

MINISTRY OF HEALTH MALAYSIA

H A N D B O O K

ON SETTING UP OF *PRIVATE HOSPITALS* IN MALAYSIA

Submission Process & Harmonisation
of Technical Requirements

Private Medical Practice Control Section (CKAPS),
Medical Practice Division
July 2019

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Ministry of Health Malaysia

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PRODUCTIVITY AND REGULATION

Productivity is the only driver of income growth that is unlimited, as opposed to resource exploitation or increase in population and labour force participation, each of which faces natural limits. The potential for productivity growth to generate higher income for Malaysians makes it a natural and important consideration for decision makers. As such the continuing need to stimulate productivity rightly remains at the forefront of government policies. Regulation is the lifeblood of a modern, well-functioning economy.

Almost all regulations have the potential to impact on productivity, either through the incentives which they provide to businesses to change operating and investment decisions, or more directly through their impacts on compliance costs. It is inconceivable to think of a modern economy functioning without regulation. However, poor regulation can cause frustration and unintended consequences, or simply add red tape that adds nothing useful to the economy, society or the environment.

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FOREWORD FROM

MINISTER OF HEALTH MALAYSIA

Firstly, I would like to applaud everyone involved in contributing towards the successful completion of this **“Handbook on Setting Up of Private Hospitals in Malaysia: Submission Process and Harmonisation of Technical Requirements”**.

We, at the Ministry of Health (MOH), acknowledge that there were challenges faced by businesses in complying with the different technical requirements in their process of setting up a new private hospital. Therefore, it is crucial to streamline and harmonize the relevant regulatory requirements across the ministry and multiple agencies, and also other relevant stakeholders in improving the efficiency of process.

We also acknowledge that in the course of harmonizing and streamlining the different requirements in the existing policies, we cannot be working alone. Getting feedback through consultations and collaborating with relevant stakeholders are important to ensure that all stakeholders' concerns are included and thought thoroughly, eliminating duplications for better productivity and weighing socio-economic benefits.

The establishment of the Private Healthcare Productivity Nexus (PHPN) that is led by the industry, presently championed by YBhg. Dato' Dr. Jacob Thomas, has provided us with a great platform for collaborating with multiple stakeholders across the private healthcare subsector.

This handbook was drafted through numerous series of meetings and discussions, consultations with regulators and business operators and technical operators; and MOH, through its Private Medical Practice Control Section (CKAPS), Medical Practice Division, has been and will continue to be committed in working closely with the Technical Working Group (TWG) members who are directly involved in enhancing the approval process of setting up new private hospital developments.



This handbook is intended to serve as a guidance to facilitate businesses in their efforts to comply with the technical requirements for setting up a new private hospital. The list of harmonized requirements, procedures and/or guidelines outlined in this handbook are to be used as reference and information for all stakeholders in both public and private sector – regulators, operators, technical professionals, and other interested parties.

I would like to offer my sincere appreciation to PHPN for leading the members of the Technical Working Group (TWG) toward the successful completion of this handbook, not forgetting the Secretariat team from the Malaysia Productivity Corporation (MPC), who have undertaken an active role in coordinating and facilitating the whole journey in coming up with this handbook and also other initiatives under the Private Healthcare Productivity Nexus.

On behalf of MOH, I sincerely hope that this handbook will advance further as a ground for continuous improvement in future.

Once again, I thank everyone involved in coming up with this handbook.

YB DATO' SERI DR HJ DZULKEFLY AHMAD

FOREWORD FROM

CHAMPION, PRIVATE HEALTHCARE PRODUCTIVITY NEXUS

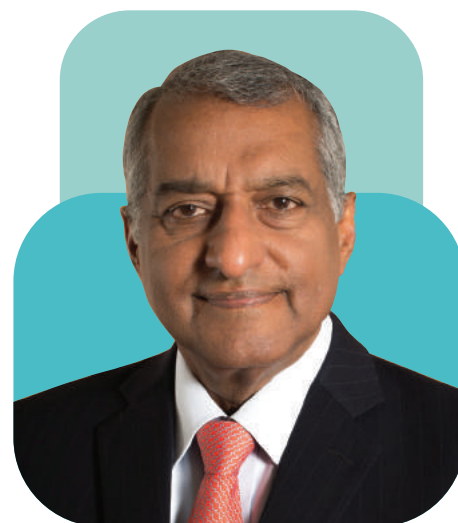
It is a great pleasure for me to witness that the team has finally accomplished the task of coming up with this **“Handbook on Setting Up of New Private Hospitals in Malaysia: Submission Process and Harmonisation of Technical Requirements”**.

The Private Healthcare Productivity Nexus (PHPN) which was established under the Malaysia Productivity Blueprint (MPB) has provided us with an invaluable opportunity and platform to deliberate on the issues that have been “bothering” the private healthcare sector for a certain period of time.

Although we want to run very fast, we acknowledge that certain changes could not happen overnight, especially when the complexity of things involve many players or stakeholders and jurisdictions. Failure in regulatory coordination between agencies in the process of establishment and licensing of private healthcare facilities (private hospital) has adversely affected the private healthcare providers in doing business.

With the completion of this handbook, we envisioned that the concerns and confusions caused by the differences in the technical requirements in setting up of a new private hospital are cleared (by streamlining certain set of regulations through the harmonisation of technical requirements). This will assist the private healthcare facilities providers in understanding the requirements needed thus cutting the unnecessary compliance cost.

As the Champion of PHPN, I realise that sometimes, we need to take one thing at a time – but ultimately, we strive to ensure that the work we do shall contribute positively toward our nation's economic growth. This handbook ticks-off one of the initiatives on regulatory focus area under the PHPN. However, our work will not stop here. The work of PHPN shall continue in improving efficiency of process of setting up private hospitals.



A lot of efforts have been put into completing this handbook and one of the biggest accomplishments that has been achieved is when both public and private sectors are able to sit in a room to discuss on improvements that would be beneficial to both parties, which would ultimately, contribute to enhance productivity and economic growth of the healthcare subsector.

I would like to personally thank each and every one who has contributed, in particular technical representatives from both private and public sectors such as Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), MOH Engineering Department, BOMBA, Local Authorities (PBT), KPKT, DBKL, Association of Private Hospitals Malaysia, medical planners, architects, engineers, surveyors and of course not forgetting the MPC team too.

I look forward to working together to deliver the strategies and action plans to enable us to face the challenges towards enhancing the industry growth and productivity, keeping Malaysia competitive!

My heartiest congratulations to all!

YBHG. DATO' DR. JACOB THOMAS

FOREWORD FROM

DIRECTOR GENERAL OF MALAYSIA PRODUCTIVITY CORPORATION



The Government places importance on productivity as a game changer for economic growth and recognises that the way forward would be for various institutions to collaborate and work together to deliver the strategies and action plans to enable us to face the challenges ahead and keep Malaysia competitive and productive in the long run.

The establishment of Malaysia Productivity Blueprint's Private Healthcare Productivity Nexus (PHPN) that is being championed by the industry serves as a basis for Public-Private Collaboration to drive multi-stakeholder initiatives to increase healthcare subsector's productivity. This **Handbook on Setting Up of Private Hospitals in Malaysia: Submission Process and Harmonisation of Technical Requirements** is one of the initiatives under the PHPN.

The Technical Working Group (TWG), which consists of technical representatives from both, private and public sector, namely regulators, agencies, private hospital operators, Association of Private Hospital, professionals (architects, engineers, medical planners, surveyors) and other concerned parties had carried out various engagements through series of workshops to identify the issues of concern relating to regulations imposed in the process of setting up of private hospitals.

From these issues and applying the principles of good regulatory practices, the team then formulated feasible options and recommendations for further deliberation. The recommendations made by the team went through a public consultation session before the drafting of this handbook was finalised.

The handbook comes with a two-pronged strategy – while it is envisaged that it will facilitate businesses to complete and comply with the technical requirements, this handbook will also help ease certain unnecessary regulatory burdens caused by the differences in the technical requirements, which more often than not, caused confusions to the businesses.

As we are living in an era of digitalisation, I believe that this handbook will evolve, and the team may make continuous improvement as and when the need arises.

On behalf of Malaysia Productivity Corporation (MPC), I would like to convey our heartiest appreciation to all who have invested their time and efforts in accomplishing this handbook.

Let us continue working together in achieving our nation's productivity agenda!

YBHG. DATO' MOHD RAZALI HUSSAIN

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INTRODUCTION

This handbook focuses on providing guidelines for the application, construction and operation of new private hospitals. It serves as a reference to hospital developers, investors (local and foreign), technical consultants, officers of relevant regulatory bodies and license providers while maintaining current regulatory / statutory requirements.

In building and operating a private hospital in Malaysia, it is mandatory for all developers and investors to comply with the Malaysian By-laws. Other than complying with the local authority requirement, it is also compulsory to adhere to Private Healthcare Facilities & Services Act 1998 [Act 586] which is governed by Ministry of Health (MoH), under the purview of Private Medical Practice Control Section (Cawangan Kawalan Amalan Perubatan Swasta – CKAPS).

Under Act 586, "private hospital" means any premises, other than a Government hospital or institution, used or intended to be used for the reception, lodging, treatment and care of persons who require medical treatment or suffer from any disease or who require dental treatment that requires hospitalisation. The Act places utmost importance on patients' safety.

Generally, buildings in Malaysia are deemed fit for occupation subject to completion and compliance of the buildings according to local authorities' requirements and service connected by the service providers. However, private healthcare facilities require an additional set of approvals from MoH, which ultimately issue the operating license for these hospitals.

A series of eight (8) processes has been identified and streamlined to facilitate the industry. Due to the involvement of various regulatory bodies, the following relevant Acts and Guidelines should be referred to in achieving statutory compliance:

1. Act 586;
2. Uniform Building By-Laws 1984;
3. Fire Safety Requirement;
4. Other Code of Practises and Malaysian Standard (MS), including MS1183:1990 (Specification for Fire Precautions in the Design and Construction of Buildings), MS1184:1991 (Code of Practice on Access for Disabled Persons to Public Buildings) and MS1331:1993 (Code of Practice for Access of Disabled Persons Outside Buildings).

These acts and regulations must be read in tandem with the requirements set by MoH to comply with the specific requirements as a private hospital.

Although design innovations is encouraged, applicants must ensure patients' safety standards are met. For the purpose of understanding the differences in interpretation of certain requirements, the handbook has provided illustrations to clarify measurement methodology. Part of the handbook's objectives is to eliminate design features that do not conform with the requirement as well as minimizing differences between Acts, Standards and Guidelines.

► **PROCESSES
OF SETTING UP
PRIVATE HOSPITALS**

1.1 EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 1	Process 2	Process 3	Process 4	Process 5	Process 6	Process 7	Process 8
Gather Technical Information from: • Local Council (Local Plan Zoning, etc)	Submission of Development Order to: • Local Council	Notify to Start Construction Work to: • Local Council • Architect Board • Sewerage Service Provider	Receive Interim Inspections from: • Local Council • Department of Occupational Safety & Health (JKKP)	Receive Final Inspections from: • (Phase 1) Local Council • (Phase 2) Department of Occupational Safety & Health (JKKP)	Compliance of G1 - G21 Deposit Certificate of Compliance and Completion to: • Local Council • Architect Board	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)
Submissions of (approval for Pre-Establishment Application) to CKAPS • Functional Planning Unit (FPU) Processing Fee **	Approval of Development Order	Submissions of Private Hospital's Plan to CKAPS - (Borang 1) • Building Plans	Receive Interim Inspections from: • Electricity Supply Provider • Water Supply Provider • Sewerage Service Providers	Receive Final Inspections from: • (Phase 1) Electricity Supply Provider • (Phase 2) Sewerage Service Provider	Issuance Of C.C.C. (Borang F) • CF Autoclave by JKKP • Atomic energy license by MOH	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)
Gathering Technical Information from: • SKMM • Electricity Supply Provider • Water Supply Providers	Provisional Approval	Submissions of Autoclave Requirements • Radiation Design MOH	Issuance of Borang 2	Receive Final Inspections from: • (Phase 1) Electricity Supply Provider • (Phase 2) Sewerage Service Provider	Issuance Of C.C.C. (Borang F) • CF Autoclave by JKKP • Atomic energy license by MOH	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)
Gathering Land Information from Land Office	Submission of Building Plan Approval to Local Council	Submission of Engineering Plan to Local Council				Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)
No Objection Letter for Pre-Establishment	Full Approval of Building Plan And Engineering Plan					Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)	Submissions of Application for License to Operate or Provide a Private Hospital to CKAPS including Manpower And Facilities Requirements (Borang 3)

Submission to CKAPS

Approval from MoH (through CKAPS)

Processing fee is payable only after the amendment of the Third Schedule of the Regulations, P.U.(A)138/2006.

Submission to Local Council

Submission and Works with Service & Utility Provider

Approval from Local Council/Service & Utility Provider

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 1

Gather Technical Information from:

- **Local Council (Local Plan Zoning, etc)**

Submissions of (approval for Pre-Establishment Application) to CKAPS

- **Functional Planning Unit (FPU)**

Processing Fee **

Gathering Technical Information from:

- SKMM
- Electricity Supply Provider
- Water Supply Providers

Gathering Land Information from Land Office

No Objection Letter for Pre-Establishment

- Consultants should gather all technical information and planning requirement (data gathering) from Local Authority (Pihak Berkuasa Tempatan - PBT) and other Technical Agencies;
- To comply with the check-list as per CKAPS for “Pre-Establishment for Private Hospital” **(Appendix 1)**
- To include the additional drawings and documents submission to CKAPS:
 - 1) Functional Planning Unit (FPU) (Scale 1:200) for every level **(Appendix 2)**; and
 - 2) Schedule of Accommodations (SOA) **(Appendix 3)**
- Upon completion and compliance to all necessary requirements, a “No Objection Letter for Pre-Establishment” **(Appendix 4)** will be issued by Ministry of Health, Malaysia (MoH) within 4 working weeks; with the validity of 12 months.
- Applicant may not have a Registered Medical Practitioner (RMP) with Malaysian Medical Council (MMC) as one of the Board Of Director (BOD) in their company. However they have to ensure they have at least one (1) RMP as BOD when they submit Borang 1. A conditional approval may be given.

** Processing fee is payable only after the amendment of the Third Schedule of the Regulations, P.U.(A)138/2006.

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 2

Submission of **Development Order** to

- Local Council

Approval Development Order

Submit Private Hospital's Plan for MoH - **BORANG 1**

- Building Plans**

- Autoclave Requirements
- Radiation Design MOH

Provisional Approval

Submission of Building Plan Approval to Local Council

Submission of Engineering Plan to Local Council

Full Approval Of Building Plan And Engineering Plan

- Consultants to prepare and submit Planning Permission (Kebenaran Merancang - KM) to obtain Development Order (DO) from respective Local Authority (PBT).
 - New item to be included in PBT's DO Check List: "No Objection Letter" from MoH
 - DO Approval received from Local Authority (PBT)
 - Developer/Operator to fill in and complete Borang 1 as per CKAPS "Checklist on Submission for Borang 1 - Bahagian 1 (Body Corporate)." **(Appendix 5)** together with D.O. Approval Letter and Drawing from Local Authority
 - Consultants to prepare a **Building Plans**, as prescribed in "**UBBL 1984, By-Law 9 (Skala Pelan) & 10 (Pelan-pelan Yang Dikehendaki)**" **(Appendix 6)**
 - Consultants to accommodate and incorporate any radiation requirement into the Detail Design Drawing . i.e. Jabatan Keselamatan Dan Kesihatan Pekerjaan (JKKP) , Bahagian Kawalselia Radiasi Perubatan, MoH (BKRP), MoH
- Building Plans submitted to CKAPS shall comprise the following but not limited to:
- Co-ordinated Drawings from all technical disciplines;
 - All drawings submitted shall be endorsed by Principal Submitting Persons (PSP) and Submitting Persons (SP);
 - Details drawings of Scale 1:50 on Staircase, Corridor, Door Opening, etc to demonstrate the Distance and Spacing compliance.
- CKAPS will review Borang 1 with drawings and documents submitted.
 - Upon all drawings and documentations complete and comply, "Provisional Approval" will be issued by MoH within 4 working weeks from the date of acceptance of complete and compliance of drawings and documents; with the validity of 12 months.
 - Consultants to develop and prepare Building Plan Drawings; Engineering Plans Drawings and submit to Local Authority (PBT) with attachment of Provisional Approval from MoH.
 - New item to be included in PBT's BP Check List: "Provisional Approval Letter " from MoH
 - Local Authority and Technical Agencies will review Building Plan & Engineering Plan.
 - Upon fulfilment of all requirements, PBT will issue Approved Building Plan and Engineering Plan to applicant.

**** Processing Fee to be paid in Money Order or Bank Draft as per calculation stipulated in Checklist Borang 1.**

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 3

Notify to Start Construction Work to

- Local Council
- Architect Board
- Sewerage Service Provider

Submit Private Hospital's Plan Layout for MoH

- **Fully Loaded Drawing**

Processing Fee **

- Upon obtaining Full Building Plan (BP) Approval, Developer can commence construction works by submission of "Borang B (Notice to Start Work)" to PBT.
- Developer/Operator to fill in and complete Borang 1 – Bahagian 2 as per CKAPS "Checklist on Submission for Borang 1 – Bahagian 2 (Body Corporate)." **(Appendix 7)** together with B.P. Approval Letter and Drawing from PBT.
- Consultants to prepare Fully Loaded Drawings **(Appendix 8)** and Mechanical & Electrical (M&E) Drawings and submit to CKAPS as per the approved BP.
- M&E list of drawings and M&E requirements to be compliance as per MoH's Engineering Services Division.

Refer to Tutorial 1:

<http://engineering.moh.gov.my/v4/download.php?i=27>

** Processing Fee is payable only after the amendment of Third Schedule of the Regulations, P.U.(A)138/2006.

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 4

Receive Interim Inspections from:

- Local Council
- Department of Occupational Safety & Health (JKKP)

Receive Interim Inspections from:

- Electricity Supply Provider
- Water Supply Provider
- Sewerage Service Providers

Issuance of Borang 2

- Building construction to follow all guidelines and regulations set by PBT and Technical Agencies.
- Upon receiving completed and complied drawings, MoH to issue "Borang 2" within 4 working weeks **(Appendix 9)**
- Validity of "Borang 2" is for 36 months from the date of issuance.

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 5

Receive Final Inspections from:

- **(Phase 1)**
Local Council
- **(Phase 2)**
Department of Occupational Safety & Health (JKKP)

Receive Final Inspections from:

- **(Phase 1)**
Electricity Supply Provider
Water Supply Provider
- **(Phase 2)**
Sewerage Service Provider

The clearance letters from the following six agencies need to be obtained before the issuance of Certificate of Completion and Compliance (CCC) :

1. The confirmation of electrical supply from TNB.
2. The confirmation of water supply from the relevant water authorities.
3. The confirmation of connection to sewerage treatment plants or mains by the relevant regulators/agencies;
4. The clearance of machinery & lifts and Autoclave from Jabatan Keselamatan & Kesihatan Pekerjaan (JKKP).
5. The clearance for active fire fighting systems from the Fire and Rescue Department of Malaysia.
6. The clearance letter of roads and drainage from PBT/JKR.



EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 6

Compliance of G1 - G21 Deposit Certificate of Compliance and Completion to :

- Local Council
- Architect Board

Issuance Of C.C.C. (Borang F)

- CF Autoclave by JKKP
- Atomic Energy License by MOH

- The Certificate of Completion and Compliance (Borang F) will be issued by Principal Submitting Person (PSP) to confirm that the project for which he/she had obtain building plan approval from a Local Authority, is completed and has met all statutory requirement with regard to health and safety aspect and is ready to be occupied with all essential utilities services connected.
- Copies of the CCC issued to the owner must be submitted to Board of Architects and the Local Authority together with all 21 supporting forms (Form G1 to G21) **(Appendix 10)** signed by relevant Submitting Person of various Professions/Engineering disciplines and Contractors.
- Atomic Energy License needs to be obtained from BKRP.

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 7

Submit Application for License to Operate or Provide a Private Hospital to MoH
(Borang 3)

- Hospital Operator to fill in and complete Borang 3 – Bahagian 1 as per CKAPS “Checklist on Submission for Borang 3 – Bahagian 1 (Body Corporate).” **(Appendix 11)** together with a copy of Borang F/CFC/CCC.
- Applicant to ensure the facility is fully fitted and equipped as per described in “Checklist for Floor Plans and Inspection Visit”

Refer to Tutorial 2:

http://medicalprac.moh.gov.my/v2/modules/mastop_publish/?tac=PELAN_LANTAI_DAN_LAWATAN_PEMERIKSAAN

Provisional Licence – Validity 6 months **

- Upon receiving a complete application, CKAPS will conduct Site Inspection within 2 – 4 weeks.
- Upon compliance with the requirement after inspection, “Clearance Letter of Compliance” to issue to Applicant.

** Processing Fee to be paid in Money Order or Bank Draft as per calculation stipulated in Checklist Borang 3

** Provisional Licence will be issued by MoH for a validity period of 6 months, after the amendment of regulations [P.U.(A)138/2006] . This will replace the “Clearance Letter of Compliance”.

EIGHT PROCESSES OF SETTING UP PRIVATE HOSPITALS

Process 8

Submit Application for License to Operate or Provide a Private Hospital to MoH including Manpower And Facilities Resources Requirements
(Borang 3)

Processing Fee **

ISSUANCE - BORANG 4, License to Operate / Provide a Private Hospital

- Hospital Operator need to submit Application for License to Operate or Provide a Private Hospital within the validity of the Provisional License to Ministry of Health (MOH) with complete documentation of **Manpower And Facilities Resources Requirements; as per stipulated in the CKAPS Checklist Borang 3 – Bahagian 2 (Appendix 12).**

- Upon receiving complete and compliance application, MOH will issue “Letter of Issuance Fee” to Applicant that to be paid in Money Order or Bank Draft only.

- Upon receiving the Issuance Fee, MoH will issue **Borang 4 (Appendix 13)** License to Operate / Provide a Private Hospital.

** Processing fee is payable only after the amendment of the Third Schedule of the Regulations, P.U.(A)138/2006.

1.2 LIST OF APPENDICES AND TUTORIALS

Appendix 1: Checklist for “Application of Pre-Establishment”

SENARAI SEMAK PERMOHONAN ‘PRE-ESTABLISHMENT’ HOSPITAL SWASTA (PERTUBUHAN PERBADANAN)

Nama dan Alamat Premis : _____

Nama & No. Tel Pemohon/Wakil : _____

Mailing Address : _____

BIL	PERKARA	ULASAN
1)	Surat Permohonan yang menjelaskan permohonan kelulusan <i>Pre-Establishment</i>	
2)	Lokasi sebenar untuk penubuhan hospital swasta yang dicadangkan:	
	a) Alamat lengkap bagi tapak yang dicadangkan	
	b) Peta bagi tapak yang dicadangkan	
3)	Justifikasi penubuhan hospital swasta di lokasi yang dicadangkan	
4)	Senarai kesemua hospital kerajaan dan swasta (dengan jumlah bilangan katil) yang terletak dalam lingkungan 30km (dan 50km bagi Sabah dan Sarawak) dari lokasi yang dicadangkan. <i>Sumber maklumat perlu dinyatakan</i>	
5)	Populasi yang dijangkakan (dalam tempoh 3 tahun akan datang) yang terdapat dalam lingkungan 30km (dan 50km bagi Sabah dan Sarawak) dari lokasi yang dicadangkan <i>Sumber maklumat perlu dinyatakan</i>	
6)	Senarai jenis perkhidmatan yang dicadangkan sama ada multidisiplin (seperti Perubatan, Pembedahan Am, Obstetrik & Ginekologi, Pediatrik, Oftalmologi dan sebagainya) atau ‘ <i>niche</i> ’ secara terperinci.	
7)	Senarai kemudahan yang dicadangkan dengan seperti berikut (<i>sekiranya berkaitan</i>):	
	a) Bilangan Katil (termasuk katil <i>ICU/HDU/NICU</i> dan sebagainya)	
	b) Bilangan Bilik Bedah (<i>major/minor</i>) dan <i>cathlab</i> ;	
	c) Bilangan Bilik Bersalin	
	d) <i>Mammogram, MRI, PET Scan, CT Simulator, Linear Accelerator, CT Scan (slices)</i> dan sebagainya	
	e) Kemudahan-kemudahan lain yang berkaitan	
8)	Untuk kemudahan dengan radas berteknologi tinggi (bagi perkhidmatan Onkologi & Radioterapi dan Perubatan Nuklear) seperti Brakiterapi, Linear Accelerator, CT Simulator, PET Scan, PET-CT Scan, SPECT-CT, Cyclotron/Mini Cyclotron, Cyber Knife, Gamma Knife dan sebagainya	
	a) Takat kemudahan kelengkapan berteknologi tinggi tersebut dalam sesuatu kawasan masih belum dipenuhi dengan nisbah 3 radas dalam lingkungan 30km radius (dan 50km radius bagi Sabah & Sarawak) dari lokasi hospital swasta yang dicadangkan	
	b) Bilangan radas berteknologi tinggi sedia ada di hospital swasta dan hospital kerajaan yang terletak dalam lingkungan 30km radius (dan 50km radius di Sabah & Sarawak) dari lokasi hospital swasta yang dicadangkan	
	c) Justifikasi bagi penyediaan radas tersebut di hospital swasta yang dicadangkan	
	d) Cadangan tenaga kerja yang lengkap dan komprehensif selaras dengan kemudahan dan perkhidmatan Onkologi & Radioterapi dan Perubatan Nuklear yang ingin disediakan	

**SENARAI SEMAK PERMOHONAN 'PRE-ESTABLISHMENT' HOSPITAL SWASTA
(PERTUBUHAN PERBADANAN)**

BIL	PERKARA	ULASAN
	(i) Pakar Onkologi Klinikal tetap atau Pakar Perubatan Nuklear tetap bagi menyediakan perkhidmatan dan kemudahan yang berkaitan	
	(ii) Jururawat terlatih dengan kelayakan posbasik berkaitan selaras dengan kapasiti, kemudahan dan perkhidmatan yang dicadangkan	
	(iii) Pegawai profesional jagaan kesihatan lain (Juru X-ray Terapi / Pegawai Radioterapi/ <i>Physicist/ Pharmacist</i> dan sebagainya)	
	(iv) Lain-lain yang berkaitan	
9)	Jumlah Tenaga kerja yang dicadangkan	
	a) Bilangan pakar/sub-kepakaran <i>Kesemua pakar perlu adalah residen bagi setiap perkhidmatan pesakit dalam dan perkhidmatan sokongan yang dicadangkan</i>	
	b) Bilangan jururawat terlatih (memastikan norma kakitangan anggota kejururawatan adalah 45% - JT dan 55% - lain-lain)	
	c) Lain-lain yang berkaitan (perlu disenaraikan)	
	d) Menyatakan sumber tenaga kerja yang dicadangkan akan diperolehi. <i>Contoh: Mendapat tenaga kerja jururawat terlatih daripada kolej kejururawatan tempatan, menarik minat pakar perubatan tempatan yang mempunyai asas pendidikan luar negara untuk pulang bekerja di Malaysia dan sebagainya</i>	
10)	Pelan Tapak (<i>Site Plan</i>) dan Pelan Susunatur (<i>Layout Plan</i>) tidak kurang daripada skala 1:1000 dan menyatakan jenis bangunan yang akan didirikan bagi penubuhan hospital swasta. Bangunan yang dicadangkan sebaik-baiknya bangunan baru "purpose-built" . Perlu memastikan terdapat 5 dedicated entrances seperti berikut:	
	a) Main entrance untuk pesakit/pelawat/orang awam (<i>walk-in</i>)	
	b) Entrance yang mencukupi bagi pesakit <i>with disabilities (wheelchairs / stretchers)</i>	
	c) Kecemasan [<i>critical (ambulan) dan non-critical area</i>]	
	d) Body hold (mortuary)	
	e) Service entrance untuk <i>kitchen, storage, domestic waste dan clinical waste</i>	
	Nota: a) Bangunan pejabat/ sedia ada atau lot kedai tidak dibenarkan kerana bangunan-bangunan tersebut tidak bersesuaian untuk mematuhi peruntukan yang ditetapkan di bawah Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (<i>Hospital Swasta dan Kemudahan Jagaan Kesihatan Swasta Lain</i>) 2006 [P.U. (A) 138/2006]. b) Bagi cadangan hospital swasta yang melebihi 12 aras klinikal atau 48 metre dari aras bawah , perlu disertakan dengan hospital disaster management plan dan pengesahan kestabilan bangunan yang munasabah, praktikal dan komprehensif . Kegagalan pemohon mengemukakan hospital disaster management plan dan pengesahan kestabilan bangunan yang munasabah, praktikal dan komprehensif boleh menyebabkan permohonan tidak akan diproses selanjutnya. c) Sekiranya bangunan hospital swasta yang dicadangkan adalah bangunan multipurpose dengan non-clinical facilities (seperti hotel/residency dan sebagainya), pemohon perlu memastikan kemudahan yang disediakan bagi hospital swasta seperti lif, tangga, 5 dedicated entrances dan sebagainya adalah berasingan dan tidak digunakannya dengan non-clinical facilities tersebut.	
11)	Pelan <i>Functional Planning Unit (FPU)</i> skala 1:200 untuk kesemua tingkat	

**SENARAI SEMAK PERMOHONAN 'PRE-ESTABLISHMENT' HOSPITAL SWASTA
(PERTUBUHAN PERBADANAN)**

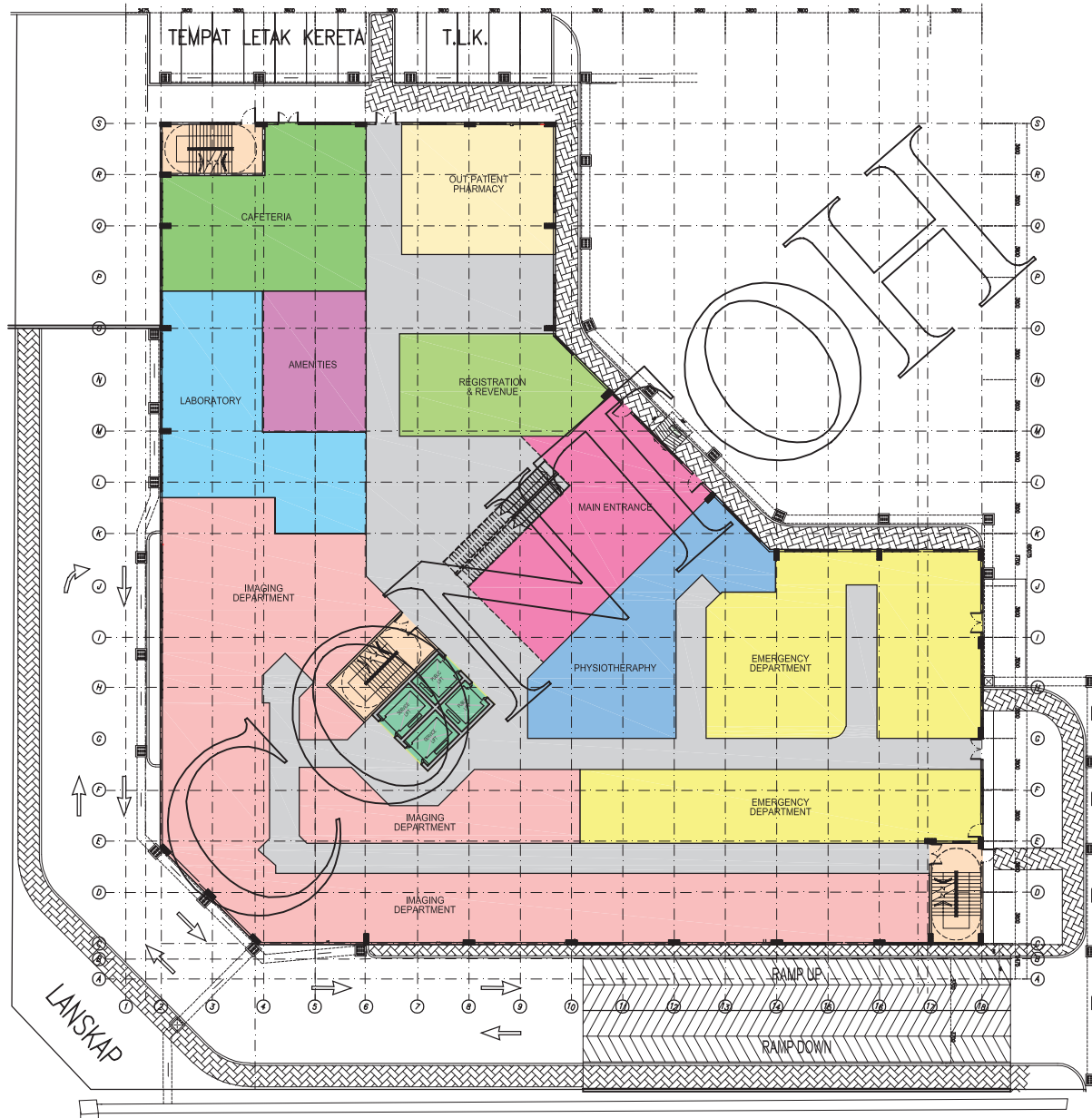
BIL	PERKARA	ULASAN
12)	Jadual Keluasan Lantai untuk setiap tingkat	
13)	Anggaran kos penubuhan hospital swasta yang dicadangkan	
14)	<u>Dokumen konstituen</u> bagi pertubuhan perbadanan (diperakui sah), selaras dengan ketetapan di bawah Seksyen 6, Akta 586:	
	a) Borang 8 atau 9 atau 13, Akta Syarikat 1965 (<i>Perakuan Pemerbadanan Syarikat Sendirian - Perakuan Pendaftaran dengan SSM</i>)	
	b) Borang 24, Akta Syarikat 1965 (<i>Penyata Kewangan Syarikat, jika bukan Borang 8</i>)	
	c) Borang 44, Akta Syarikat 1965 (<i>Alamat Syarikat</i>)	
	d) Borang 49, Akta Syarikat 1965 (<i>Nama Ahli Lembaga Pengarah</i>) (≥1 RMP)	
	e) <i>Memorandum and Articles of Association</i> pertubuhan perbadanan tersebut	
	f) <i>Corporate Information</i> , Akta Syarikat 2016 (sekiranya berkaitan)	
	<i>Nota:</i> a) Penubuhan hospital swasta tidak terbuka untuk penjawat awam b) Penglibatan ekuiti asing untuk penubuhan hospital swasta dibenarkan maksimum 100%. Walau bagaimanapun, Pengamal Perubatan Berdaftar yang disenaraikan sebagai ahli lembaga pengarah dan Orang Yang Bertanggungjawab (OYB) kelak perlu merupakan rakyat Malaysia	

Disemak oleh : _____

Tindakan : Diterima / Dipulang kepada: _____

Tarikh : _____

Appendix 2: Functional Planning Unit (FPU) - Example



LEGEND

	FACILITIES
	LIFT
	WALKWAY
	WASTE HANDLING
	MORTUARY
	HOUSE KEEPING
	ENGINEERING MAINTENANCE
	LAUNDRY / LINEN

Appendix 3: Schedule of Accommodations (SOA) - Example

Overall Summary of Schedule of Accommodations

NAMA PERKHIDMATAN	NAMA JABATAN	AREA IN m2		GROSS AREA IN m2
		NET	AREA IN m2	
1.Out Patient Services	Emergency Department	346.93	104.08	451.01
1.Out Patient Services	Specialist Clinics	906.77	272.03	1,178.80
1.Out Patient Services	Day Care / Surgical Care Unit	208.95	62.69	271.64
1.Out Patient Services	Health Screening Unit	62.61	12.52	75.13
2.In Patient Services	Intensive Care Unit	332.14	99.64	431.78
2.In Patient Services	Medical Surgical Ward (*Applicable For Level 03,04 & 05)	4,705.71	1,411.71	6,117.42
3.Treatment Services	Operating Theatre	927.32	278.20	1,205.52
3.Treatment Services	Labour and Delivery	413.76	124.13	537.91
4.Diagnostic Services	Diagnostic Imaging	470.87	141.26	612.13
4.Diagnostic Services	Diagnostic Laboratory	137.82	41.35	179.17
6.Medical Support Service	Out Patient Pharmacy	188.16	37.63	225.79
6.Medical Support Service	Mortuary / Body Hold	13.95	4.19	18.14
7.Nonmedical Support Services	Laundry / Linen Maintenance	104.88	20.98	125.86
7.Nonmedical Support Services	Engineering Maintenance	79.04	15.81	94.85
7.Nonmedical Support Services	Power Service / House Keeping / Security	184.40	36.88	221.28
7.Nonmedical Support Services	Waste Handling	62.88	12.58	75.46
8.Administration Services	Administration	439.97	87.99	527.96
8.Administration Services	Admission and Revenue	78.68	15.74	94.42
9.Amenity Services	Public Amenities	52.97	10.59	63.56
9.Amenity Services	Cafeteria	136.50	27.30	163.80
10.Engineering Services	Mechanical & Electrical Plant	79.04	-	79.04
11.Main Entrance	Entrance	312.59	-	312.59
Net area				13,063.25
External Circulation; Lifts, Stairs, Corridors, AHU, Raisers etc.,				2,853.28
Gross area for proposed hospital				15,916.53

Departmental Schedule of Accommodations

DEPT : EMERGENCY DEPARTMENT						
KOD BILIK	NAMA BILIK	LUAS	KEMASAN			PENGEDARAN
		(m2)	LANTAI	DINDING	SILING	UDARA
ED-01	Resus Bay 1	13.2				
ED-02	Resus Bay 2	13.2				
ED-03	Security Room	10.29				
ED-04	Treatment Bay 1	6.44				
ED-05	Treatment 2	6.44				
ED-06	Treatment 3	6.44				
ED-07	Treatment 4	6.44				
ED-08	In-Patient Waiting	23.2				
ED-09	Drug Prep	5.55				
ED-10	Recovery Bay 1	6.44				
ED-11	Recovery Bay 2	6.44				
ED-12	Recovery Bay 3	6.44				
ED-13	Recovery Bay 4	6.44				
ED-14	Recovery Bay 5	6.44				
ED-15	Trolley Patient	5.91				
ED-16	Cleaner	3.45				
ED-17	Linen	1.3				
ED-18	Record Room	6.75				
ED-19	Radio Control	19.88				
ED-20	Dispensary Pharmacy	13.99				
ED-21	Triage / Recept	19.88				
ED-22	ED Waiting	29.24				
ED-23	Assessment Room	10.97				
ED-24	Procedure Room	17.9				
ED-25	Assessment Room	13.33				
ED-26	Gymnasium	25.2				
ED-27	Dirty Utility	5.31				
ED-28	Dirty Utility	5.53				
ED-29	Treatment Asthma 1	6.45				
ED-30	Treatment Asthma 2	6.44				
ED-31	Clean Utility	7.52				
ED-32	Toilet	2.99				
ED-33	Nurse Station	21.49				
Net Total		346.93				

Appendix 4 : "No Objection Letter" for application of Pre-Establishment - Example



**KETUA PENGARAH KESIHATAN MALAYSIA
DIRECTOR GENERAL OF HEALTH MALAYSIA**

Kementerian Kesihatan Malaysia
Aras 12, Blok E7, Kompleks E,
Pusat Pentadbiran Kerajaan Persekutuan
62590 PUTRAJAYA

Tel.: 03-8883 2545
Faks: 03-8889 5542
Email: anhisham@moh.gov.my

Rujukan : KKM 87/A2/1-1/0/ [REDACTED]
Tarikh : 29 MAC 2019

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
59100 KUALA LUMPUR

Tuan,

PERMOHONAN KELULUSAN PRA PENUBUHAN HOSPITAL SWASTA -
[REDACTED]

Dengan hormatnya saya merujuk perkara di atas.

2. Setelah permohonan tuan diteliti, Kementerian Kesihatan Malaysia (Kementerian), tiada halangan atas cadangan penubuhan hospital swasta '*purpose built*' untuk menyediakan perkhidmatan multidisiplin dengan kapasiti 200 katil yang beralamat di [REDACTED]

[REDACTED] Walau bagaimanapun, kelulusan pra penubuhan ini adalah tertakluk kepada syarat-syarat seperti berikut -

- 2.1. **kelulusan pra penubuhan tidak boleh ditukar hak milik;**
 - 2.2. pihak tuan perlu mengemukakan permohonan Kelulusan Menubuhkan Atau Menyelenggarakan Hospital Swasta (**Borang 1**) yang lengkap dan fi pemprosesan ke Bahagian Amalan Perubatan dalam tempoh **12 bulan** dari tarikh surat ini; dan
 - 2.3. kelewatan atau kegagalan pihak tuan mengemukakan permohonan lengkap dalam tempoh yang ditetapkan akan menyebabkan pihak tuan dianggap tidak berminat untuk meneruskan permohonan tersebut dan Kementerian boleh mengambil tindakan untuk mempertimbangkan permohonan dari pihak lain.
3. Sehubungan itu, pihak tuan perlu mengemukakan Borang 1 yang lengkap dan fi pemprosesan ke Bahagian Amalan Perubatan dalam tempoh yang ditetapkan untuk proses selanjutnya. Untuk maklumat lanjut, pihak tuan boleh merujuk prosedur permohonan berkaitan Perakuan Kelulusan dan Lesen Bagi Hospital Swasta di laman web Bahagian Amalan Perubatan di <http://medicalprac.moh.gov.my>.

Maklumat terperinci mengenai proses pelesenan hospital swasta adalah seperti yang ditetapkan di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 [Akta 586] dan Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Hospital Swasta dan Kemudahan Jagaan Kesihatan Swasta Lain) 2006 [P.U. (A) 138/2006].

Sekian, terima kasih.

'BERKHIDMAT UNTUK NEGARA'

Saya yang menjalankan amanah,

(DATUK DR. NOOR HISHAM BIN ABDULLAH)

s.k. Timbalan Ketua Pengarah Kesihatan (Perubatan)

Pengarah Kesihatan Negeri [REDACTED]

Appendix 5: Checklist for Submission for “Borang 1 – Bahagian 1” (Body Corporate)

SENARAI SEMAK BORANG 1 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 1

Nama dan Alamat Premis : _____

Nama & No. Tel Pemohon/Wakil : _____

Mailing Address : _____

BIL	PERKARA	ULASAN
1)	Salinan surat tiada halangan bagi kelulusan <i>zoning</i> (yang sah laku) / rujuk rekod <i>zoning</i>	
2)	Borang 1 diisi lengkap (termasuk tarikh, tandatangan dan cop orang yang diberi kuasa)	
3)	Fi pemrosesan dalam bentuk kiriman wang (<i>money order</i>) atau draf bank (<i>bank draft</i>) dibayar atas nama Ketua Setiausaha Kementerian Kesihatan Malaysia mengikut bilangan katil atau seumpamanya (< 25 = RM2000; 25 - 49 = RM2500; 50 - 99 = RM3000; 100 - 199 = RM3500; > 199 = RM4000) (wang tunai atau cek persendirian <u>tidak</u> diterima)	
4)	<u>Surat kuasa asal</u> (bagi orang yang diberi kuasa oleh pertubuhan perbadanan perlu ditandatangani ≥51% ahli lembaga pengarah)	
5)	Salinan kad pengenalan orang yang diberi kuasa (diperakui sah)	
6)	Salinan <u>sijil kelayakan profesional</u> [sijil asas dan sijil kepakaran termasuk Sijil <i>National Specialist Register (NSR)</i> / Surat pewartaan daripada KKM/Hospital Universiti (jika berkaitan)] (diperakui sah) bagi- a) Orang yang diberi kuasa b) Setiap ahli Lembaga Pengarah	
7)	Salinan <u>sijil pendaftaran profesional</u> [pendaftaran penuh & perakuan amalan tahunan semasa (APC)] (diperakui sah) bagi- a) Orang yang diberi kuasa b) Setiap ahli Lembaga Pengarah	
8)	<u>Surat akuan bersumpah asal</u> (tidak disabitkan dengan kesalahan melibatkan fraud atau ketidakjujuran atau bankrup yang belum dilepaskan) bagi- a) Orang yang diberi kuasa b) Setiap ahli Lembaga Pengarah	
9)	<u>Dokumen konstituen</u> bagi pertubuhan perbadanan (diperakui sah): a) Borang 8 atau 9 atau 13, Akta Syarikat 1965 (<i>Perakuan Pemerbadanan Syarikat Sendirian – Perakuan Pendaftaran dengan SSM</i>) b) Borang 24, Akta Syarikat 1965 (<i>Penyata Kewangan Syarikat, jika bukan Borang 8</i>) c) Borang 44, Akta Syarikat 1965 (<i>Alamat Syarikat</i>) d) Borang 49, Akta Syarikat 1965 (<i>Nama Ahli Lembaga Pengarah</i>) (≥1 RMP) e) <i>Memorandum and Articles of Association</i> pertubuhan perbadanan tersebut f) <i>Corporate Information</i> , Akta Syarikat 2016 (sekiranya berkaitan)	
10)	Cadangan komprehensif mengenai pengambilan tenaga kerja	

SENARAI SEMAK BORANG 1 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 1

BIL	PERKARA	ULASAN
11)	Salinan Surat dan Pelan bagi Kelulusan Kebenaran Merancang dari Pihak Berkuasa Tempatan (PBT) (yang sah laku)	
12)	Pelan tapak (<i>site plan</i>)	
13)	Pelan Bangunan mengikut kehendak dalam "UBBL 1984, By-Law 9 (Skala Pelan) & 10 (Pelan-pelan Yang Dikehendaki)"	
	a) 2 set berserta <i>legend</i> yang lengkap	
	b) Semua pelan perlu ditandatangani dan disahkan oleh semua <i>Principal Submitting Persons</i> (PSP) dan <i>Submitting Persons</i> (SP)	
	c) Lukisan Perincian (<i>Detailed Drawings</i>) bagi Tangga, Koridor, Tanjakan, Bukaam Pintu, Lif dan Ketinggian Siling: skala 1:50 (2 set berserta <i>legend</i> yang lengkap)	
14)	Penyata kewangan (anggaran kos penubuhan bagi hospital swasta tersebut)	

Disemak oleh : _____

Tindakan : Diterima / Dipulang kepada: _____

Tarikh : _____

**Appendix 6: UBBL 1984, By-Law 9 (Skala Pelan) & 10
(Pelan-pelan Yang Dikehendaki)**

[Section 8 – 10]

UNIFORM BUILDING BY-LAWS

Scale of plans

- 9. (1)** All plans shall be drawn to the following scales:
- | | | |
|-----|--|---|
| (a) | site plans . . . | not less than 1 = 1000 |
| (b) | key or location plans | any convenient scale |
| (c) | all other general building plans | not less than 1 = 100 except in special cases where the size of the building renders drawings to this scale to be impracticable to accommodate within the limitations of paper sizes or when the drawings are of unwieldly dimensions, the local authority may use its discretion to permit plans to be submitted to a smaller scale but in no case shall the scale be less than 1 = 200. |
| (d) | sketch plans for approval in principle | not less than 1 = 200 |
- (2) Notwithstanding paragraph (1), all plans may be drawn in International System of Units.

Plans required

- 10. (1)** All plans in respect of any building shall, unless inapplicable, contain the following:
- (a) A site plan showing –
- the site of the proposed building lot together with the number of the lot and the section number;
 - the means of access to the site from the street and the name of the street;
 - the distance from the centre and side of roadway distinctly

[Section 10]

UNIFORM BUILDING BY-LAWS

- (iv) where required by the local authority the dimensions of the lot;
 - (v) the complete line of surface water and foul water drainage and the point of discharge of the proposed drains;
 - (vi) the scale, North point and the numbers of adjoining lots or buildings;
 - (vii) the dimensions of clearances between the proposed building and the boundaries;
 - (viii) all lines of proposed adjustments of land or buildings for street, river or drainage improvements and such like where applicable showing the width of such new street or proposed new street and its connection with the nearest public street;
 - (ix) existing and proposed ground level of the site.
- (b) A floor plan of each floor except when other floors are repetitive or are identical floors, containing the following information:
- (i) figured dimensions of the lengths and breadths of the building and rooms and thickness of walls thereof;
 - (ii) figured dimensions of all door and window openings, the clear day-light area of air-wells, back areas and open spaces of the building;
 - (iii) figured dimensions between walls, piers and stanchions on the foundation plan of the building;
 - (iv) lines of permanent drainage of the site with arrows indicating the direction of flow, the drains into which they will discharge and their sizes;
 - (v) the names and uses of rooms.
- (c) Cross, longitudinal and other sections to clearly delineate the construction of the building and showing –
- (i) the existing ground level and proposed new ground level if the level of the site is to be raised or lowered;

[Section 10 – 12]

UNIFORM BUILDING BY-LAWS

- (iii) the width and depth of foundations and thickness of walls, partitions and floors thereof;
 - (iv) the height of storeys, staircases, doors, windows and ventilating openings thereof;
 - (v) the sizes, position and direction of floor joists and beams and the construction of the roof thereof; and
 - (vi) the materials to be used in the construction of the structure.
- Front, rear and side elevations showing –
- (i) the levels of adjoining footways, verandah-ways, roads and the levels of the proposed counterparts;
 - (ii) part elevations of existing adjoining buildings showing their floor levels, main coping, parapets and verandah heights;
 - (iii) the materials proposed for the walls, windows and roof, if applicable and visible.

(2) The qualified person or owner or occupier as the cases may be shall provide the local authority with such further information as the local authority may require.

(3) All plans shall either be in clear indelible prints or drawn in black with differences of material shown in distinct colours and all existing structures in neutral tints.

16. The local authority may, if it deems fit, exempt any person from any or all of the requirements of paragraph (1) of this rule. 16

10. (1) Whereunder the provision of Section 9 and 10 after the completion of the first schedule, a second schedule is prepared of a building, whether such plan is complete or not, as represented by a building, sufficient to show the structure and content of the building, and the estimated value of the property of the lot is provided in the first schedule to the lot.

(2) When a building has been approved in principle, plans to commence work by item 1 to 10 and 11 to 13 shall be submitted and approved before erection of the building approved in principle may be commenced.

Appendix 7: Checklist for Submission for “Borang 1 – Bahagian 2” (Body Corporate)

SENARAI SEMAK BORANG 1 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 2

Nama dan Alamat Premis : _____

Nama & No. Tel Pemohon/Wakil : _____

Mailing Address : _____

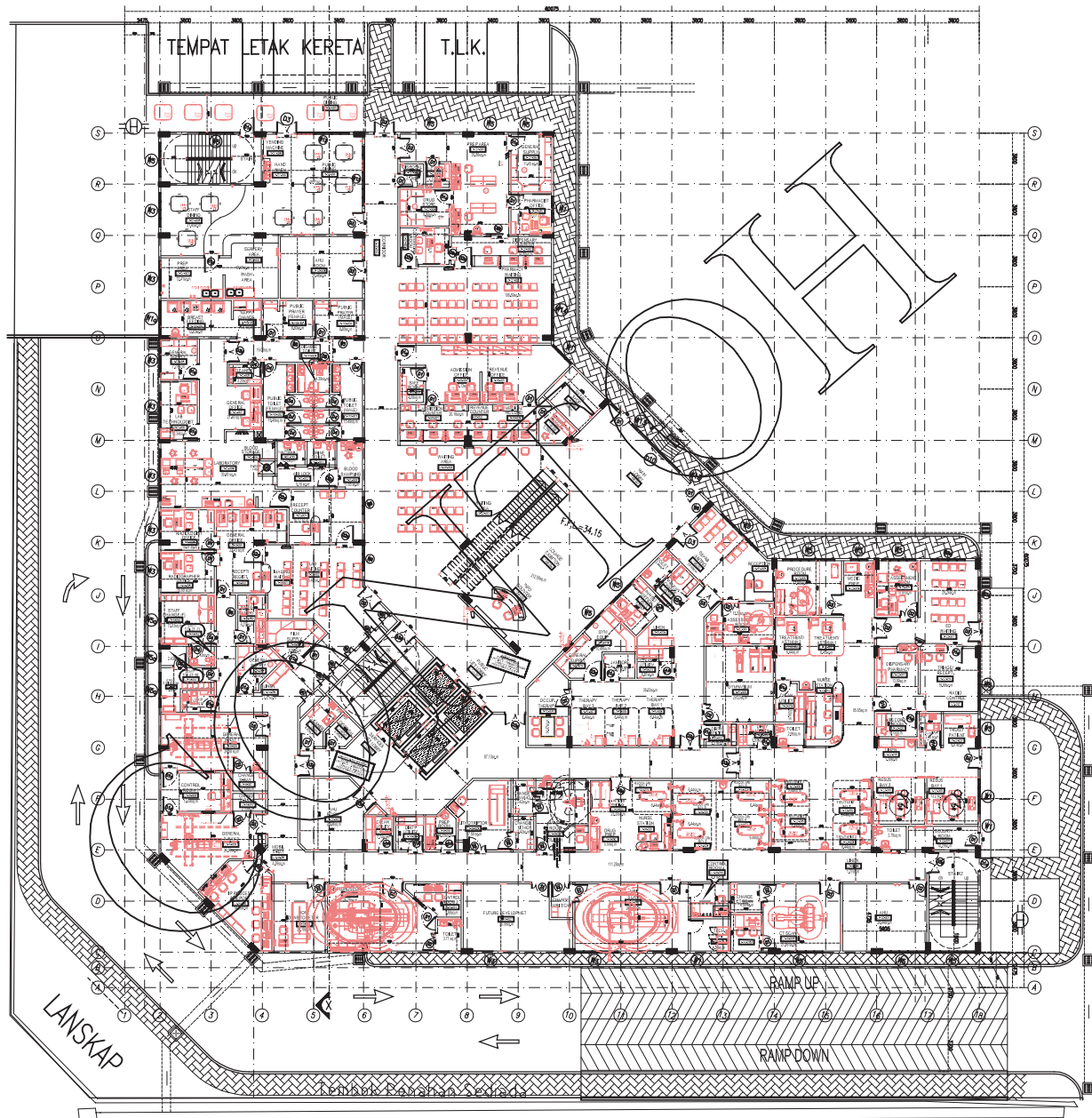
BIL	PERKARA	ULASAN
1)	Salinan surat “Provisional Approval” (yang sah laku)	
2)	Salinan Surat dan Pelan bagi Kelulusan Pelan Bangunan dan Pelan Kejuruteraan dari Pihak Berkuasa Tempatan (PBT) (yang sah laku)	
3)	Pelan Lantai Arkitek (<i>Fully Loaded</i>): skala 1:100 (2 set berserta <i>legend</i> yang lengkap)	
4)	Pelan Mekanikal & Elektrikal mengikut Senarai Semak Spesifikasi Lukisan Kejuruteraan Bagi Permohonan Lesen Kemudahan Dan Perkhidmatan Jagaan Kesihatan Swasta (KPJKS) dari Bahagian Perkhidmatan Kejuruteraan KKM: skala 1:100 (1 set berserta <i>legend</i> yang lengkap)	

Disemak oleh : _____

Tindakan : Diterima / Dipulang kepada: _____

Tarikh : _____

Appendix 8: Fully Loaded Drawing - Example



Appendix 9: Borang 2 - Example

No. Siri: 002133

BORANG 2

[Subperaturan 3(3)]

AKTA KEMUDAHAN DAN PERKHIDMATAN JAGAAN KESIHATAN SWASTA 1998

PERATURAN-PERATURAN KEMUDAHAN DAN PERKHIDMATAN JAGAAN KESIHATAN SWASTA
(HOSPITAL SWASTA DAN KEMUDAHAN JAGAAN KESIHATAN SWASTA LAIN) 2006

KELULUSAN UNTUK MENUBUHKAN ATAU MENYENGGARAKAN KEMUDAHAN ATAU PERKHIDMATAN JAGAAN KESIHATAN SWASTA

NO. KELULUSAN:

Diperakui bahawa: _____ No. KPPN: _____
(Nama pemegang kelulusan)

diberikan kelulusan untuk *menubuhkan/menyenggarakan:
(Jenis kemudahan atau perkhidmatan jagaan kesihatan swasta)

yang *dikenali/akan dikenali sebagai:

yang terletak di:

Jenis perkhidmatan:

Jenis dan alamat usaha niaga:

*Saiz/Kapasiti yang diluluskan:

*katil/kerusi panjang/yang bersamaan dengannya

Kelulusan ini sah dari: _____ hingga _____

Fi yang dibayar: RM _____ (Ringgit Malaysia _____)

Terma atau syarat: _____

Perakuan kelulusan ini tidak sah tanpa meterai
dicetak timbul Kementerian Kesihatan, Malaysia



Ketua Pengarah Kesihatan, Malaysia

Tarikh: _____

Catatan: *Potong mana-mana yang tidak berkenaan

LAMPIRAN UNTUK BORANG 2

No. Siri: 00

NO. KELULUSAN :

JENIS PERKHIDMATAN JAGAAN KESIHATAN

1. PESAKIT DALAM: PERUBATAN, PEMBEDAHAN AM, O&G, PEDIATRIK, KECEMASAN
2. JAGAAN AMBULATORI: PERUBATAN REPRODUKTIF, ENDOSKOPIK
3. PERKHIDMATAN SOKONGAN: ANESTESIA, KEJURURAWATAN, FARMASEUTIKAL, PENSTERILAN, PENGEMASAN, AMBULANS, RADIOLOGI & PENGIMEJAN (CT SCANNER, ULTRASOUND, X-RAY, MRI, MAMMOGRAM), MAKMAL, DIET
4. PESAKIT LUAR PAKAR: PERUBATAN, PEMBEDAHAN AM, O&G, PEDIATRIK

JENIS KEMUDAHAN

GROUND FLOOR:

- A&E (1 KATIL RESUSITASI)
- RADIOLOGY (CT SCANNER, ULTRASOUND, X-RAY, MRI, MAMMOGRAM)
- FARMASI
- BODY HOLDING
- 6 KLINIK PAKAR

FIRST FLOOR:

- WAD (16 KATIL) - 7 SINGLE-BEDDED ROOMS, 4 DOUBLE-BEDDED ROOMS, 1 BILIK ISOLASI,
- AMBULATORY CARE UNIT (3 KATIL DAYCARE, 2 BILIK SCOPE DAN 2 PROCEDURE ROOMS)
- 11 KLINIK PAKAR

SECOND FLOOR:

- FEMALE WARD (17 KATIL) - 8 SINGLE-BEDDED ROOMS, 4 DOUBLE-BEDDED ROOMS, 1 BILIK ISOLASI
- NURSERY (8 BASIN, 1 KOT OUTBORN BABY, 1 KOT FOTOTERAPI)
- WAD (17 KATIL) - 10 SINGLE-BEDDED ROOMS, 3 DOUBLE-BEDDED ROOMS, 1 BILIK ISOLASI

THIRD FLOOR:

- 3 BILIK BEDAH MAJOR
- CSSD
- HDU (4 KATIL)
- 4 BILIK BERSALIN
- IVF UNIT (1 BILIK BEDAH UNTUK EMBRYO REPLACEMENT, 1 BILIK BEDAH UNTUK OOCYTE RECOVERY & EMBRYO REPLACEMENT, 2 RECOVERY DAYCARE BEDS)

FOURTH FLOOR:

- MAKMAL
- PENTADBIRAN

PUSAT SETEMPAT DEWAN BANDARAYA KUALA LUMPUR (OSC DBKL)

SENARAI SEMAK DOKUMEN BAGI PENGEMUKAAN BORANG F/F1 – PERAKUAN SIAP DAN PEMATUHAN (CCC) <i>(HENDAKLAH DIISI DALAM 2 SALINAN-HURUF BESAR/DITAIP)</i>		TARIKH TERIMA PERMOHONAN
TAJUK PEMBANGUNAN		NO. RUJUKAN OSC
PENGEMUKAAN BORANG F/F1 - CCC		KEGUNAAN OSC DBKL
A. Jabatan Kawalan Bangunan (SET 1)		
1.	Borang Pengemukaan Permohonan Pemajuan Ke OSC DBKL – OSC 3.0 (2 salinan)	
2.	Cover Letter PSP/SP kepada Jabatan Kawalan Bangunan	
3.	Borang F/F1 (Perakuan Siap dan Pematuhan/Sebahagian) – salinan PBT	
4.	Salinan Borang B (Notis Memulakan/Penyambungan Semula Kerja Bangunan) yang telah dikemukakan ke Jabatan Kawalan dan Pengawasan Bangunan (JKB) hendaklah disertakan	
5.	Salinan Borang G1 (Perakuan Berperingkat : Kerja_Kerja Tanah) Salinan surat Kelulusan Pelan Kerja Tanah hendaklah disertakan.	
6.	Salinan Borang G2 (Perakuan Berperingkat : Pemancangan Tanda) Salinan surat Kebenaran Mendirikan Bangunan hendaklah disertakan	
7.	Salinan Borang G3 (Perakuan Berperingkat : Asas Tapak) Salinan surat Kebenaran Mendirikan Bangunan hendaklah disertakan	
8.	Salinan Borang G4 (Perakuan Berperingkat : Struktur) Salinan surat Pelan Konkrit Tetulang yang telah dikemukakan/didepositkan hendaklah disertakan	
9.	Salinan Borang G5 (Perakuan Berperingkat : Perpaipan Air Dalamam) Salinan surat Kelulusan Perpaipan Air Dalamam atau salinan surat Perpaipan Air Dalamam yang telah dikemukakan/didepositkan hendaklah disertakan	
10.	Salinan Borang G6 (Perakuan Berperingkat : Perpaipan Sanitari Dalamam) Salinan surat Pelan Perpaipan Sanitari Dalamam yang telah dikemukakan/didepositkan hendaklah disertakan	
11.	Salinan Borang G7 (Perakuan Berperingkat : Elektrikal Dalamam)	
12.	Salinan Borang G8 (Perakuan Berperingkat : Menentang Kebakaran - Pasif) Salinan Surat Pelepasan dari Jabatan Bomba dan Penyelamat Malaysia hendaklah disertakan	
13.	Salinan Borang G9 (Perakuan Berperingkat : Menentang Kebakaran - Aktif) Salinan Surat Pelepasan dari Jabatan Bomba dan Penyelamat Malaysia hendaklah disertakan	
14.	Salinan Borang G10 (Perakuan Berperingkat : Pengudaraan Mekanikal)	
15.	Salinan Borang G11 (Perakuan Berperingkat : Lif/Eskalator) Salinan Sijil Kelayakan dari Jabatan Keselamatan dan Kesihatan Pekerja Malaysia hendaklah disertakan	
16.	Salinan Borang G12 (Perakuan Berperingkat : Bangunan) Salinan surat Kebenaran Mendirikan Bangunan hendaklah disertakan	
17.	Salinan Borang G13 (Perakuan Berperingkat : Sistem Bekalan Air Luaran) Salinan Sijil Pengesahan dari Perbadanan Air Selangor hendaklah disertakan	

BORANG 6 - CCC

- | | | |
|-----------|--|--------------------------|
| 18. | Salinan Borang G14 (Perakuan Berperingkat : Retikulasi Pembentukan)
Salinan Sijil Pengesahan dari Indah Water Konsortium hendaklah disertakan | ☐ |
| 19. | Salinan Borang G15 (Perakuan Berperingkat : Logi Rawatan Pembentukan)
Salinan Sijil Pengesahan dari Indah Water Konsortium hendaklah disertakan | ☐ |
| 20. | Salinan Borang G16 (Perakuan Berperingkat : Sistem Bekalan Elektrik Luaran)
Salinan Surat Pengesahan dari Tenaga Nasional Berhad hendaklah disertakan | ☐ |
| 21. | Salinan Borang G17 (Perakuan Berperingkat : Jalan dan Parit)
Salinan Surat Pengesahan dari Jabatan Perancangan Infrastruktur, DBKL hendaklah disertakan | ☐ |
| 22. | Salinan Borang G18 (Perakuan Berperingkat : Lampu Jalan)
Salinan Surat Kelulusan Pelan Lampu Jalan hendaklah disertakan | ☐ |
| 23. | Salinan Borang G19 (Perakuan Berperingkat : Parit Luaran Utama)
Salinan Surat Kelulusan Pelan Parit Luaran Utama hendaklah disertakan | ☐ |
| 24. | Salinan Borang G20 (Perakuan Berperingkat : Telekomunikasi)
Salinan Surat Kelulusan Telekomunikasi atau Surat Pelan Telekomunikasi telah didepositkan hendaklah disertakan | ☐ |
| 25. | Salinan Borang G21 (Perakuan Berperingkat : Pandangan Darat)
Salinan Surat Kelulusan Pelan Pandangan Darat (Lanskap) hendaklah disertakan | ☐ |
| 26. | Nama dan Alamat Bangunan
Salinan surat Kelulusan Nama Bangunan diluluskan oleh Jabatan Perancang Bandaraya dan salinan surat Kelulusan Alamat Bangunan oleh Jabatan Perancangan Infrastruktur/Pos Malaysia | ☐ |
| B. | Lembaga Arkitek Malaysia/Lembaga Jurutera Malaysia (SET 2) | ☐ |
| 1. | Cover Letter PSP/SP kepada Urusetia Pusat Setempat (OSC) dan Lembaga Arkitek Malaysia (LAM) | ☐ |
| 2. | Borang Pengemukaan CCC kepada Lembaga Arkitek Malaysia (LAM) (2 salinan) | ☐ |
| 3. | Borang F/F1 (Perakuan Siap dan Pematuhan/Sebahagian) – salinan LAM | ☐ |
| 4. | Salinan Borang G1-G21 yang dikemukakan kepada LAM hendaklah selaras dengan kehendak Jabatan Kawalan Bangunan, JKB | ☐ |
| C. | Jabatan Perancangan Bandaraya (SET 3) | ☐ |
| 1. | Salinan Borang F/F1 | ☐ |
| 2. | Sesaliran Borang G12 | ☐ |
| D. | Jabatan Perancangan Infrastruktur (SET 4) | ☐ |
| 1. | Salinan Borang F/F1 | ☐ |
| 2. | Sesaliran Borang G1, G2, G3, G17 & G18 | ☐ |
| E. | Unit Penilai Landskap, JPRB (SET 5) | ☐ |
| 1. | Sesaliran Borang F/F1 | ☐ |
| 2. | Sesaliran Borang G21 | ☐ |
| F. | Jabatan Penilaian dan Pengurusan Hartanah (SET 6) | ☐ |
| 1. | Sesaliran Borang F/F1 | ☐ |

DISEMAK OLEH	TARIKAH SEMAK	CATATAN
(TANDATANGAN DAN CAP NAMA)		
	NO. RUJUKAN PELAN BANGUNAN	

Pindaan Ke-3
Kemaskini pada 5/5/2017

Appendix 11: Checklist for Submission for “Borang 3 – Bahagian 1” (Body Corporate)

SENARAI SEMAK BORANG 3 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 1

Nama dan Alamat Premis : _____
Nama & No. Tel Pemohon/Wakil : _____
Mailing Address : _____

BIL	PERKARA	ULASAN
1)	Salinan Borang 2 / Borang 10 yang sah laku (diperakui sah)	
2)	Borang 3 diisi lengkap (termasuk tarikh, tandatangan dan cop orang yang diberi kuasa)	
3)	Fi pemrosesan dalam bentuk kiriman wang (<i>money order</i>) atau draf bank (<i>bank draft</i>) dibayar atas nama Ketua Setiausaha Kementerian Kesihatan Malaysia seperti berikut: (RM1500 + RM5 per katil/kerusi sandar/kerusi dialisis/kot/seumpama dengannya) (wang tunai atau cek persendirian <u>tidak</u> diterima)	
4)	<u>Surat kuasa asal</u> (bagi orang yang diberi kuasa oleh pertubuhan perbadanan)	
5)	Salinan kad pengenalan (diperakui sah)	
	a) Orang yang diberi kuasa	
	b) Orang yang bertanggungjawab	
6)	Salinan <u>sijil kelayakan profesional</u> [sijil asas dan sijil kepakaran termasuk Sijil <i>National Specialist Register (NSR)</i> / Surat pewartaan daripada KKM/Hospital Universiti (jika berkaitan)] (diperakui sah) bagi-	
	a) Orang yang diberi kuasa	
	b) Setiap ahli Lembaga Pengarah	
	c) Orang yang bertanggungjawab	
	d) Setiap ketua Jabatan/Perkhidmatan (<i>mengikut Jabatan/Perkhidmatan yang disediakan</i>)	
7)	Salinan <u>sijil pendaftaran profesional</u> [pendaftaran penuh & perakuan amalan tahunan semasa (APC)] (diperakui sah) bagi-	
	a) Orang yang diberi kuasa	
	b) Setiap ahli Lembaga Pengarah	
	c) Orang yang bertanggungjawab	
	d) Setiap ketua Jabatan/Perkhidmatan (<i>mengikut Jabatan/Perkhidmatan yang disediakan</i>)	
8)	<u>Surat akuan bersumpah</u> asal (tidak disabitkan dengan kesalahan melibatkan fraud atau ketidakjujuran atau bankrup yang belum dilepaskan) bagi-	
	a) Orang yang diberi kuasa	
	b) Setiap ahli Lembaga Pengarah	
	c) Orang yang bertanggungjawab	
9)	Surat persetujuan/pengesahan individu berikut:	
	a) Orang yang bertanggungjawab	
	b) Semua pakar rujuk (<i>affiliated</i>) seperti <i>affiliated nephrologist</i> , <i>affiliated anesthesiologist</i> dan sebagainya (<i>jika berkaitan</i>)	

SENARAI SEMAK BORANG 3 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 1

BIL	PERKARA	ULASAN
10)	Dokumen mengesahkan status organisasi yang tidak mencari keuntungan (<i>not for profit</i>) (<i>jika berkaitan</i>)	
11)	<u>Dokumen konstituen</u> bagi pertubuhan perbadanan (diperakui sah):	
	a) Borang 8 atau 9 atau 13, Akta Syarikat 1965 (<i>Perakuan Pernerbadanan Syarikat Sendirian - Perakuan Pendaftaran dengan SSM</i>)	
	b) Borang 24, Akta Syarikat 1965 (<i>Penyata Kewangan Syarikat, jika bukan Borang 8</i>)	
	c) Borang 44, Akta Syarikat 1965 (<i>Alamat Syarikat</i>)	
	d) Borang 49, Akta Syarikat 1965 (<i>Nama Ahli Lembaga Pengarah</i>) (≥ 1 RMP)	
	e) <i>Memorandum and Articles of Association</i> pertubuhan perbadanan tersebut	
	f) <i>Corporate Information</i> , Akta Syarikat 2016 (sekiranya berkaitan)	
12)	Perakuan Siap dan Pematuhan Bangunan [CF/CCC (Borang F)] Nota: Tidak perlu mengemukakan CF Lif dan Surat Sokongan Pelesenan Bomba kerana telah termasuk dalam CF/CCC (Borang F)	
13)	Lesen Tenaga Atom (menstor/mengguna) dari Bahagian Kawalselia Radiasi Perubatan (BKRP) (<i>jika berkaitan</i>)	
14)	Perakuan Layak Menggunakan (CF) <i>autoclave</i> dari Jabatan Keselamatan Dan Kesihatan Pekerjaan (JKKP) (<i>jika berkaitan</i>)	
15)	Penyata Kewangan (bagi hospital tersebut)	

Disemak oleh : _____
 Tindakan : Diterima / Dipulang kepada: _____
 Tarikh : _____

Appendix 12: Checklist for Submission for “Borang 3 – Bahagian 2” (Body Corporate)

SENARAI SEMAK BORANG 3 HOSPITAL SWASTA (PERTUBUHAN PERBADANAN) - BAHAGIAN 2

Nama dan Alamat Premis : _____

Nama & No. Tel Pemohon/Wakil : _____

Mailing Address : _____

BIL	PERKARA	ULASAN
1)	Salinan Surat “Clearance Letter of Compliance” bagi kelulusan <i>Site Inspection</i> (yang sah laku)	
2)	Salinan <u>sijil kelayakan profesional</u> [sijil asas dan sijil kepakaran termasuk Sijil <i>National Specialist Register (NSR)</i> / Surat pewartaan daripada KKM/Hospital Universiti (jika berkaitan)] (diperakui sah) bagi-	
	a) Setiap pakar (<i>mengikut jenis disiplin/perkhidmatan yang disediakan</i>) termasuk pakar <i>affiliated</i> /rujukan	
	b) Setiap kakitangan profesional jagaan kesihatan (<i>mengikut kemudahan dan perkhidmatan yang disediakan</i>)	
3)	Salinan <u>sijil pendaftaran profesional</u> [pendaftaran penuh & perakuan amalan tahunan semasa (APC)] (diperakui sah) bagi-	
	a) Setiap pakar (<i>mengikut jenis disiplin/perkhidmatan yang disediakan</i>) termasuk pakar <i>affiliated</i> /rujukan	
	b) Setiap kakitangan profesional jagaan kesihatan (<i>mengikut kemudahan dan perkhidmatan yang disediakan</i>)	
4)	Butir-butir bagi setiap kakitangan:	
	a) Profesional (<i>mengikut kemudahan dan perkhidmatan yang disediakan</i>)	
	b) Separa profesional (sertakan salinan kad pengenalan)	
	c) Daftar Locum perlu disediakan dan disenggarakan di premis yang berkenaan (<i>jika berkaitan</i>)	
5)	Lesen Tenaga Atom (<i>bagi kemudahan radiologi dan pengimejan yang berkaitan</i>)	
6)	Perjanjian/Perkiraan Pembuangan Sisa Klinikal	
7)	Perjanjian Bekalan/Perkhidmatan Darah (<i>jika outsource</i>)	
8)	Perjanjian/Perkiraan Perkhidmatan Ambulan (<i>jika outsource</i>)	
9)	Sijil Pengendalian Makanan (<i>jika berkaitan</i>)	
10)	Perjanjian/Perkiraan Perkhidmatan Dobi (<i>jika outsource</i>)	
11)	Perkiraan/Perjanjian Pencegahan Haiwan Perosak	
12)	Dokumen kontrak/perkiraan dengan MCO (<i>jika berkaitan</i>)	
13)	Dokumen-dokumen sokongan lain yang berkaitan (<i>mengikut kemudahan dan perkhidmatan yang dipohon atau disediakan</i>)	

Disemak oleh : _____

Tindakan : Diterima / Dipulang kepada: _____

Tarikh : _____

Appendix 13: Borang 4 (Example)

No. Siri: 004618

BORANG 4

[Subperaturan 4(4) dan 5(4)]

AKTA KEMUDAHAN DAN PERKHIDMATAN JAGAAN KESIHATAN SWASTA 1998

PERATURAN-PERATURAN KEMUDAHAN DAN PERKHIDMATAN JAGAAN KESIHATAN SWASTA
(HOSPITAL SWASTA DAN KEMUDAHAN JAGAAN KESIHATAN SWASTA LAIN) 2006

LESEN UNTUK MENGENDALIKAN ATAU MENYEDIAKAN KEMUDAHAN ATAU PERKHIDMATAN JAGAAN KESIHATAN SWASTA

NO. LESEN:

Diperakui bahawa: _____ No. KPPN: _____
(Nama pemegang lesen)

diberikan lesen untuk *mengendalikan/menyediakan:
(Jenis kemudahan atau perkhidmatan jagaan kesihatan swasta)

yang *dikenali/akan dikenali sebagai:

yang terletak di:

Jenis perkhidmatan:

Jenis dan alamat usaha niaga:

*Saiz/Kapasiti yang diluluskan:

*katil/kerusi panjang/yang bersamaan dengannya

Nama: _____ No. KPPN: _____
(Orang yang bertanggungjawab)

Kelayakan:

Lesen ini sah dari: _____ hingga _____
FI yang dibayar: RM _____ (Ringgit Malaysia)

Terma atau syarat:

Lesen ini tidak sah tanpa meterai dicetak
timbul Kementerian Kesihatan, Malaysia

Ketua Pengarah Kesihatan, Malaysia

Tarikh:

Catatan: *Potong mana-mana yang tidak berkenaan

WJD007652—PNMB, K.L.

LAMPIRAN UNTUK BORANG 4
NO LESEN : 13
HOSPITAL PA

No. Siri: 006

JENIS PERKHIDMATAN JAGAAN KESIHATAN

1. PESAKIT DALAM : PERUBATAN, PEMBEDAHAN AM, O&G, PEADIATRIK, NEONATAL, JAGAAN KRITIKAL, PERGIGIAN, DERMATOLOGI, GASTROENTEROLOGI, NEFROLOGI, HEMATOLOGI, ENDOKRINOLOGI, PERUBATAN RESPIRATORI, KARDIOLOGI PEDIATRIK, KARDIOLOGI, PEMBEDAHAN KARDIOTORASIK, PEMBEDAHAN VASKULAR, PEMBEDAHAN PEDIATRIK, NEUROSURGERI, ORTOPEDIK, OTORINOLARINGOLOGI, UROLOGI, OFTALMOLOGI, ENDODONTIK, ONKOLOGI KLINIKAL, NEUROLOGI
2. JAGAAN AMBULATORI : ENDOSKOPI, HAEMODIALISIS (24 KERUSI DIALISIS NON-HEPATITIS, 1 KERUSI DIALISIS HEPATITIS B & 3 KERUSI DIALISIS HEPATITIS C)
3. PERKHIDMATAN SOKONGAN : ANESTESIA, RADIOLOGI & PENGIMEJAN (RADIOGRAFI AM, MOBILE RADIOGRAFI, ANGIOGRAFI, OPG, CT SCANNER, FLUOROSKOPI, MAMMOGRAFI, BONE DENSITOMETER, C-ARM), KEJURURAWATAN, MAKMAL, AMBULANS, FARMASEUTIKAL, PENSTERILAN, DIET, JAGAAN PRAHOSPITAL, JAGAAN KEJURURAWATAN DI RUMAH, PEMULIHAN
4. PESAKIT LUAR PAKAR : PERUBATAN, PEMBEDAHAN AM, KARDIOLOGI, O&G, GASTROENTEROLOGI, OFTALMOLOGI, UROLOGI, PSIKIATRIK, OTORINOLARINGOLOGI, ORTOPEDIK, PEDIATRIK, NEUROLOGI, NEFROLOGI, NEUROSURGERI, DERMATOLOGI, HEMATOLOGI, PEMBEDAHAN KARDIOTORASIK, ENDOKRINOLOGI, PEMBEDAHAN PLASTIK, PEMBEDAHAN PEDIATRIK, PEMBEDAHAN VASKULAR, PERUBATAN RESPIRATORI, PERUBATAN REHABILITASI, PEMBEDAHAN ORAL, ONKOLOGI KLINIKAL, KARDIOLOGI PEDIATRIK

KEMUDAHAN

1. UNIT KECEMASAN
2. 5 BILIK BEDAH
3. 6 BILIK BERSALIN
4. 7 KATIL ICU (TERMASUK 1 BILIK ISOLASI)
5. 3 KATIL CCU
6. 1 KATIL NICU
7. NURSERI (20 BASINET DAN 16 KOTAK)
8. CSSD
9. 1 CARDIAC CATHETERIZATION LAB
10. ARAS BAWAH, 1 BILIK CYTOTOXIC DRUG RECONSTITUTION (CDR)
11. ARAS 2:
 - UNIT ONKOLOGI DAYCARE (1 KATIL DAN 2 KERUSI SANDAR)
 - 1 BILIK ISOLASI WAD PERUBATAN

Tutorial 1: M&E List Of Drawings and M&E Requirements

Step 1 : Go to

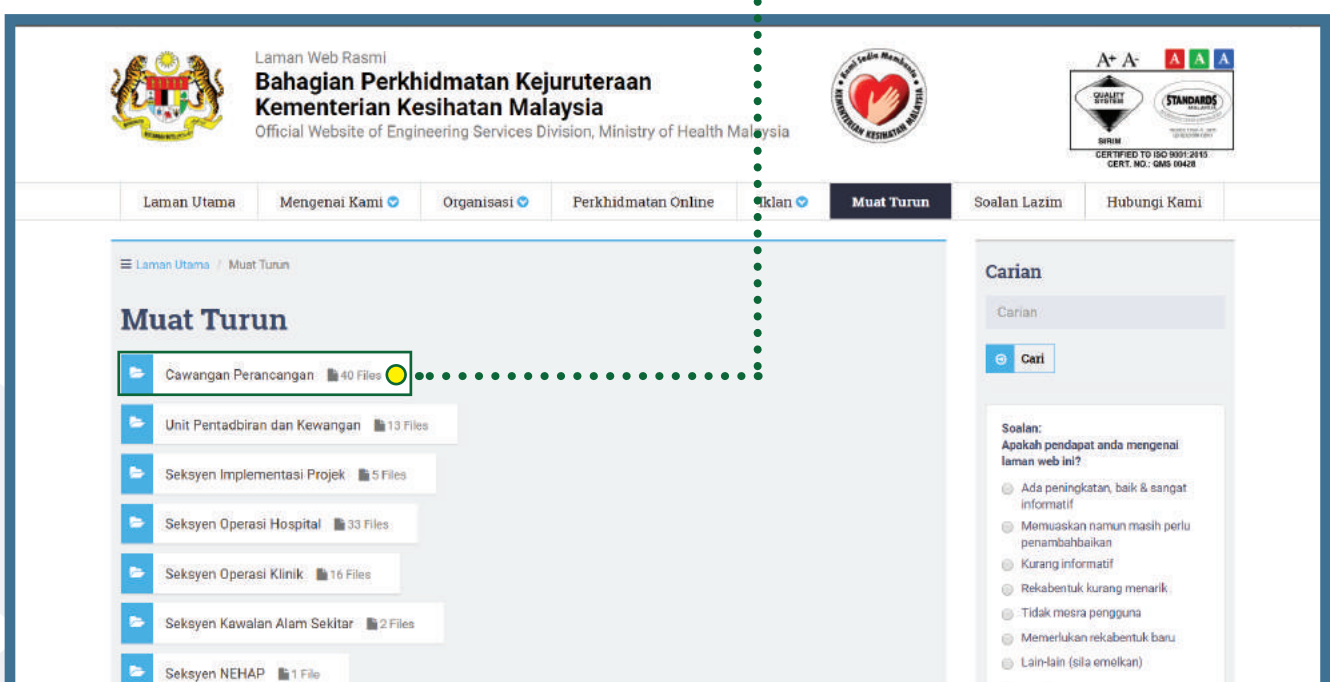
<http://engineering.moh.gov.my/>



Step 2 : Click “ Muat Turun” at the menu bar



Step 3 : go to “Cawangan Perancangan”



Step 4: go to “Unit Penjagaan Kesihatan Swasta”

Laman Web Rasmi
**Bahagian Perkhidmatan Kejuruteraan
Kementerian Kesihatan Malaysia**
Official Website of Engineering Services Division, Ministry of Health Malaysia

Unit Penjagaan Kesihatan Swasta 7 Files

Step 5: Download the Checklist “Senarai Semak Lukisan Spesifikasi Lukisan Kejuruteraan (Hospital, Pusat Jagaan Ambulatori) 2019”

Laman Web Rasmi
**Bahagian Perkhidmatan Kejuruteraan
Kementerian Kesihatan Malaysia**
Official Website of Engineering Services Division, Ministry of Health Malaysia

Unit Penjagaan Kesihatan Swasta

1. SENARAI SEMAK LUKISAN SPESIFIKASI KEJURUTERAAN-KATEGORI(HOSPITAL ,PUSAT JAGAAN AMBULATORI)_2019
Senarai semak pematuhan spesifikasi kejuruteraan bagi permohonan penubuhan atau pengubahsuaian perkhidmatan jagaan kesihatan swasta
2019-03-05 By Caw_Perancangan 4469.41 KB 309

Tutorial 2: Checklist for Floor Plans and Inspection Visits

Step 1 : Go to

<http://medicalprac.moh.gov.my/>



Step 2 : Click "CKAPS"

Step 3 : Click "Pendaftaran, Kelulusan dan Pelesenan"

Step 4 : Click “Senarai Semak Pelan Lantai dan Lawatan Pemeriksaan”

Laman Web Rasmi BAHAGIAN AMALAN PERUBATAN KEMENTERIAN KESIHATAN MALAYSIA

Home / Pendaftaran, Kelulusan dan Pendaftaran

PROFIL BAHAGIAN

- Pengenalan
- Objektif
- Fungsi
- Misi dan Visi
- Carta Organisasi
- Piagam Pelanggan
- Direktori Pegawai

CAWANGAN

- CKAPS
- AKTA
- MEDICO LEGAL
- LEMBAGA PEMBANTU PERUBATAN
- MOC

Pautan

- Akta Kesihatan Mental
- MyCPD
- MedPCs
- MMC
- KKM
- HRMIS
- INTAN
- MAMPU
- Penyata Gaji
- MS ISO –0012008

Pendaftaran, Kelulusan dan Pendaftaran

- PENDAFATARAN, KELULUSAN DAN PELESENAN
- Prosedur Permohonan berkaitan KPJKS
- Garis panduan permohonan Pendaftaran Klinik secara online
- Garis Panduan Memproses Permohonan Pendaftaran Klinik Perubatan Swasta
- Senarai Semak Pemeriksaan Penyelenggaraan Rantaian Sejuk Bagi Klinik Perubatan Swasta
- Garis Panduan Memproses Permohonan Pendaftaran Klinik Bergerak
- Borang Permohonan yang Berkaitan dengan KPJKS (MANUAL)
- Garis Panduan Permohonan Pre –Establishment bagi Hospital Swasta
- Garis Panduan Permohonan Pre –Establishment bagi Pusat Hemodialisis Swasta
- Senarai Semak Pelan Lantai dan Lawatan Pemeriksaan**
- Senarai Semak Permohonan KPJKS
- Hospital Swasta
- Pusat Jagaan Ambulatori Swasta
- Rumah Jagaan Kejururawatan Swasta
- Rumah Bersalin Swasta
- Bank Darah Swasta
- Pusat Hemodialisis Swasta

SUDUT EKSA

eBuletin

CKAPS

Step 5: Download all the Checklist under “Senarai Semak Pelan Lantai dan Lawatan Pemeriksaan Mengikut Fasiliti”

Laman Web Rasmi BAHAGIAN AMALAN PERUBATAN KEMENTERIAN KESIHATAN MALAYSIA

Home / PELAN LANTAI DAN LAWATAN PEMERIKSAAN

PROFIL BAHAGIAN

- Pengenalan
- Objektif
- Fungsi
- Misi dan Visi
- Carta Organisasi
- Piagam Pelanggan
- Direktori Pegawai

CAWANGAN

- CKAPS
- AKTA
- MEDICO LEGAL
- LEMBAGA PEMBANTU PERUBATAN
- MOC

Pautan

- Akta Kesihatan Mental
- MyCPD
- MedPCs
- MMC
- KKM
- HRMIS
- INTAN
- MAMPU
- Penyata Gaji

PELAN LANTAI DAN LAWATAN PEMERIKSAAN

SENARAI SEMAK PELAN LANTAI DAN LAWATAN PEMERIKSAAN MENGIKUT FASILITI

- PRIVATE HOSPITAL
 - General Requirement
 - Emergency Facilities and Services
 - Specialist Clinic
 - Radiology, Imaging & Radiotherapy
 - Pharmacy
 - Rehabilitation Facilities & Services
 - Operation Theatre
 - Central Sterilizing and Medical-Surgical Supply Department
 - ICU, CCU & NICU
 - Blood Bank
 - Labour Room
 - Nursery and Padiatric Care
 - Unit Haemodialysis
 - Kitchen
 - Laundry
- PRIVATE AMBULATORY CARE CENTRE
- PRIVATE NURSING HOME
- PRIVATE PSYCHIATRIC NURSING HOME
- PRIVATE MATERNITY HOME

SUDUT EKSA

eBuletin

CKAPS

Tutorial 3: Application Forms related to Private Healthcare Facilities and Services

Step 1 : Go to

<http://medicalprac.moh.gov.my/>



Step 2 : Click "CKAPS"

Step 3 : Click "Pendaftaran, Kelulusan dan Pelesenan"

Step 4 : Click “Borang Permohonan yang Berkaitan dengan KPJKS (MANUAL)”

PROFIL BAHAGIAN

- Pengenalan
- Objektif
- Fungsi
- Misi dan Visi
- Carta Organisasi
- Plagam Pelanggan
- Direktori Pegawai

CAWANGAN

- CKAPS
- AKTA
- MEDICO LEGAL
- LEMBAGA PEMBANTU PERUBATAN
- MOC

Pautan

- Akta Kesihatan Mental
- MyCPD
- MedPCs
- MMC
- KKM
- HRMIS
- INTAN
- MAMPU
- Penyata Gaji
- MS ISO 9001:2008

Pekeliling

- Pekeliling KKM
- Pekeliling JPA
- Pekeliling Mampu

Muat Turun

Home / Pendaftaran, Kelulusan dan Pendaftaran

PENDAFটারAN, KELULUSAN DAN PELESENAN

- ↓ Prosedur Permohonan berkaitan KPJKS
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- ↓ Garis Panduan Memproses Permohonan Pendaftaran Klinik Perubatan Swasta
- ↓ Senarai Semak Pemeriksaan Penyelenggaraan Rantaian Sejuk Bagi Klinik Perubatan Swasta
- ↓ Garis Panduan Memproses Permohonan Pendaftaran Klinik Bergerak
- ↓ **Borang Permohonan yang Berkaitan dengan KPJKS (MANUAL)**
- ↓ Garis Panduan Permohonan Pre -Establishment bagi Hospital Swasta
- ↓ Garis Panduan Permohonan Pre -Establishment bagi Pusat Hemodialisis Swasta
- ↓ Senarai Semak Pelan Lantai dan Lawatan Pemeriksaan
- ↓ Senarai Semak Permohonan KPJKS :
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 - Pusat Jagaan Ambulatori Swasta
 - Rumah Jagaan Kejururawatan Swasta
 - Rumah Bersalin Swasta
 - Bank Darah Swasta
 - Pusat Hemodialisis Swasta
 - Hospis Swasta
 - Klinik Swasta

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NAMA BORANG	MUATTURUN
PERLESENAN	
Permohonan untuk Kelulusan Menubuhkan atau Menyenggarakan Kemudahan atau Perkhidmatan Jagaan Kesihatan Swasta	BORANG 1
Permohonan Lesen atau Pembaharuan Lesen untuk Mengendalikan atau Menyediakan Kemudahan atau Perkhidmatan Jagaan Kesihatan Swasta	BORANG 3
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Permohonan bagi Pemindahan Hakmilik atau Penyerahhakan Kelulusan atau Lesen Kemudahan atau Perkhidmatan Jagaan Kesihatan Swasta	BORANG 8
Permohonan bagi Pelupusan Kelulusan atau Lesen Kemudahan atau Perkhidmatan Jagaan Kesihatan Swasta	BORANG 9
PENDAFTARAN	
Permohonan Bagi Pendaftaran untuk Menubuhkan atau Menyenggarakan atau Mengendalikan atau Menyediakan Klinik Perubatan Swasta atau Klinik Pergigian Swasta	BORANG A
Permohonan bagi Pemindahan Hakmilik atau Penyerahhakan Perakuan Pendaftaran	BORANG D
Permohonan bagi Melupuskan Perakuan Pendaftaran	BORANG E

BORANG ASSESSABLE DEATH

NAMA BORANG	MUATTURUN
Assessable Death Notification Form for Private Healthcare Facility or Services Form AD-1	

BORANG INCIDENT REPORTING

NAMA BORANG	MUATTURUN
Incident Reporting Notification for Private Sector	Form IR-1
Incident Reporting Notification for Private Sector (January-June)	Form IR-2A
Incident Reporting Notification for Private Sector (July-December)	Form IR-2B

BORANG AHLI LEMBAGA PELAWAT

NAMA BORANG
Borang Pencalonan Ahli Lembaga Pelawat oleh YBMK
Borang Pencalonan Ahli Lembaga Pelawat oleh Hospital Swasta

MAJLIS OPTIK MALAYSIA

NAMA BORANG
Borang Permohonan Photo Name Certificate, PNC
Borang Permohonan Untuk Pengamalan Kanta Lepak Oleh Juruoptyk Berdaftar (Borang 16)
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Tarikh Kemaskini

16 Julai 2019

► **TECHNICAL
SPECIFICATION
REQUIREMENTS
BETWEEN ACT 586,
UBBL AND OTHERS**

TECHNICAL GUIDELINE AND SPECIFICATIONS

2.1 Background

The technical guidelines and specifications below are only applicable to **Patients' Accessible Area**.

All relevant Acts, Regulations and Guidelines should be referred to in achieving statutory compliance, including Act 586, Uniform Building By-Law 1984 (or similar By-Law which might differ in other states), Fire Safety Requirements, Malaysian Standard(s) and other governing laws.

All dimension clearance stated in Act 586 are illustrating 'net clearance' where other Guidelines and By-Laws commonly illustrating 'gross clearance'.

All dimensions and/or all opening and/or width which are **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

2.2 RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.1 CORRIDORS

Summary

No	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
1.	Corridors - For Patients' Transported Through - Minimum Width	R 53 (1) 2.1m width	UBBL 1984, 10th Schedule, Item II, Note (ii) (iii) -n/a	2.1 meters clear width from outmost projection (Act 586)	- Patients' Accessible Area. - Patient's Safety. - Maneuvering of Medical Equipment. - To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states). - All opening and/or width which means for escape are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).



Descriptions

ACT 586

Rule 53. Corridors

- (1) Corridors shall be at least 2.1 metres wide but exceptions may be permitted for corridors limited to foot traffic and serving a single hospital department and there shall be sufficient additional width at elevators.
- (2) There shall be handrails on both sides of corridors used by patients with physical disabilities in inpatient orthopaedic and rehabilitation units of a private hospital, private nursing home and private hospice.

CURRENT STATUTORY REGULATIONS

- Item II, Note (ii) (iii) of 10th Schedule, UBBL 1984.

HARMONISATION

- 2.1 meters clear width from outmost projection (Act 586).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Manoeuvring of Medical Equipment.
- To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).
- All opening and/or width which **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

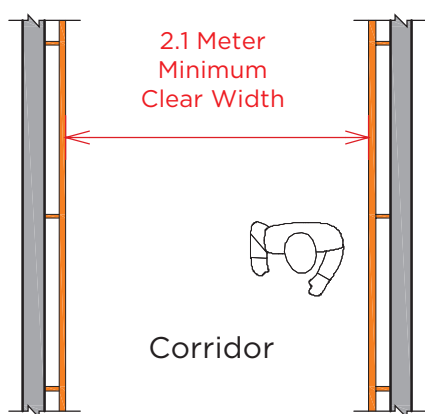


Diagram 1.1
Diagram Illustrating
Minimum Corridor Width
(Plan View)

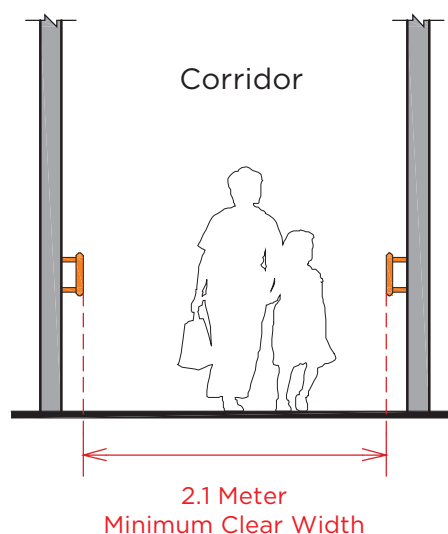


Diagram 1.2
Diagram Illustrating
Minimum Corridor Width
(Section View)

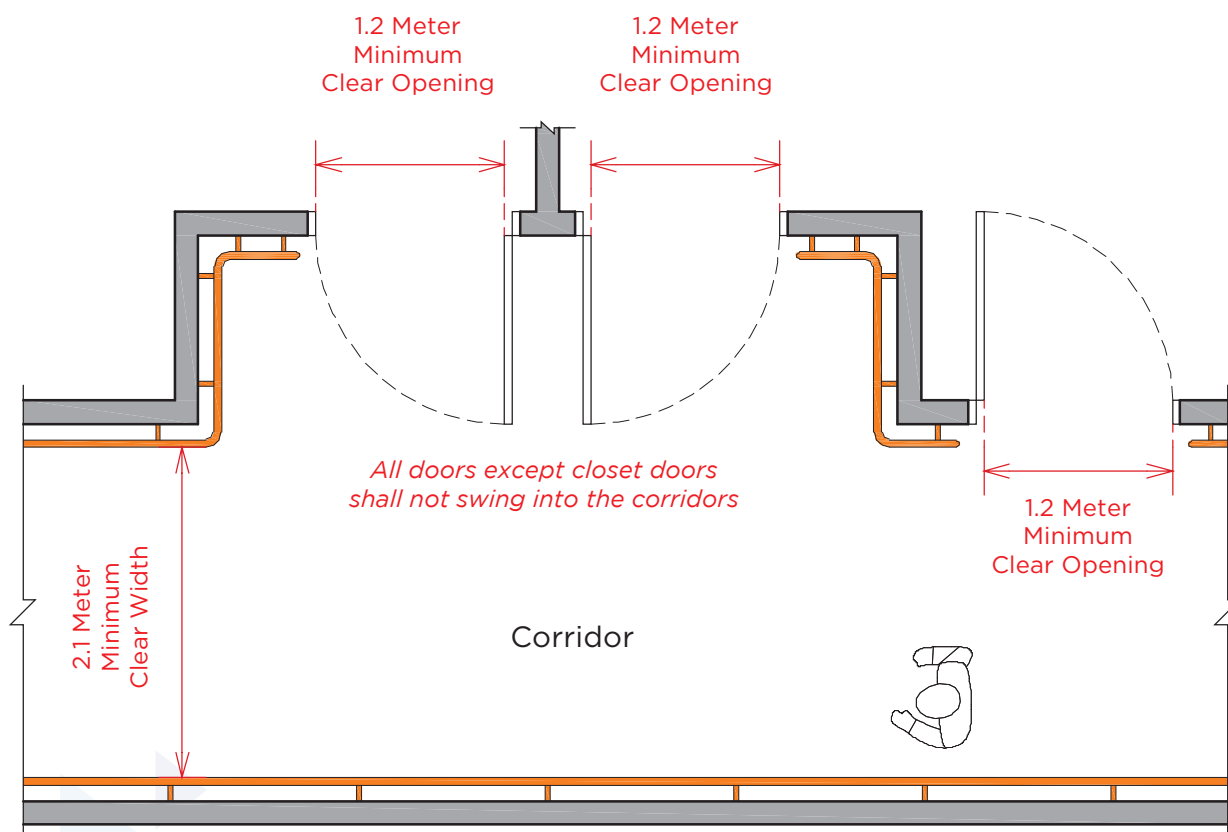
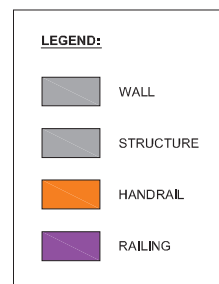


Diagram 1.3
Diagram Illustrating
Allowable Door's Swing To
Corridor
(Plan View)

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.2 DOORS (PATIENT)

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
2.	Doors (Patient) - For Patients' Transported Through - Minimum Opening	R 54 (1) 1.2m clear opening	UBBL 1984, By-Law 181 Minimum 0.852 m clear width for all Fire Exit Door MS 1184:2002 (8.1) > 0.9 m (Single Leaf) > 1.0 m (Double Leaf)	1.2m clear opening (Act 586)	- Patients' Accessible Area. - Patient's Safety. - Maneuvering of Medical Equipment. - To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states). - All opening and/or width which means for escape are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).
	Door Swing	R 54(6) All doors except closet doors shall not swing into the corridors	-n/a	Act 586	

Descriptions

ACT 586

Rule 54. Doors

- (1) All doors in an operating room, labour-delivery room, recovery room, emergency room, fracture room, X-ray room, patient room doors, exit doors and other doors through which patients are transported in wheel chairs, stretchers or beds shall have 1.2 metres minimum clear opening.
- (3) The doors for receiving entrance, store room and other doors through which large carts passes through or bulk goods are transported shall be of adequate width.
- (4) All two-way swing doors shall have vision panels.
- (5) Exterior doors shall be designed to prevent entrance of rodents and the clearance at the bottom of the door shall not exceed 0.6 centimetre.
- (6) All doors except closet doors shall not swing into the corridors.

CURRENT STATUTORY REGULATIONS

- Minimum 0.852 meter clear width for all Fire Exit Door (UBBL 1984 By-Law 181).
- Single Leaf: Minimum 0.9 meter clear opening (MS 1184 : 2002 (8.1)).
- Double Leaf: Minimum 1.0 meter clear opening for at least one leaf (MS 1184 : 2002 (8.1)).

HARMONISATION

- 1.2 meters clear opening (Act 586).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).
- All opening and/or width which **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

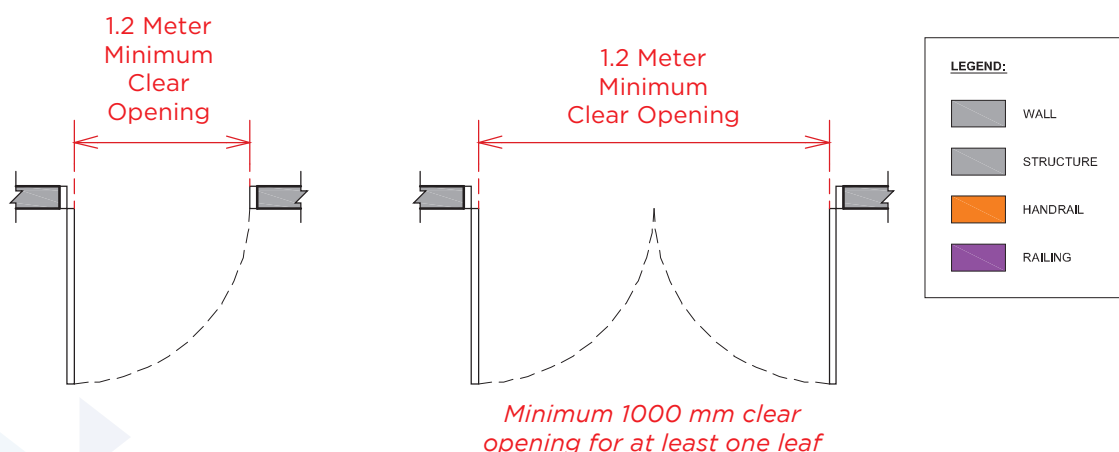


Diagram 2.1
Diagram Illustrating
Minimum Door Opening
For Single Leaf
(Plan View)

Diagram 2.2
Diagram Illustrating
Minimum Door Opening
For Double Leaf
(Plan View)

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.3 RAMPS

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
3.	Ramps				• Patients' Accessible Area. • Patient's Safety.
	• For Patients' Transported Through				
	• Maximum Gradient	R 52 (e) 1:16	MS 1184:2002 (5.1 (b)) 1:12	• 1:16 (Act 586)	• Maneuvering of Medical Equipment. • To comply with Act 586 and Malaysian Standard.
	• Minimum Width	R 52 (a) ≥ 1.1m wide	MS 1184:2002 (5.1 (a)) ≥ 1.2m	• Combination of both Act 586 & MS 1184:2002	• All opening and/or width which means for escape are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).
	• Minimum Landing Size	R 52 (a) ≥ 1.8m wide	MS 1184:2002 (5.1 (a)) ≥ 1.2m	• ≥ 1.8m wide (Act 586)	
	• Maximum Length	- n/a	MS 1184:2002 (5.2 (a)) ≤ 6.0m	• To provide landing at every 6.0m run (MS 1184:2002 (5.2 (a))	



Descriptions

ACT 586

Rule 52. Elevators, Stairways or Ramps

(6) All ramps:-

- (a) Shall be at least 1.1 metres wide with a landing of at least 1.8 metres wide to allow egress or exit of patients using beds, trolleys, stretchers or wheelchairs;
- (b) Shall have non-skid surfaces;
- (c) Shall have handrails on both sides, where necessary;
- (d) Shall have adequate guard-rails and other safety devices, where necessary;
- (e) Shall have slope of ramps not exceeding 1:16; and
- (f) Shall comply with standards and requirements to the satisfaction of the Fire Services Department.

CURRENT STATUTORY REGULATIONS

- Maximum Gradient: 1:12 (MS 1184 : 2002 (5.1 (b))).
- Minimum Width: 1.2 meters (MS 1184 : 2002 (5.1 (a))).
- Minimum Landing Size: 1.2 meters (MS 1184 : 2002 (5.2 (a))).
- Maximum Length: 6.0 meters (MS 1184 : 2002 (5.2 (a))).

HARMONISATION

- Maximum Gradient: 1:16 (Act 586)
- Minimum Width: Combination of Act 586 and MS 1184 : 2002 (5.1 (a)).
- Minimum Landing Size: 1.8 meters (Act 586)
- Maximum Length: 6.0 meters (MS 1184 : 2002 (5.2 (a))).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586 and Malaysian Standard.
- All opening and/or width which **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

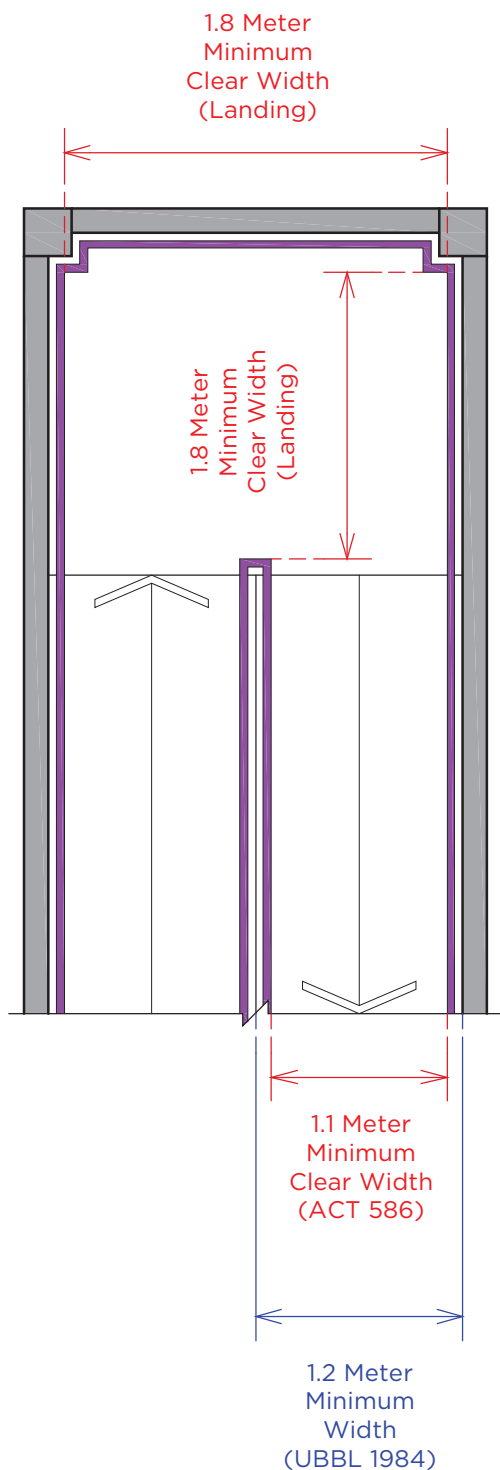


Diagram 3.1
Diagram Illustrating
Minimum Clear Width
(Plan View)
[Full Height Wall With Side Railing]

+ Based on this design, the
clear width will be 1.1 meters

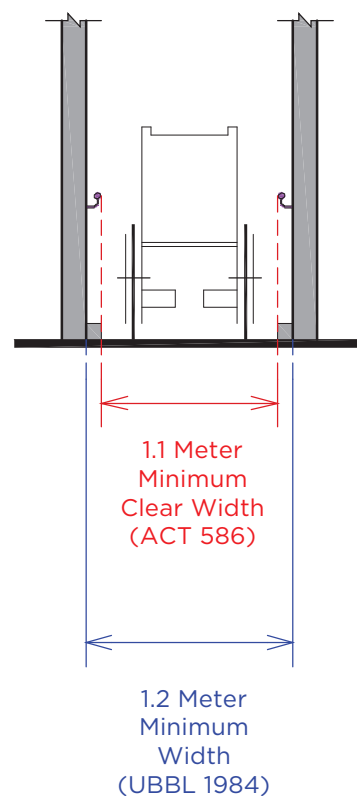


Diagram 3.2
Diagram Illustrating
Minimum Clear Width
(Section View)
[Full Height Wall With Side Railing]

+ Based on this design, the
clear width will be 1.1 meters

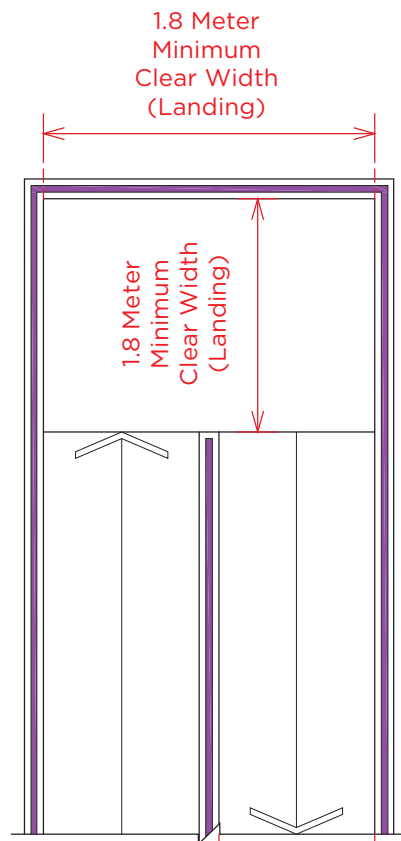


Diagram 3.3
Diagram Illustrating
Minimum Clear Width
(Plan View)
[Low Height Wall With Top Railing]

+ Based on this design, the
clear width will be 1.2 meters

1.1 Meter
Minimum
Clear Width
(ACT 586)

1.2 Meter
Minimum
Width
(UBBL 1984)

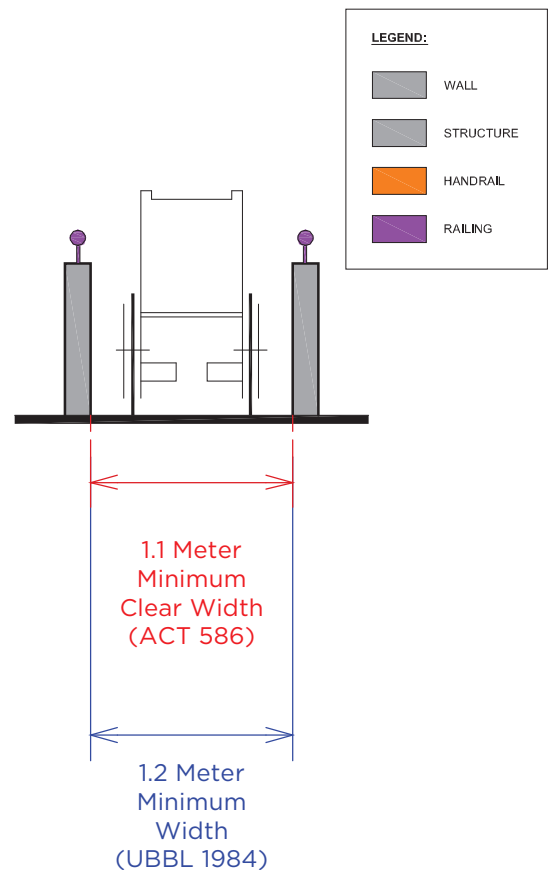


Diagram 3.4
Diagram Illustrating
Minimum Clear Width
(Section View)
[Low Height Wall With Top Railing]

+ Based on this design, the
clear width will be 1.2 meters

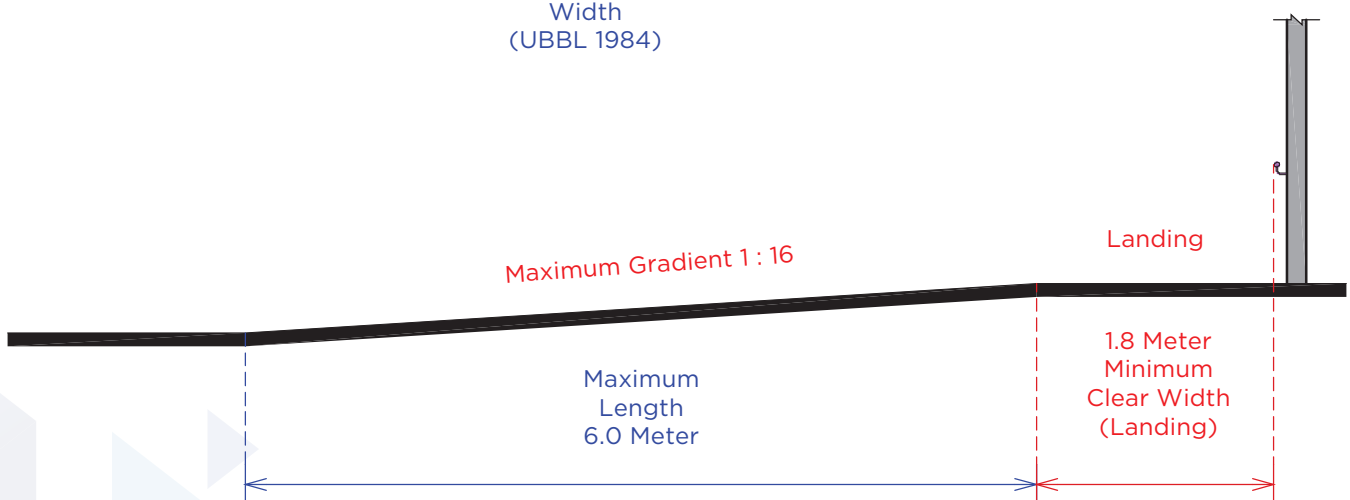


Diagram 3.5
Diagram Illustrating
Maximum Gradient & Length
(Section View)

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.4 STAIRWAYS

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
4.	Stairways - For Patients' Transported Through - Minimum Width - Minimum Landing Size - Maximum Flights - Minimum Handrail	R 52 (a) ≥ 1.1 m wide R 52 (a) ≥ 1.8 m wide - n/a R 52 (c) Bothsides	UBBL 1984, By-Law 177 (e) ≥ 1.1 m UBBL 1984, By-Law 106 (3) ≥ 1.1 m UBBL 1984, By-Law 108 (1) 16 steps UBBL 1984, By-Law 107 (3) Bothsides	- Combination of both Act 586 & UBBL 1984 ≥ 1.8 m wide (Act 586) 16 steps (UBBL 1984) - Combination of both Act 586 & UBBL 1984	- Patients' Accessible Area. - Patient's Safety. - Maneuvering of Medical Equipment. - To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states). - All opening and/or width which means for escape are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).



Descriptions

ACT 586

Rule 52. Elevators, Stairways or Ramps

(5) All stairways:-

- (a) Shall be at least 1.1 metres wide with a landing of at least 1.8 metres wide to allow egress or exit of patients using beds, trolleys or stretchers;
- (b) Shall have non-skid surfaces;
- (c) Shall have handrails on both sides;
- (d) Shall have adequate guard-rails and other safety devices, where necessary; and
- (e) Shall comply with standards and requirements to the satisfaction of the Fire Services Department.

CURRENT STATUTORY REGULATIONS

- Minimum Width: 1.1 meters (UBBL By-Law 177 (e)).
- Minimum Landing Size: 1.1 meters (UBBL By-Law 106 (3)).
- Maximum Flights: 16 steps (UBBL By-Law 108 (1)).
- Handrail: Bothsides (UBBL By-Law 107 (3)).

HARMONISATION

- Minimum Width: Combination of Act 586 and UBBL By-Law 177 (e).
- Minimum Landing Size: 1.8 meters (Act 586).
- Maximum Flights: 16 steps (UBBL By-Law 108 (1)).
- Handrail: Bothsides (Act 586 & UBBL By-Law 107 (3)).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).
- All opening and/or width which **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

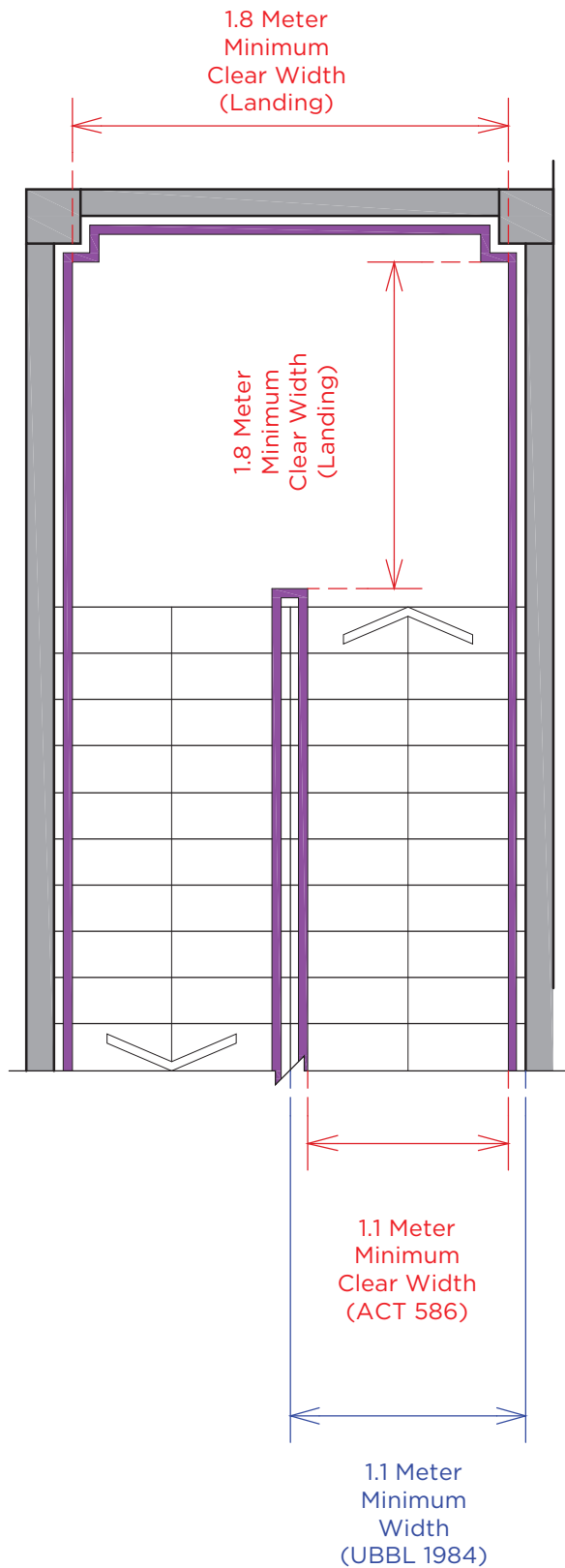


Diagram 4.1
Diagram Illustrating Minimum Clear Width (Plan View)
[Full Height Wall With Side Railing]

+ Based on this design, the clear width will be 1.1 meters

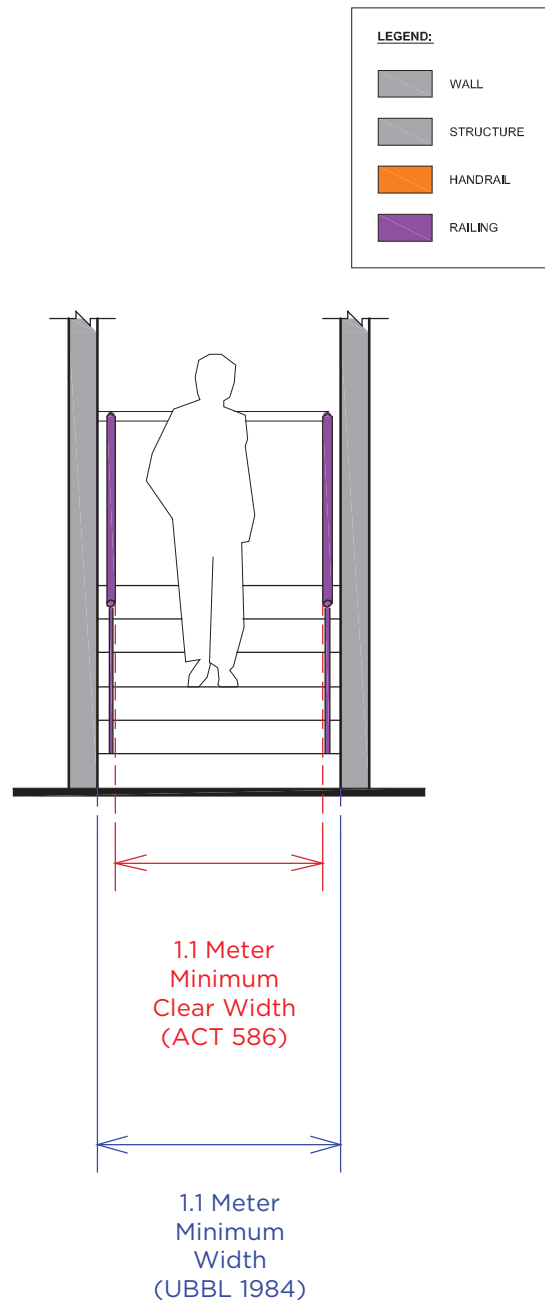


Diagram 4.2
Diagram Illustrating Minimum Clear Width (Section View)
[Full Height Wall With Side Railing]

+ Based on this design, the clear width will be 1.1 meters

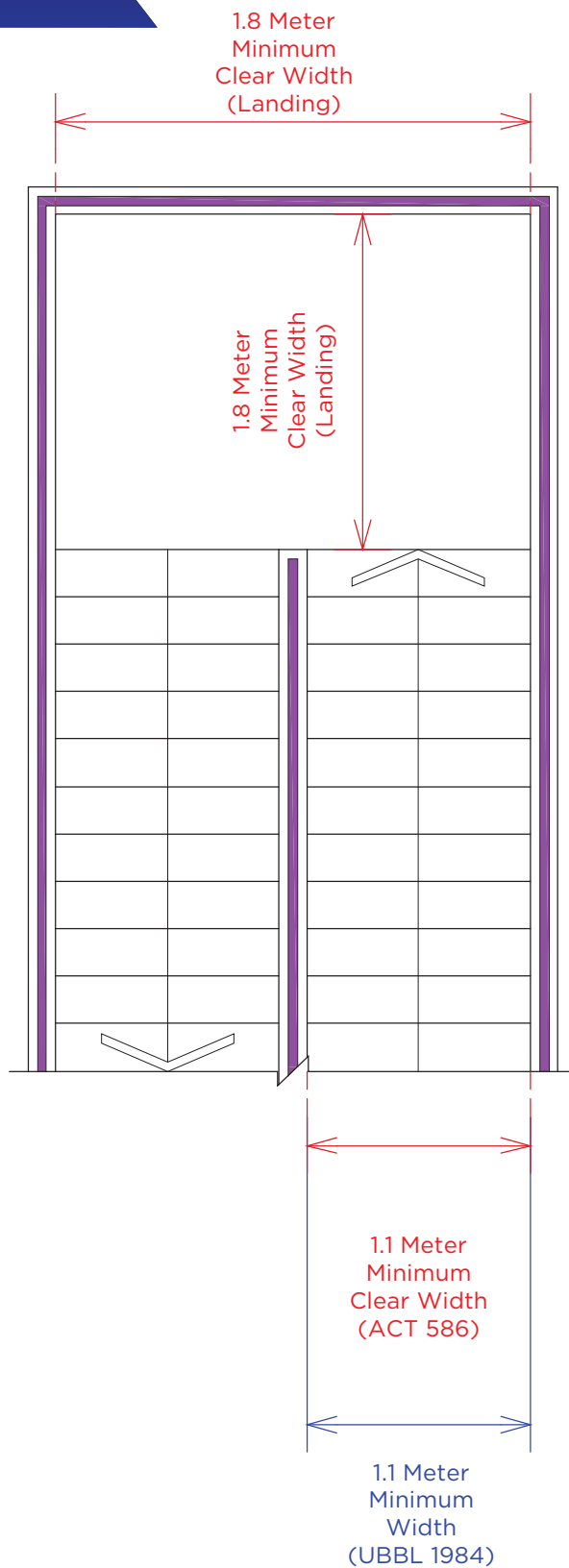


Diagram 4.3
Diagram Illustrating
Minimum Clear Width
(Plan View)
[Low Height Wall With Top Railing]

+ Based on this design, the
clear width will be 1.2 meters

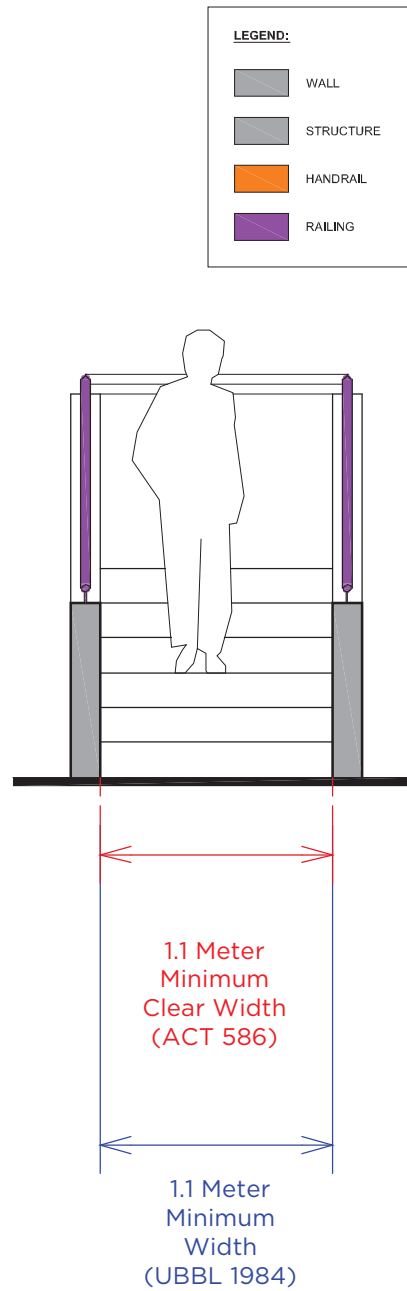


Diagram 4.4
Diagram Illustrating
Minimum Clear Width
(Section View)
[Low Height Wall With Top Railing]

+ Based on this design, the
clear width will be 1.2 meters

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.5 ELEVATORS / LIFTS

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
5.	Elevators / Lifts				- Patients' Accessible Area. - Patient's Safety. Maneuvering of Medical Equipment. - To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states). - All opening and/or width which means for escape are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).
	- For Patients' Transported Through - JKKP Certification (Borang G11)				
	Numbers of Elevators / Lifts	R 52 (2) ≥ 1 elevators, if Patients' facilities are located on other than ground floor ≥ 2 elevators, if ≥ 60 beds other than ground floor ≥ 3 elevators, if ≥ 200 beds other than ground floor	UBBL 1984, By-Law 124 To be provided for building more than 4 storey	- Act 586 Preferably minimum one evacuation lift to be provided	
	Lift Door Opening	R 52 (3) Clear Opening ≥ 1.2m	- n/a	Act 586	
	Lift Car Size	Car Size ≥ 1.5 m x 2.1m	- n/a	Act 586	
	Lift Capacity	Capacity ≥ 1,500kg	- n/a	Act 586	

Descriptions

ACT 586

Rule 52. Elevators, Stairways or Ramps

- (2) The provision of elevators in a private healthcare facility or service shall be as follows:
- (a) there shall be at least one elevator if a patient room, operating room, labour-delivery room, X-ray room, solarium, or treatment room is located on other than a single floor from the ground floor;
 - (b) there shall be at least two elevators if the private healthcare facility or service has a capacity of more than sixty beds on other than the ground floor; and
 - (c) there shall be at least three elevators if the private healthcare facility or service has a capacity of over two hundred beds on other than the ground floor.
- (3) Where an elevator in a private healthcare facility or service is used or intended to be used:-
- (a) for patient transportation, the size of such elevator shall at least be 1.5 metres by 2.1 metres clear size with a capacity of 1,500 kilograms, car and shaft doors of at least 1.2 metres clear opening; and
 - (b) for transfer of patient bed with attachments, the size of such elevator shall be appropriate to such function.

CURRENT STATUTORY REGULATIONS

- Elevators / Lifts to be provided for building more than 4 storey (UBBL 1984 By-Law 124).

HARMONISATION

- Elevator / Lift to be provided (Act 586).
- **Preferably minimum one evacuation lift to be provided.**

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).
- All opening and/or width which **means for escape** are subject to 7th Schedule, Calculation of Occupant Load & Capacity of Exits of UBBL 1984 (or similar By-Law which might differ in other states).

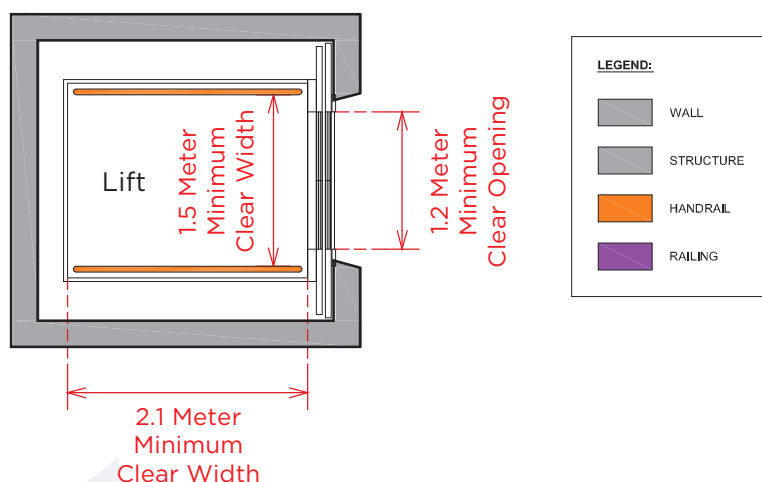


Diagram 5.1
Diagram Illustrating
Minimum Clear Opening & Width
(Plan View)

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.6 CEILINGS

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
6.	Ceiling Height Floor-to-Ceiling Height	R 58 (a) 2.4m: for air-conditioned rooms or areas R 58 (b) 3.0m: for non-air-conditioned rooms or areas R 58 (c) 2.7m: in an air conditioned sterile room, labor room.	UBBL 1984, By-Law 44(5) 3.0m: floor to floor for patients' room	Combination of both Act 586 & UBBL 1984	- Patients' Accessible Area. - Patient's Safety. - Maneuvering of Medical Equipment. - To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).



Descriptions

ACT 586

Rule 58. Ceilings

- (1) Ceilings of each room or area in a private healthcare facility or service shall be:-
- (a) 2.4 metres minimum clear floor to ceiling height for air-conditioned rooms or areas;
 - (b) 3.0 metres minimum clear floor to ceiling height for non-air-conditioned rooms or areas; and
 - (c) 2.7 metres minimum clear floor to ceiling height in operating rooms, labour-delivery rooms and similar rooms having special ceiling-mounted light fixtures.

CURRENT STATUTORY REGULATIONS

- Minimum Floor to Floor Height is 3.0 meters (UBBL 1984 By-Law 44 (5)).

HARMONISATION

- To be based on Act 586 and UBBL 1984 By-Law 44 (5).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586 and UBBL 1984 (or similar By-Law which might differ in other states).



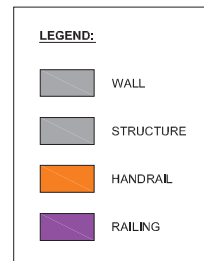
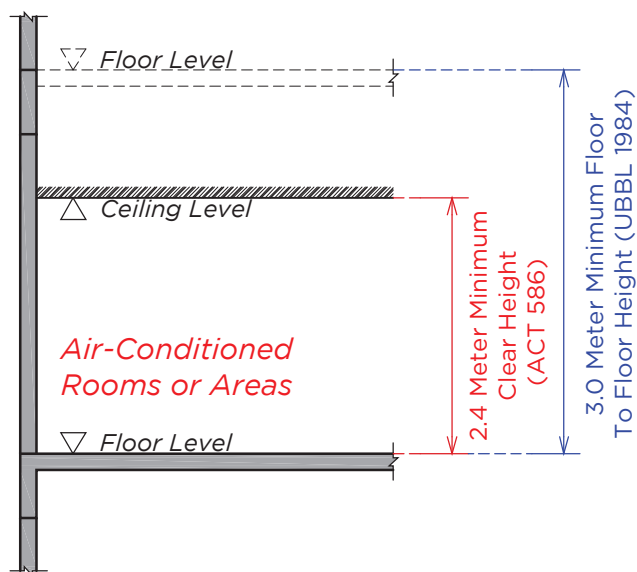


Diagram 6.1
Diagram Illustrating
Minimum Height
(Section View)

+ Based on this ceiling height requirement, the floor to floor height could be 3.0 meters

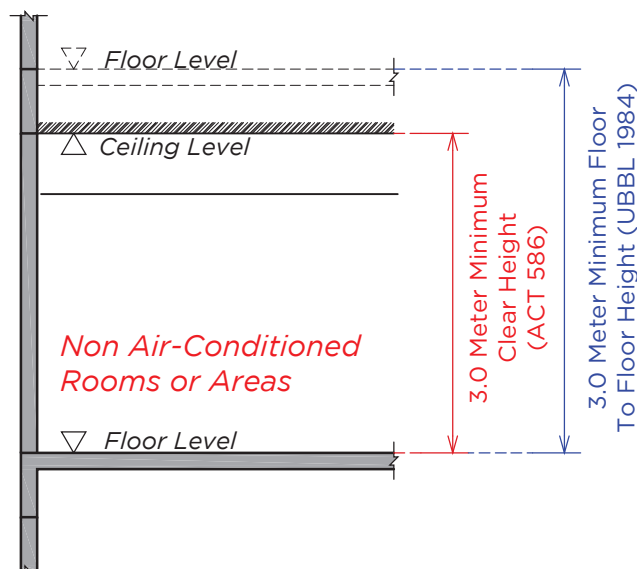


Diagram 6.2
Diagram Illustrating
Minimum Height
(Section View)

+ Based on this ceiling height requirement, the floor to floor height should be more than 3.0 meters

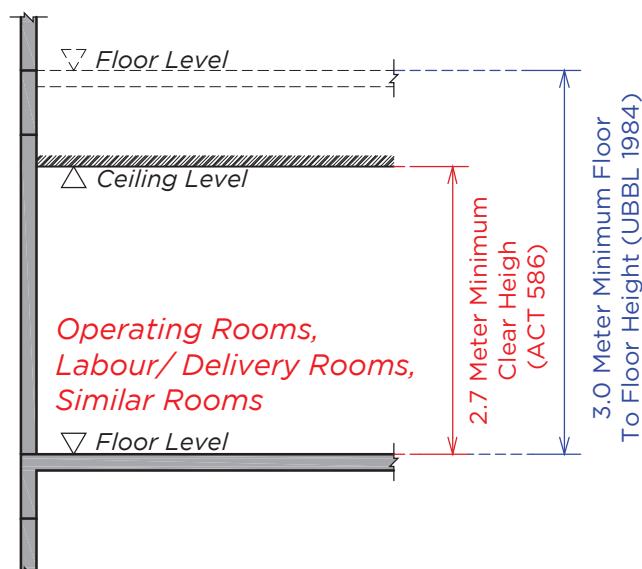


Diagram 6.3
Diagram Illustrating
Minimum Height
(Section View)

+ Based on this ceiling height requirement, the floor to floor height could be 3.0 meters

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.7 DOORS (TOILET)

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
7.	Doors (Toilet)				
	• Patient's Toilet and Bathroom • Minimum Opening • Door Swing	R 54 (2) 0.9m clear opening R 54 (2) the door shall not swing into the toilet or bathroom	MS 1184:2002 (8.1) > 0.9 m - n/a	• Combination of both Act 586 & UBBL 1984 • Act 586	• Patients' Accessible Area. • Patient's Safety. • Maneuvering of Medical Equipment. • To comply with Act 586.

Descriptions

ACT 586

Rule 54. Doors

- (2) The door for patient toilet and bathroom including door to toilet adjoining patient room shall have 0.9 metre minimum clear opening and the door shall not swing into the toilet or bathroom and if the toilet or bathroom is located next to a corridor, the door shall open sideways.

CURRENT STATUTORY REGULATIONS

- Minimum 0.9 meter clear opening (MS 1184 : 2002 (8.2)).

HARMONISATION

- 0.9 meter clear opening (Act 586).

JUSTIFICATION

- Patients' Accessible Area.
- Patient's Safety.
- Maneuvering of Medical Equipment.
- To comply with Act 586.

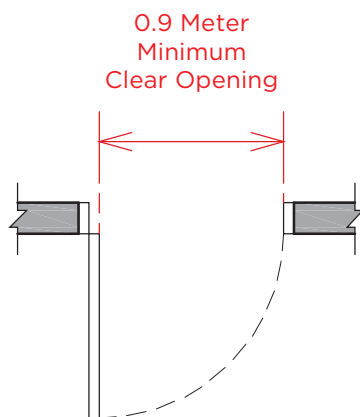


Diagram 7.1
Diagram Illustrating
Minimum Door Opening
For Single Leaf
(Plan View)

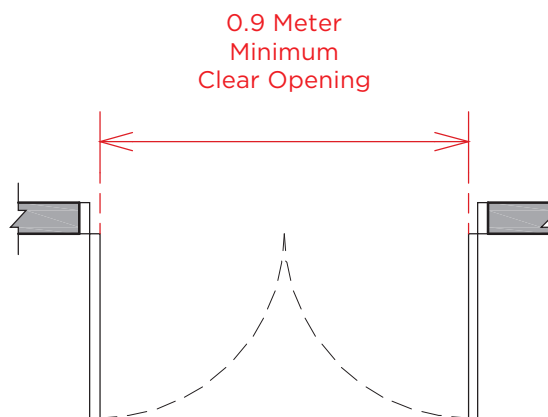


Diagram 7.2
Diagram Illustrating
Minimum Door Opening
For Double Leaf
(Plan View)

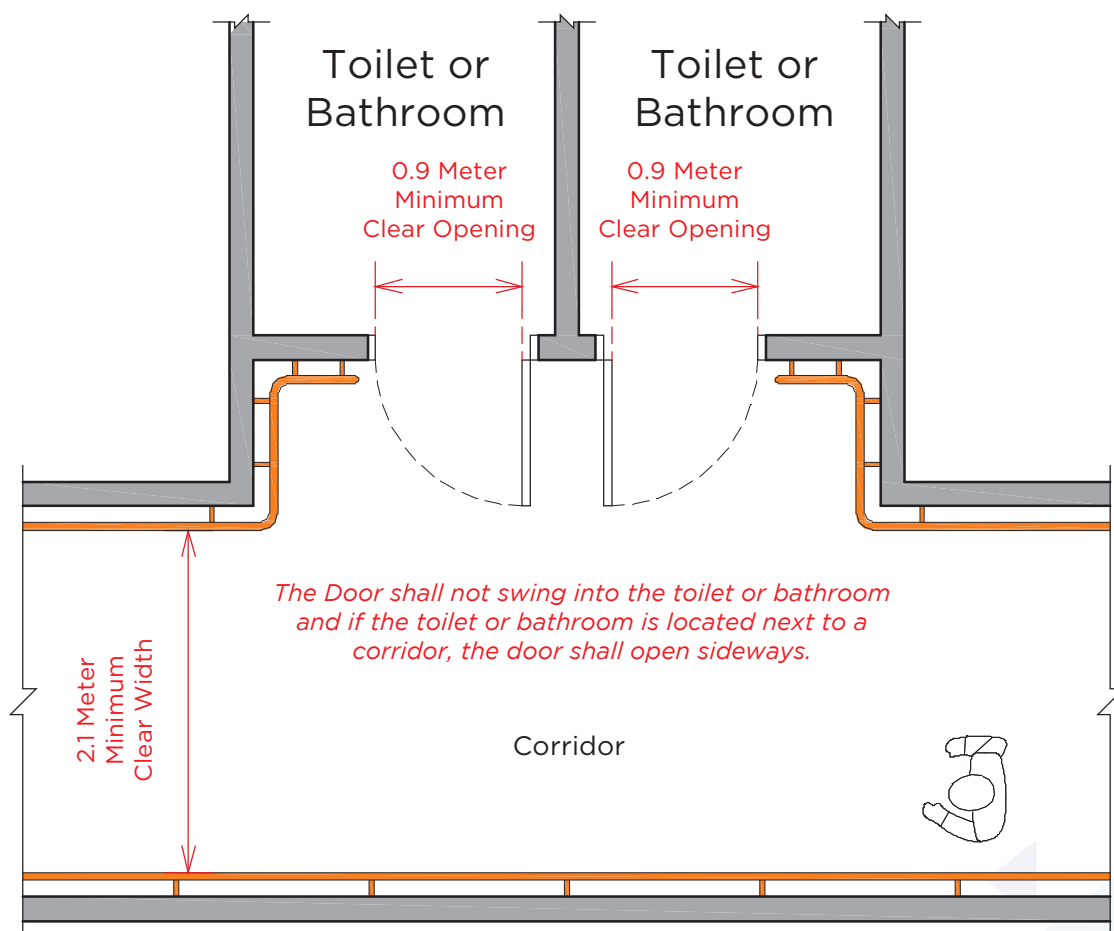
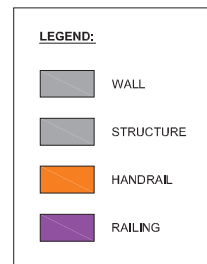


Diagram 7.3
Diagram Illustrating
Allowable Door's Swing To Corridor
(Plan View)

RECOMMENDATION: HARMONISATION OF REGULATORY REQUIREMENT

2.2.8 REFUGE AREA

Summary

No.	Items	Act 586	Current Statutory Regulations	Harmonisation	Justification
8.	Refuge Area Horizontal Evacuation Area for Patients	No provision	UBBL 1984, By-Law 169 (Amendment 2012)	- UBBL 1984 (Amendment 2012 adopted) - To provide an enclosed area which can occupy 50% based on number of beds per floor.	- Staging area for evacuation process - Patients' Accessible Area. - Patient's Safety & Health. - Maneuvering of Medical Equipment. - To comply with UBBL 1984 (or similar By-Law which might differ in other states).



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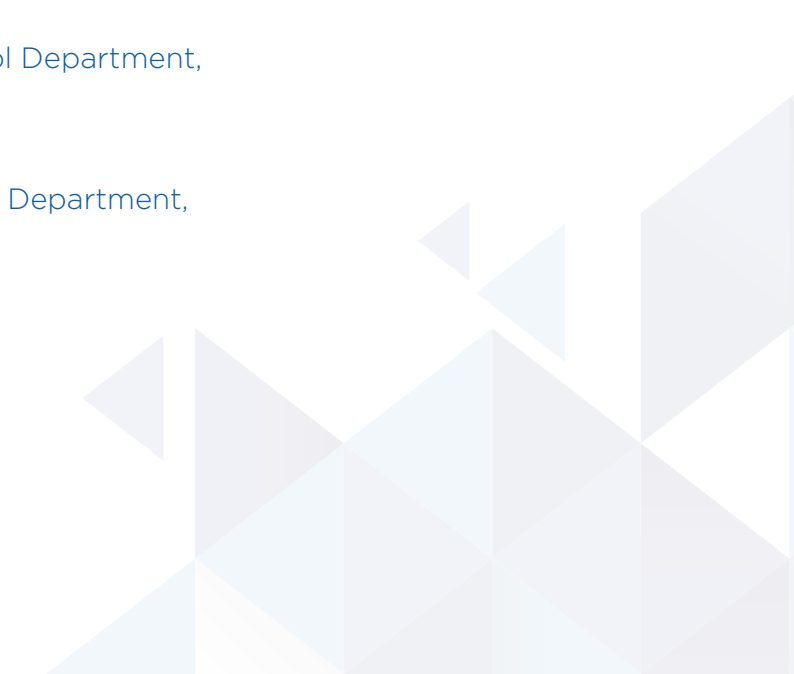
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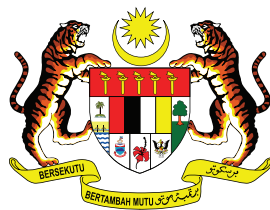
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