic Submission of the Approval Process must be lodged in full to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY within **six (6) months** of the date of THE LOCAL HEALTH AUTHORITY’s reservation of the land;
4. In the case of Step 2 – Schematic Submission not being lodged within the time limit specified in item 3 above (12 months), the application will become void and a new application shall be required to be lodged commencing with Step 1 – Registration as setout in Part A – Health Facility Brief and Design;
5. If required, the validity of the Step 1 – Registration can be extended for a further 12 months, by special application to the Health Licensing Department of THE LOCAL HEALTH AUTHORITY prior to expiry of the 12 months period.
6. As a result of final inspection of the facility by THE LOCAL HEALTH AUTHORITY’s Health Audit Team ensuring compliance with all of the relevant Guidelines and conditions of approval, the Health Licensing Department will deliver the final license to commission the facility.
7. Note: For Inpatient Pharmacies:
The facility must apply for a separate license.

I acknowledge and attest the facility:

- a. Medical professional staff qualifications will meet the THE LOCAL HEALTH AUTHORITY PRO;
- b. Will deploy and maintain THE LOCAL HEALTH AUTHORITY’s healthcare quality standards;
- c. Will comply with THE LOCAL HEALTH AUTHORITY’s policies, rules and regulations;
- d. Will implement best recognised healthcare practices to manage health information, patient and staff safety, quality improvement from all perspectives; and
- e. Will provide the Health Licensing Department of THE LOCAL HEALTH AUTHORITY monthly and yearly statistical reports upon facility commissioning.

Owner’s Name, Signature and Date:

Name:
Signature:
Date:



The International Health Facility Guidelines recommends the use of HFBS “Health Facility Briefing System” to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

HFBS Health Facility Briefing System



Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

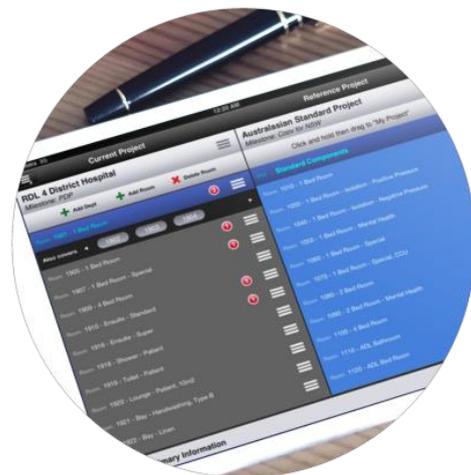
Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the iHFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more...

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the iHFG website, signup for HFBS using the link below.

Get Started Now:
hfbs.healthdesign.com.au

- ✓ iHFG Room Data Sheets and Departments are instantly editable in the HFBS software available online.
- ✓ You can access hundreds of report templates to print your iHFG room data in HFBS.
- ✓ HFBS has a onetime free 3 day trial available to all new users.

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HFBS

Health Facility Briefing System

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