



The Department of Health Chief Executive Officer has a duty to approve the proprietor, the premises (entire site and building/s) and the arrangements for management, staffing and equipment when assessing an application for a private hospital licence. The building application is assessed for compliance with the Western Australia Health Facility Guidelines (WAHFG's) for Architectural Requirements, the WAHFG's for Engineering Services, the Building Guidelines for the construction, establishment, and maintenance of Psychiatric Hostels (referred to as 'The Guidelines') and the Licensing Standards for the Arrangements for Management, Staffing and Equipment. The Licensing and Accreditation Regulatory Unit (LARU) is the delegated authority which administers the *Private Hospitals and Health Services Act 1927*. Initial contact must be made with the LARU Licensing Manager to determine if the proposed facility is licensable.

The Building Approval Process is a gated approval process which requires that all matters are addressed at each approval phase prior to progressing to the next approval phase. The four phases are Concept Approval, Approval in Principle, Approval to Construct and Approval to Occupy.

BUILDING APPROVAL PROCESS				
Process	Concept meeting		Documentation and Plans required by LARU	Timeframe
Concept Approval 	<p>The concept meeting introduces the licence holder / applicant (or their authorised delegate), their agent/s and project director to the LARU team.</p> <p>The meeting provides the opportunity to assess high level plans for the proposed service provision, discuss the building design, outline any intended staging, timelines planned for each stage, consideration of impact on continuity of services. The requirement to comply with the National Construction Code for Class 9A Buildings and 'The Guidelines' is outlined.</p> <p>For a new licence application, this meeting also introduces the licence applicant to the legislative requirements for operating a private hospital and assists in determining the type of licence and the appropriate licensing application pack that will need to be completed.</p>		<p>It is required that the licence holder / applicant has undertaken their due diligence and consulted with an architect, engineer and clinical consultant (depending on the project) prior to attending for concept meeting.</p> <p>High level drawings are required to be provided to LARU Building one week prior to concept meeting.</p> <p>Email LARU Building to organise a time for a concept meeting.</p> <p>Note 1: The LARU requires confirmation that Development Approval with Local Council is underway or being considered (if applicable to the project).</p> <p>Note 2: For building developments intended to provide care to mental health patients there is the requirement to ensure that the Office of the Chief Psychiatrist is formally notified in writing.</p>	<p>The LARU will provide formal correspondence advising if concept approval has been recommended / not recommended following the concept meeting.</p> <p>Verbal approval may be provided at the concept meeting; however, this will be at the discretion of the LARU and assessed on a case-by-case basis.</p>
Approval in Principle (AIP) 	<p>Method of Submission</p> <p>Submit via My File Transfer MyFT secure file transfer system.</p> <ul style="list-style-type: none"> Contact LARU Building to request access to MyFT. A link will be sent via email to gain access to a folder within MyFT to upload AIP 1 to 8 files. Access to upload files will be available for 2 weeks. <p>Further information is provided in the LARU Building MyFT Instruction Sheet.</p>	<p>Method of Assessment</p> <p>E-docs and plans are to be submitted via MyFT for desktop audit.</p> <p>Consultants from various disciplines (architecture, clinical, engineering and fire) with experience in health facility design review the documentation and drawings.</p> <p>Compliance is assessed to the:</p> <ul style="list-style-type: none"> Western Australian Health Facility Guidelines Australian Standards National Construction Code WA Health Licensing Standards <p>The consultants are engaged by the LARU.</p> <p>Correspondence which includes the audit report is sent to the applicant and states if AIP is recommended / not recommended or if resubmission is required.</p> <p>The report identifies mandatory items which require a response to demonstrate intended compliance.</p> <p>Depending on the complexity and risk of the project there may be several response cycles between the LARU team and the project team until all mandatory items are satisfactorily addressed.</p> <p>Once all mandatory items are satisfactorily addressed for the AIP stage, the Approval to Construct documentation can be submitted.</p>	<p>Documentation and Plans required by LARU</p> <p>AIP1 Functional Brief - Refer to information contained at the end of this document.</p> <p>AIP2 Contact List The Contact List is the consultants and contract persons being used in the project. This should include name, company name and contact phone number for the following areas:</p> <ul style="list-style-type: none"> Project Co-ordinator Clinical contact person/s Infection Control Consultant Architect Mechanical Engineer Electrical Engineer Hydraulic Services Engineer Civil/Structural Engineer Fire Safety Engineer Builder and associated contractor <p>AIP3 Patient Management Patient management must include information on whether patient services will be impacted, and if so, how patient safety, privacy and infection control risks are mitigated during the building works. This section will advise of planned time frames, how services will be maintained, temporary accommodation requirements, and how patient and staff services will be managed.</p> <p>AIP4 Timelines The proposed timelines for construction which clearly identifies any staging. For redevelopments – information on continuation and cessation of patient services and scheduling for temporary accommodation is to be included.</p> <p>AIP5 Plans - Total Site (1:200) For redevelopments - existing and proposed total site plan shall be provided.</p> <p>AIP6 Plans - Areas/Floors (1:100) – Architectural & Fire These plans shall include the architectural layout and fire engineering design. For redevelopments - architectural layouts of the specific areas/floors of the redevelopment shall be provided. Department boundaries (footprint) are required with an overlay on the existing floor plans. Temporary accommodation must be clearly identified. Areas of exclusion from the redevelopment shall be nominated and identified.</p> <p>AIP7 Plans - Traffic Flow Patterns (1:100) On a separate architectural layout diagrammatically indicate the traffic flow patterns (using separate colours) for patients, clinical staff and support staff services (goods & waste) in each unit. This should include the required regulatory activities and all functional staff/patient relocations (temporary and permanent). Plans shall be labelled to identify the function of adjacent departments or tenancies</p> <p>AIP8 Conceptual Engineering Design Outline the extent of engineering work and the concept for the area/floor.</p> <p>AIP9 Declaration of Conformance – A separate declaration shall be provided for each engineering discipline. Refer to WAHFG's Engineering Services or LARU website/Healthcare licences – policies and forms/Building approval process</p>	<p>Timeframe</p> <ul style="list-style-type: none"> LARU - Four to six weeks for assessment and review. Proprietor - Four weeks to respond. LARU - Four to six weeks to review responses.



Approval to Construct (ATC) 	Method of Submission	Method of Assessment	Documentation and Plans required by LARU	Timeframe
	Submit via MyFT secure file transfer system. <ul style="list-style-type: none"> Contact LARU Building to request access to MyFT. A link will be sent via email to gain access to a folder within MyFT to upload ATC1 to 7 files. Access to upload files will be available for 2 weeks. Further information is provided in the LARU Building MyFT Instruction Sheet.	Same as above.	ATC Full set of <i>For Construction</i> drawings and specifications for ATC1-5: ATC1 Architectural ATC2 Electrical Engineering ATC3 Hydraulic Engineering ATC4 Mechanical Engineering ATC5 Fire Safety Engineering ATC6 Civil/Structural Engineering ATC7 Clinical documentation e.g. Policy and procedure documentation, IPC endorsements ATC8 Declaration of Conformance – A separate declaration shall be provided for each engineering discipline. Refer to WAHFG’s Engineering Services or LARU website/Healthcare licences – policies and forms/Building approval process.	Note 3: <ul style="list-style-type: none"> All high priority life safety mandatory items must be addressed prior to ATC being recommended. All other mandatory items shall be addressed prior to progressing to an ATO inspection.
Approval to Occupy (ATO)	Documentation required at ATO inspection	Method of Assessment	Required by LARU prior to ATO inspection	Timeframe
	<ul style="list-style-type: none"> One set of certification documents. ‘As Constructed’ drawings – final floorplan. Workforce education records (fire evacuation and emergency training). Operational and clinical policies. Roster schedules. Infection Control audits or reports. Occupational Health & Safety audits or reports. 	<ul style="list-style-type: none"> Verification at the site inspection of the ‘As Constructed’ drawings which reflects the final build and includes any changes/variations further to the construction drawings provided at ATC. Review of the documentation Documentation provided following the ATO inspection is to be sent as separate attachments and not embedded into the reports. 	ATO Inspection can only occur when: <ul style="list-style-type: none"> All building works have been completed. Operational Commissioning is to have been complete, with all furniture and equipment in situ and the facility/area is ready for occupancy. All consultant design and commissioning reports, consultant certifications and contractor installation certifications as detailed in ‘The Western Australia Health Facility Guidelines for Engineering Services’ Appendix – Approval to Occupy Inspection are available at the time of inspection, or prior if requested by LARU. ATO - Step 1 <ul style="list-style-type: none"> Four weeks prior to practical completion, request in writing a tentative date for an Approval to Occupy inspection. ATO - Step 2 <ul style="list-style-type: none"> ATO Inspection Declaration will be sent by LARU Building approximately two weeks prior to the ATO inspection. Declaration form to be completed and returned with all certifications, commissioning documentation and as constructed drawings 5 working days prior to the ATO inspection. ATO – Step 3 - Declaration of Conformance – A separate declaration shall be provided for each engineering discipline. Refer to WAHFG’s Engineering Services or LARU website/Healthcare licences – policies and forms/Building approval process.	<ul style="list-style-type: none"> Dependant on ATO scheduling and consultant availability. Proprietor to notify LARU four weeks in advance of practical completion. ATO inspection is to be scheduled at least two weeks prior to planned occupancy.
Additional Information	<ol style="list-style-type: none"> WA Health approval does not negate the need to comply with the requirements of the National Construction Code, Australian Standards and other statutory authorities, for example, the Water Corporation, Western Power, ATCO, Local Council Authority, Economic Regulation Authority (ERA), Environmental Protection Authority (EPA) and the Department of Fire and Emergency Services (DFES). All approvals are valid for 12 months (Concept, AIP, ATC). Existing Dispensations/Conditions - if a facility has a Condition on the licence that will be impacted by the proposed works then the Condition will be reviewed in the context of the project. No ATO inspections will be conducted between 10 December and 10 January (inclusive) each year due to the unavailability of LARU’s external consultant panel. 			

FUNCTIONAL BRIEF

The Functional Brief shall provide an overview of the area/premises that are to be approved, and is used to guide the appropriate licence classification. **Ensure that the Functional Brief (AIP1 document) addresses the following points in the Approval in Principle submission.**

General information	Clinical service	Building	Staffing	Support services
<ul style="list-style-type: none"> Name and address of the facility. The reason/rationale for the service. Model of Care and hours of operation. 	<ul style="list-style-type: none"> The intended age range of patients. Patient Activity - number of beds by category, maximum numbers of patients to be treated at any one time and intended throughput (per area/speciality and average number per day). Outline staging of building works (if applicable); advise time frames, how services will be maintained, temporary accommodation requirements and impact to management of patient services during works, and if impact to adjacent departments. Management of Infection Prevention and Control risks during renovation and construction. Management of sterile stock, reprocessing of RMDs as per AS5369:2023. Pandemic management plan which forms the business continuity plan. 	<ul style="list-style-type: none"> Building Classification (BCA). Age of the building. Anticipated life of the facility. Fire segregation requirements regarding adjacent tenancies (if applicable). Outline the function of the rooms including the front / back of house areas within the facility including the number of single/ double rooms, theatres, CSSD, RO plant and support areas. Provide overview of external areas such as car parking, delivery loading dock, ambulance bay, waste storage area, medical gases and generator (if applicable). 	<ul style="list-style-type: none"> Intended staff mix and staff to patient ratio - per area/speciality. Support staff on site including housekeeping, allied health, volunteers. Facility Maintenance personnel, located on site / off-site. IP&C (off-site/on-site) 	<ul style="list-style-type: none"> Medical record management (off-site/on-site) Pharmacy (off-site/on-site) Food Service (off-site/on-site) Laundry & linen service (off-site/on-site) Information technology/Communications. Fire & Security services Access - car parking (disabled and visitor), public transport service, wayfinding and lighting. Waste management. Asset management including training and on-going support to end users of new equipment / systems.