2 Approval Process for Health Facilities

1 Introduction

Purpose

The purpose of the Approval Process for Health Facilities is to ensure all Health Facilities within the local Health Authority are designed and constructed to a minimum acceptable standard. This will maintain the public confidence in the quality of Health Facilities approved, inspected and licensed by the local Health Authority.

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 The Approval Process

The Approval Process - A Five Step Process Integrated within the General Building Approval Process

The Approval Process consists of the following 5 steps, as illustrated in this section:

- STEP 1 - Registration of the Health Facility
- STEP 2 - Schematic Design Submission
- STEP 3 - Detailed Design Submission
- STEP 4 - 90% Completion Inspection
- STEP 5 - 100% Completion Inspection

New Health Facilities and Existing Health Facilities Undergoing Changes

The Approval Process not only applies to Health Facilities yet to be developed, existing Health Facilities undergoing changes are also required to follow the process. Although already registered and licensed, when existing Health Facilities make changes to their infrastructure and/or scope of service, the local Health Authority will assess whether there could be any adverse impacts on the quality and safety of patient care. Types of changes could be:

- Changing the scope of the facility's service – reductions or expansions of scope; changing the type of service provided;
- Changing the infrastructure of the facility – reductions or expansions in area; refurbishing existing area or
- Any combination of the above.

Owners/Operators are therefore required to register any changes in the scope of service and/or changes to the existing Health Facility's infrastructure. The local Health Authority will assess on a case by case basis, which steps of the Approval Process which will apply to existing projects lodged for registration.

New Health Facilities Undergoing Design Changes while going through the Approval Process

Should Owners/Operators implement design changes whilst proceeding through the Approval Process, the portion that remains unchanged may proceed with the current process whereas the changed portion should be documented and re-lodged for Registration with the local Health Authority. These changes will be treated in the same way as changes to an existing Health

Facility - the local Health Authority will assess on a case by case basis and advise which steps of the Approval Process will apply to the changes re-lodged for registration.

The Approval Process and its Integration in the General Building Approval Process

The Health Facility Approval Process is integrated and part of the General Building Approval Process. The exact timing of the different submissions to the local Health Authority should be adhered to and pre-requisites for the submissions are therefore in place.

The General Building Approval Process is governed by the Urban Planning Council and by the different Municipalities operating in the local Health Authority.

Refer to pages 7-8 for the typical General Building Approval Process diagram and how the Approval Process for Health Facilities is integrated and sequenced within.

Design Changes Requested by the Municipality or Other Authorities giving Approval after the Approval in Principle – Detailed (AIP-D) was Issued.

It is the Owner/Operator's obligation and responsibility to notify the local Health Authority of any changes requested by the Municipality and other authorities after issue of AIP-D. The Owner/ Operator should be aware that significant changes requested by the Municipality or other authorities not reported to the local Health Authority will risk future penalties such as denial of 'License to Operate' certificate post completion.

3 STEP 1 – Registration

Purpose

All Health Facilities in the local Health Authorities are required to be licensed. The registration is the first step to obtain a license and describes the type and size of the facility, the type(s) of health services provided, an approximate construction cost, etc.

Process

- The Owner/Operator is to register the Health Facility by lodging the Health Facility Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged by hand to the local Health Authority office.
- If approved, the "Approval in Principle – Registration" (AIP-R) granted by the local Health Authority remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 2 of the Approval Process for Health Facilities is to be initiated.
- If required, the validity of the AIP-R can be extended for a further twelve (12) months, by special application prior to the expiry of the twelve (12) months period, allowing the Owner/Operator to finalise the design.
- If not approved, the Registration needs to be re-lodged within twelve (12) months.

Considerations

- Should the Owner/Operator let the AIP-R expire, the registration process is to be re-initiated.
- Only two (2) registration attempts will be permitted per project.

Deliverables

- Health Facility Registration Form to be lodged online.
- Signed copy of the Health Facility Registration Form to be lodged at the local Health Authority office.

4 STEP 2 – Schematic Submission

Purpose

To allow the local Health Authority to identify major design anomalies or errors prior to detailed development of the Health Facility, a first submission of the documentation is expected at Schematic Design level. An approval will also be a pre-requisite for an approval by the Urban Planning Council.

Process

- The Owner/Operator is to register the submission by lodging the Schematic Submission Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when are where the submission can be lodged.
- The Owner/Operator is to prepare an Architectural Submission only - all the required documents in compliance with the deliverables as described on the Deliverables for Schematic Submission. The documents are then lodged in both hard copy and soft copy, at the local Health Authority office.
- The submission is checked for completeness by the receiving the local Health Authority official. Incomplete or non-complying submissions will be rejected.
- The local Health Authority then will review the submission against the Standards and Guidelines.
- If approved, the "Approval in Principle – Schematic" (AIP-S) will be granted together with an Assessment Report listing all non-compliances to be rectified. The AIP-S remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 3 of the Approval Process for Health Facilities is to be initiated.
- If required, the validity of the AIP-S can be extended for a further twelve (12) months, by special application prior to expiry of the twelve (12) months period, allowing the Owner/Operator to finalise the design.
- If not approved, the Schematic Submission is to be re-lodged within three (3) months.

Considerations

- Should the Owner/Operator let the AIP-S expire, the Schematic Submission process is to be re-initiated.
- Only two (2) Schematic Submissions will be permitted for the same project or the Registration will be revoked.
- For Standards and Guidelines to adhere to, refer to Standards and Guidelines on pages 13 and 14.

Deliverables

- Applications must include drawings and other documents to represent the proposed design. These documents must be in compliance with the Deliverables for Schematic Submission to simplify and speed up the process of evaluation.
- Incomplete submissions or submissions that do not follow the prescribed format may be rejected.
- Deliver:
  - Schematic Submission Registration Form to be lodged online
  - Signed copy of the Schematic Submission Registration Form
  - Signed copy of the Deliverables for Schematic Submission
  - Architectural Schematic Design drawings and reports as indicated on the Deliverables for Schematic Submission

5 STEP 3 – Detailed Submission

Purpose

To allow the local Health Authority to identify detailed design anomalies or errors prior to construction of the Health Facility, a second submission of the documentation is expected at Detailed Design level. An approval will also be a pre-requisite for an approval by the governing Municipality

Process

- The Owner/Operator is to register the submission by lodging the Detailed Submission Registration Form online. The Registration Form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.
- The Owner/Operator is to prepare a submission both containing Architectural and MEP Engineering documentation - all the required documents in compliance with the deliverables as described on the Deliverables for Detailed Submission. The documents are then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed registration form.
- The submission is checked for completeness by the receiving official. Incomplete or non-complying submissions will be rejected.
- The local Health Authority then will review the submission against the Standards and Guidelines and against the Assessment Report of the Schematic Design submission.
- If approved, the "Approval in Principle – Detailed" (AIP-D) will be granted together with an Assessment Report listing all non-compliances to be rectified. The AIP-D remains valid for twelve (12) months, during which the General Building Approval Process can be continued and during which Step 4 needs to be initiated.
- If required, the validity of the AIP-D can be extended for a further twelve (12) months or longer (to be agreed with the local Health Authority and depending on the size of the project), by special application prior to the expiry of the twelve (12) months period, allowing the Owner/Operator to reach the 90% completion level.
- If not approved, and the number and severity of non compliances are considered acceptable (at the sole discretion of the local Health Authority), an Assessment Report listing all non-compliances to be rectified is issued to the applicant with the request to:
  - Re-lodge only those portions of the submission that require redesign, within 3 months.
  - Provide answers/solutions to all outstanding non compliances in the Assessment Report.
- If this re-lodgment is approved, the AIP-D will be granted together with a revised Assessment Report listing all non-compliances to be rectified. The process then continues as described above.
- If the re-lodgment is still not approved, an Assessment Report listing all non-compliances to be rectified is issued to the applicant with the request to reinitiate Step 3 within 6 months. Only three (3) Detailed Submissions will be allowed for the same project or the Registration will be revoked.

Considerations

- Should the Owner/Operator let the AIP-D expire, the detailed submission process is to be re-initiated.
- Only three (3) Schematic Submissions will be permitted for the same project or the Registration will be revoked.
- For standards and guidelines to adhere to, refer to Standards and Guidelines in this section.

Deliverables

- Applications must include drawings and other documents to represent the proposed design.

These documents must be in compliance with the Deliverables for Detailed Submission to simplify and speed up the process of evaluation.

- Incomplete submissions or submissions that do not follow the prescribed format may be rejected.
- Deliver:
  - Detailed Submission Registration Form to be lodged online
  - Signed copy of the Detailed Submission Registration Form
  - Signed copy of the Deliverables for Detailed Submission
  - Detailed Design drawings and reports as indicated on the Deliverables for Detailed Submission

6 STEP 4 – 90% Completion Inspection

Purpose

To allow the local Health Authority to identify construction anomalies or errors and to verify outstanding non compliances from Step 3 are implemented, a 90% Completion Inspection is expected during construction.

Process

- The Owner/Operator is to request the inspection by lodging the Request for Inspection Form online, at least four (4) weeks prior to the inspection. The registration form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.
- The Owner/Operator is to prepare an Architectural and an MEP Engineering Progress Report, listing all outstanding non compliances from Step 3 and their answers–solutions–status–progress on site – using the format of the Assessment Report (unchanged). The Report is then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed Request for Inspection Form.
- The local Health Authority then will review the Progress Reports and advise when the inspection will take place.
- The local Health Authority then will inspect the facility and note comments on the Report.
- The Report is returned to the Owner/Operator requiring modifications where required.

Deliverables

- Request for Inspection Form to be lodged online.
- Signed copy of the Request for Inspection form to be lodged to the local Health Authority office, together with the Progress Report.

7 STEP 5 – 100% Completion Inspection

Purpose

To allow the local Health Authority to identify construction anomalies or errors and to verify outstanding non compliances from Steps 3 and 4 are implemented, a 100% Completion Inspection is expected at the end of construction and prior to any occupation.

Process

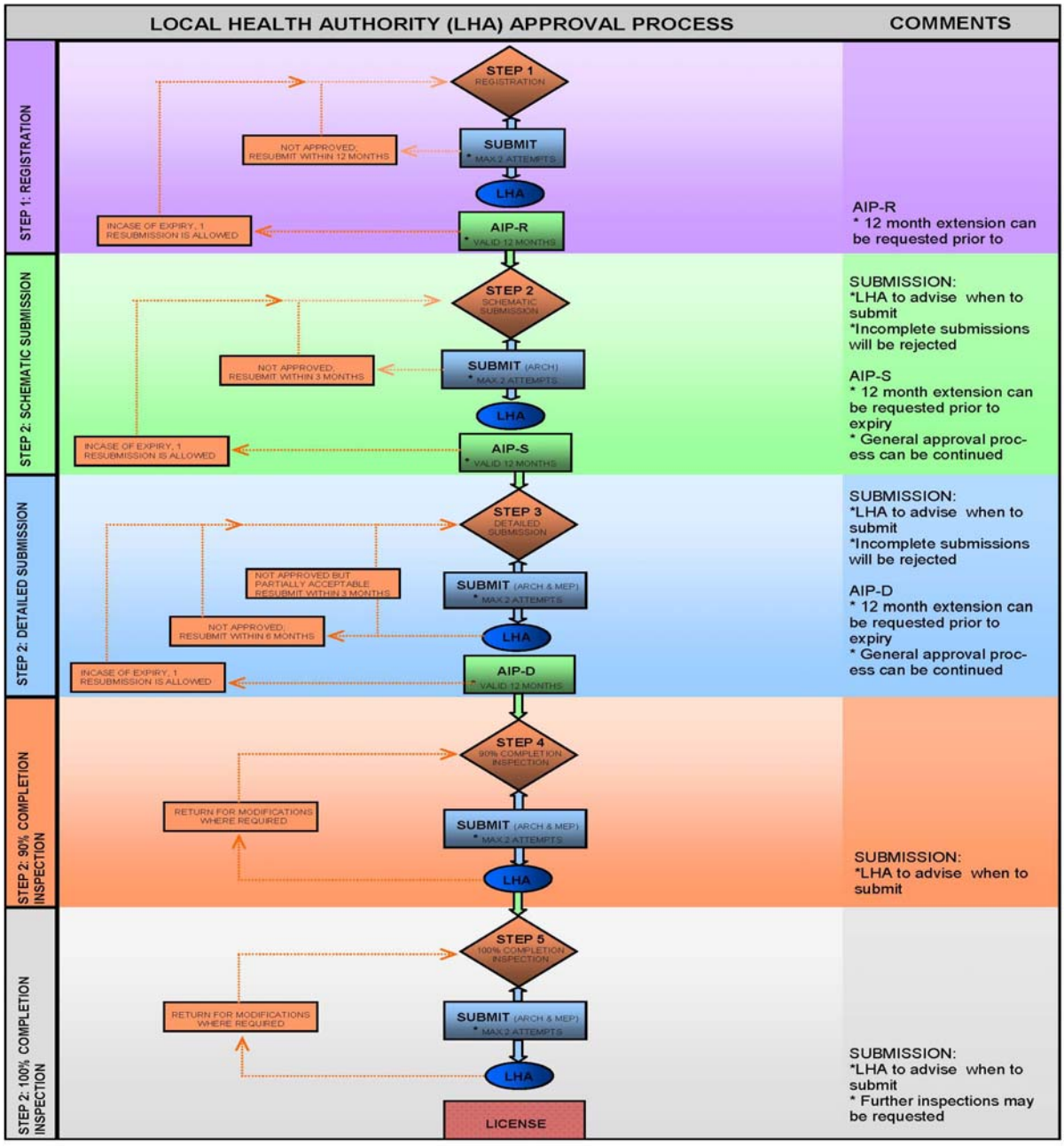
- The Owner/Operator is to request the inspection by lodging the Request for Inspection Form online, at least four (4) weeks prior to the inspection. The registration form is then to be printed, signed by the Owner/Operator and a hard copy lodged with the submission. The local Health Authority will advise by return email when and where the submission can be lodged.

- The Owner/Operator is to prepare an Architectural and an MEP Engineering Progress Report, listing all outstanding non compliances from Steps 3 and 4 and their answers and solutions – using the format of the Assessment Report (unchanged). The Report is then lodged in both hard copy and soft copy, at the local Health Authority office, together with the signed Request for Inspection Form.
- The local Health Authority then will review the Progress Report and advise when the inspection will take place.
- The local Health Authority then will inspect the facility and note comments (if any) on the Report.
- The Report is returned to the Owner/Operator requesting modifications where required.
- Further inspections may be imposed by the local Health Authority, as required, until all issues are resolved to their satisfaction.

Deliverables

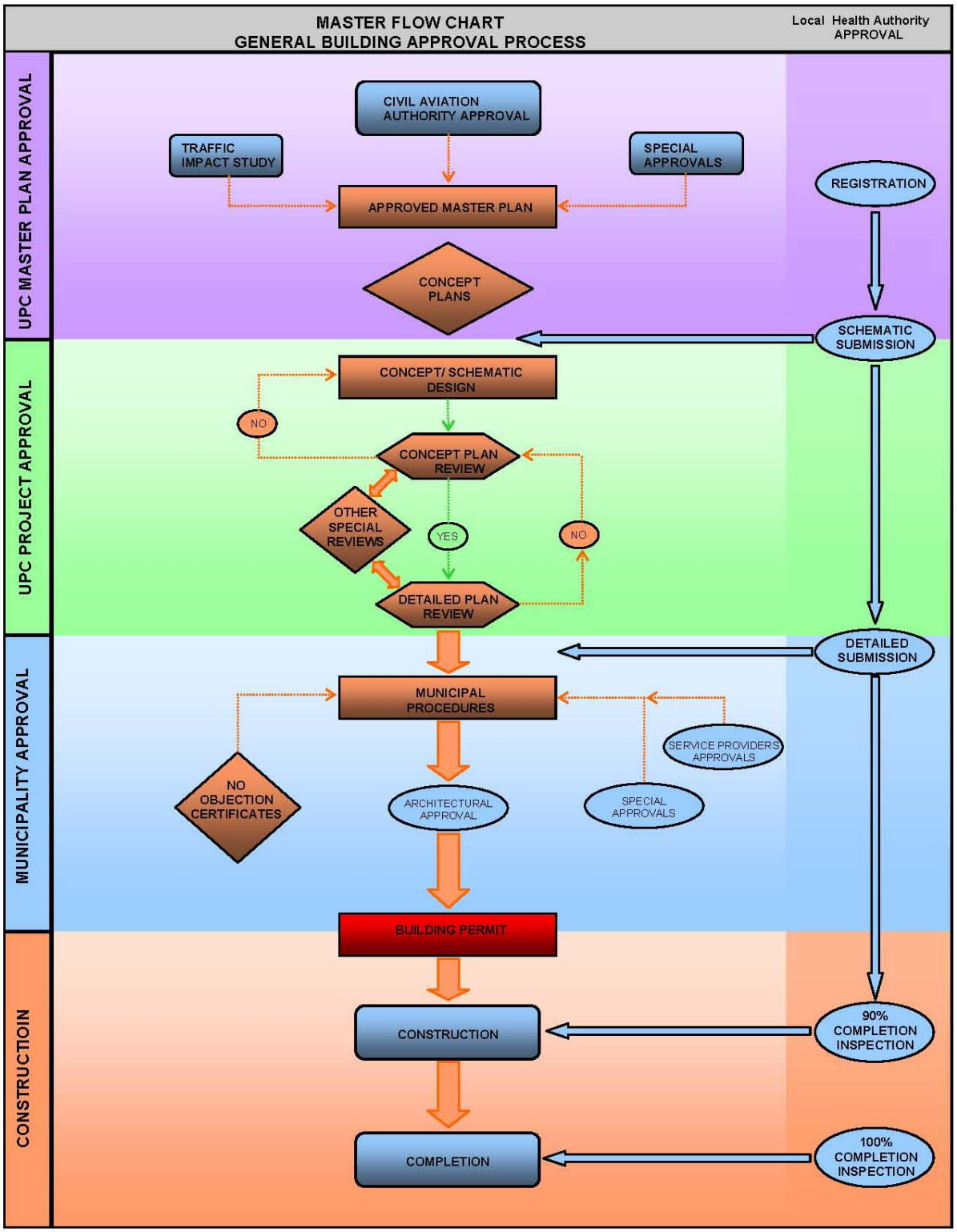
- Request for Inspection Form to be lodged online.
- Signed copy of the Request for Inspection Form to be lodged to the local Health Authority office, together with the signed Progress Report.

8 General Building Approval Process Flow Chart



NOTE: MAXIMUM SUBMISSION ATTEMPTS INCLUDE ALL RESUBMISSIONS INCLUDING"NOT APPROVED", "NOT APPROVED BUT ACCEPTABLE" & "APPROVAL EXPIRED"

9 General Building Approval Process Master Flow Chart



10 Standards and Guidelines

Standards and Guidelines for the Architectural Discipline

All Health Facilities in the local Health Authority are to be designed to the Standards and Guidelines as set out in the table below. Projects lodged with the local Health Authority for review will be tested for compliance against the "Health Facility Guidelines" and the "Americans with Disabilities Act 1994". The compliance with the remaining Standards and Guidelines in the table will not be tested by the local Health Authority considering their compliance falls under another authority's jurisdiction (Municipality and Civil Defence)

Standards and Guidelines applying to the Architectural Discipline	
1	International Health Facility Guidelines - Part B to D
2	Americans with Disabilities Act 1994
3	National Fire Protection Standards for Health Care Facilities
4	Civil Defence Authority Manuals
In situations where compliance with the Standards and Guidelines has not been achieved or is impractical, the non-compliance is to be highlighted to the local Health Authority. Reasons for such non-compliance and an alternative solution are to be put forward for consideration. The local Health Authority (at its sole discretion), may accept alternative solutions or compliance with other internationally recognised Standards and Guidelines offered by the applicant.	

These Standards and Guidelines are listed here for information as compliance with these standards and guidelines is expected and required.

Standards and Guidelines for the MEP Engineering Discipline

Standards and Guidelines for the MEP Engineering Discipline	
1	International Health Facility Guidelines – Part E
2	ASHRAE (American Society of Heating, refrigerating and Air-conditioning Engineers) - Inc. HVAC Design Handbook
3	ARI (Air-Conditioning and Refrigeration Institute)
4	CIBSE (Chartered Institution of Building Services Engineers)
5	IOP (Institute of Plumbing) - Plumbing Engineering Services Design Guide
6	ASPE (American Society of Plumbing Engineers) Design handbook
7	IPC (International Plumbing Code)
8	AWWA (American Water Works Association)
9	ASTM (American Society for Testing and Materials)
10	NFPA (National Fire Protection Association)
11	UL (Underwriters' Laboratories, Inc.)
12	HTM 02 (Health Technical Memorandum 02) Medical Gas Design Guide – Part 1 and 2
13	RSB (Regulation and Supervision Bureau)
14	Plumbing Code of Qatar
15	Fire Code of Qatar
16	Local Health Authority Water & Electricity Authority Guidelines
17	Local Health Authority Sewerage Services Authority Guidelines

Standards and Guidelines for the MEP Engineering Discipline	
18	Wiring Regulations for Electrical Installations (IEE 17th Edition), published by the Institution of Engineering and Technology (BS 7671)
19	CIBSE Design Guides A, D, E, F, H, K & L
20	Wiring Regulations for Electrical Installations (IEE 17th Edition), published by the Institution of Engineering and Technology (BS 7671)
21	BS 5266 and NFPA 70 - Emergency Lighting
22	BS 5839(p8)- Voice Alarm System in Buildings
23	BSEN 60849 - Sound Systems For emergency purposes
24	BS EN62305:2006 - Protection of structures Against Lightning
25	BS 7430 and BS7671 – Earthing
26	NFPA 72 – National fire alarm code
27	NFPA 101 – Life safety code
In situations where compliance with the Standards and Guidelines has not been achieved or is impractical, the non-compliance is to be highlighted to the local Health Authority. Reasons for such non-compliance and an alternative solution are to be put forward for consideration. The local Health Authority (at its sole discretion), may accept alternative solutions or compliance with other internationally recognised Standards and Guidelines offered by the applicant.	

iHFG

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.

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