

1.0 Introduction

The purpose of these Guidelines is to inform health design by presenting the minimum requirements for design of health facilities and setting benchmarks for quality. It is intended that as guidelines and standards are constantly reviewed in line with changes in health service delivery and technology, the outcome will be improved health infrastructure and services, lower mortality and morbidity rates.

These Guidelines incorporate Indian Public Health Standards (IPHS) that have been developed for a vast network of peripheral public health institutions covering rural and regional areas, states and territories. IPHS standards, developed in 2007 and revised in 2012 have been used as the reference point for public health care infrastructure planning and up-gradation in the States and Territories in India.

Throughout this document, the requirements set out are referred to as the “Guidelines” or “these Guidelines”.

The RFHHA would like to acknowledge the collaborative partnership shared with Total Alliance Health Partners International during the development of these Guidelines.

1.1 Existing IPHS Guidelines

Indian Public Health Standards (IPHS) are a set of endorsed uniform standards describing a level of quality that the health care organizations are expected to meet or aspire to achieve with the aim of:

- improving the quality of health care delivery in the country
- acting as benchmarks
- assisting with monitoring and improving the functioning of the health facilities.

The IPHS Guidelines consist of the following volumes:

1.1.1 *Guidelines for Sub-Centres*

Sub-Centres are the lowest rung of a referral pyramid of health facilities consisting of the Sub-centres, Primary Health Centres, Community Health Centres, Sub-Divisional/Sub-District Hospitals and District Hospitals.

In the public sector, the Sub-Centre is the most peripheral and first point of contact between the community and the primary health care system, providing primary health care to the population with an important role in the implementation of various Health & Family Welfare programmes at the grass-root level. Services are largely preventive and promotive, but also include a basic level of curative care and national health programmes.

1.1.2 *Guidelines for Primary Health Centres*

Primary Health Centres (PHC) are the cornerstone of public sector rural health services - a first port of call in rural areas to a qualified doctor for the sick and those who are referred from Sub-Centres for curative, preventive and promotive health care. It acts as a referral unit for a group of Sub-Centres and refers cases to Community Health Centres (CHCs-30 bedded hospital) and higher order public hospitals at sub-district and district hospitals.

A typical Primary Health Centre covers a population of 20,000 in hilly, tribal or difficult areas and 30,000 population in other areas. A PHC provides a 24-hour service, will undertake minor selected surgery, includes basic laboratory services and has 4-6 indoor beds for patients.

Services include medical care, outpatients, 24 hour emergency services, maternal and child health care consisting of family planning, antenatal, postnatal and newborn care as well as



school health – screenings, immunisations, health promotions and prevention of disease.

1.1.3 Guidelines for Community Health Centres

The Community Health Centres (CHC) constitute the secondary level of health care and provide referral as well as specialist health care to the rural population, each serving a group of four Primary Health Centres. The CHC is a 30-bedded hospital, acting as a gatekeeper for referrals to higher level facilities.

Essential services include outpatient, inpatient and emergency care in Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, Dental and AyUSH medicine in addition to all the National Health Programmes. The CHC will provide a laboratory service.

1.1.4 Guidelines for Sub-District/Sub-Divisional Hospitals (31 to 100 Bedded)

Sub-district (Sub-divisional) hospitals are below the district and above the CHC hospitals, acting as First Referral Units for the population in which they are geographically located. The Sub-District hospital forms an important link between the Sub-Centre, PHC and CHC on one end and District Hospitals on other end. They have an important role to play in providing emergency obstetrics care and neonatal care and to assist in reducing maternal and infant mortality. A subdivision hospital serves a population of approximately 500,000 to -600,000.

In addition to the basic speciality services, the Sub-District hospital will provide Newborn Care (Newborn Care Corner and Newborn Stabilization Unit), Post Partum Unit, Family Planning, Psychiatric services, Physical Medicine and Rehabilitation services, Geriatric services, Accident and trauma services, immunisation and contain an Integrated Counselling and testing Centre.

1.1.5 Guidelines for District Hospitals (101 to 500 Bedded)

The District Hospital is a hospital at the secondary referral level responsible for a defined geographical area and population. Its objective is to provide high quality, comprehensive secondary health care services to the district. Every district is expected to have a district hospital. As the population of a district is variable, the hospital sizes also vary from 75 to 500 beds and are graded according to the following scale:

- Grade I: District hospitals for 500 beds
- Grade II: District Hospital for 400 beds
- Grade III: District hospitals for 300 beds
- Grade IV: District hospitals for 200 beds
- Grade V: District hospitals for 100 beds.

Services provided include all basic speciality services and some super-specialty services, epidemic and disaster management. The hospital should provide facilities for skill based training for different levels of health care workers.

1.2 Structure of the Guidelines

The Guidelines consist of several volumes as outlined below.

1.2.1 Part A - Administrative Provisions

This section outlines the process for Health Facilities and the prequalification process for Design Consultants.

- Suggestive Approval Process – The five step suggestive 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.

The complete text of the existing IPHS Guidelines is included in the following volumes:

- Part A1: Guidelines for Sub-Centres
- Part A2: Guidelines for Primary Health Centres
- Part A3: Guidelines for Community Health Centres
- Part A4: Guidelines for Sub-District/Sub-Divisional Hospitals (31 to 100 Bedded)
- Part A5: Guidelines for District Hospitals (101 to 500 Bedded)

The remainder of the document, Parts B to E consisting of several volumes and their respective appendices, represents the International Health Facility Guidelines minimum requirements for the Design and Construction of various types of Health Facilities and provide the design tools to design fully compliant Health Facilities

1.2.2 Part B - Health Facility Briefing and Planning

This section includes all Architectural and Health Facility Planning Guidelines including:

- 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

1.2.3 Part C - Access, Mobility, OHS and Security

Part C 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.

1.2.4 Part D - Infection Prevention and Control

This section 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.

1.2.5 Part E - Building Services and Environmental Design

Part E 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 etc.

1.3 Future Guidelines

It is anticipated that over time as sections of the Guidelines are reviewed, the Indian Public Health Standards (IPHS) will be fully integrated into the relevant parts of these guidelines to form a comprehensive, fully integrated document.

Full integration of IPHS will include a transition from the existing classification of hospitals by bed numbers or type of service (e.g. Sub-Centre) to the description by Role Delineation,



where health facilities are categorized by the level of service they provide, irrespective of size. Health facilities and individual Units are graded from level 1 to level 6, level 1 representing uncomplicated health facilities, ascending to level 6 representing complex specialist services.

This rating will more accurately address specialist services provided in small or rural facilities. Refer to the Role Delineation Guide in Part B for a complete description of each category.

Until the IPHS Guidelines are fully integrated, they will be available as volumes A1 to A5.

1.4 The Objectives 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 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; and
- 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 IHFG (International Health Facility Guidelines). Many existing International Guidelines have been referenced in these Guidelines, especially in Part E. However, the specific and unique requirements of the local Health Authority 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.

1.5 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. The local 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 the Guidelines remains solely with the applicant.

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

Therefore, the local 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.



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 consideration.



The Indian 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 HFG India standard rooms, departments, and more than 40 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 HFG 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 HFG website, signup for HFBS using the link below.

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