DOH Health Facility Guidelines 2025

Part B – Health Facility Briefing & Design
210 Assisted Reproductive Technology (ART) Centres (including IVF)

Executive Summary

This Functional Planning Unit (FPU) covers the requirements of an Assisted Reproductive Technology (ART) and In Vitro Fertilisation (IVF) Unit, that may be provided as a stand-alone centre or a dedicated, fully self-contained Unit.

The unit should comply with the Department of Health (DOH) regulations and minimum requirements, including Standard for Patient Experience in Facilities Providing IVF Services and Standard for Assisted Reproductive Technology Services and Treatment (Refer to Appendix 3), as well as the UAE Federal Law No. (7) on Medically Assisted Reproduction and any related cabinet resolutions.

The ART Unit provides facilities for achieving pregnancy conception and treating infertility. IVF is one of several ART techniques used to help couples conceive a child. Due to the highly sensitive nature of this Unit and its pertaining practices all Fertilisation Centres are licensed by The Fertilisation Centres Oversight and Control Committee and must adhere to its laws and regulations.

The ART Unit is arranged in Functional Zones that include Entry, Consult Areas, Patient Procedural Areas, Recovery, Laboratory Areas and Support and Staff Areas. The Reception is the receiving hub and serves as the access control point ensuring security of the unit. Private Waiting Areas should be located at the Entry with ready access to Consult and Interview rooms. Consult areas consist of Consult and Examination Suites. Patient Procedural areas should be located with ready access to Recovery areas, and Laboratories. Laboratories, including the Embryology Lab and Andrology Lab, should be in a restricted access area, with direct connection to Collection rooms, Operating Rooms and Procedures Rooms. The Cryogenic facility should be located in close proximity to the Laboratory with controlled access and on the perimeter of the facility. Support and Staff Areas should be separate from patient accessible areas. These areas are described in detail within the text below.

The Functional Zones and Functional Relationship Diagram indicate the ideal internal and external relationships with other key areas and services.

Design Considerations address a range of important issues including acoustics, privacy, safety and security, finishes and Building Services Requirements.

This FPU describes the minimum requirements for support spaces of a typical ART/IVF Unit at Role Delineation Level (RDL) 2 to 6. The typical Schedule of Accommodation is provided using Standard Components (typical room templates) with room areas and quantities. Non-Standard Components identified in the Schedule are described in the text.

For each of the nominated room types within the SOA the code link to the corresponding Room Data Sheets (RDS) and Room Layout Sheets (RLS) has been provided. Readers may use those codes to access this information on the rooms in the section titled Standard Components on the website.

Further reading material is suggested at the end of this FPU.

Users who wish to propose minor deviations from these guidelines should use the Non-Compliance Report (Appendix 4 in Part A) to briefly describe and record their reasoning based on models of care and unique circumstances. DOH may then consider the circumstances and accept such deviations.

The details of this FPU follow overleaf.

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1. ART / IVF Unit

1.1 Introduction

ART is defined as any fertility related treatment in which eggs or embryos are manipulated to help achieve pregnancy. IVF is one of several ART techniques. The procedure involves removal of eggs (mature Oocyte or Ovum) from the woman's ovary. Ova are then fertilised with sperm in a laboratory procedure (in vitro). If fertilisation occurs, a fertilised ovum, after undergoing several cell divisions, is transferred to the mother for normal development in the uterus or frozen for later implantation.

Services provided by the IVF Unit typically include:

- Patient consultation, interview and financial counselling on an outpatient basis
- Pre-treatment assessment
- Blood collection
- Semen collection
- Artificial insemination
- Ovarian stimulation therapy
- Ultrasound examination
- Oocyte (egg) collection
- Embryo culture
- In vitro / ICSI fertilisation
- Cryopreservation
- Embryo transfer
- Recovery

ART procedures, in addition to IVF, typically include:

- Ovulation induction
- Assisted hatching
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Pronuclear stage tubal transfer (PROST)
- Testicular sperm aspiration (TESA)
- Percutaneous epididymal sperm aspiration (PESA)
- Microdissection TESE (microTESE)

1.1.1 Licensing of Unit

ART/ IVF Units require separate licensing according to the laws of Abu Dhabi and the United Arab Emirates. Please refer to the DOH for additional information on the licensing process for ART/IVF Units.

All new ART and IVF Centres must be purpose designed and built in adherence to these guidelines. Repurposing villas or other inappropriate building types is not permitted as this is likely to result in sub-standard facilities and degrading of patient experience.

Existing IVF centres will be required to transition into a purpose built set up within 3 years. This is a mandatory requirement for licensing purposes.

In this context, purpose designed and built does not imply a completely new building or a stand-alone building. Purpose designed and built unit may be within a clear tenancy space suitable for use as a clinic with a discreet tenancy entrance not shared with any other tenancy. The entrance may be on any level of the building, however ground floor is preferred.

1.2 Unit Planning Models

1.2.1 Operational Models

The range of options for an ART/ IVF Unit may include:

- A standalone centre, fully self-contained on a separate block of land
- A dedicated, fully self-contained Unit within a tenancy space suitable for use as a clinic
- A dedicated, fully self-contained Unit located on the hospital plot, with the following requirements:
  - The unit should have a discreet entrance
  - The unit should not share any services with the hospital except for the back of house services. A staff corridor connecting the Unit to the hospital is permissible
  - The unit should take into account all the design requirements stipulated in these guidelines within the unit

The guidelines stipulated are considered the default guidelines that apply to all facilities. If providers would like to design more upgraded facilities that would qualify as luxury facilities, equivalent to a "7 Star" hospitality rating, a list of design and service requirements can be found in the Appendix. Detailed guidelines for such luxury facilities will be published in 2026. These future guidelines will supersede the requirements stipulated in the Appendix.

Hours of Operation

The ART/IVF Unit generally operates on a long day basis, typically 8am to 6pm, with AM and PM shifts, commonly 6 days a week with admissions from early morning. It should be noted that there are no limits or restrictions on hours of operation. Procedures are undertaken on a sessional basis with discharges/ transfers into the evening. Patient care requirements and flexible work schedules may require hours of operation to be extended to evenings and weekends to meet demand and operational policies.

1.2.2 Functional Zones

The Unit consists of individual spaces, areas or zones which serve various service modules that combine to form the Unit. The relationship between Areas/ Zones is considered important to ensure that the Unit operates efficiently and effectively.

- Entry/ Reception and Waiting
  - Entry/ Reception
  - Waiting Areas
  - Administration/ Records
  - Interview Room/s; dedicated private spaces for sensitive and confidential conversations between healthcare staff and patients
  - Public Toilets; gender segregated
  - Prayer Rooms; gender segregated
- Consult Area
  - Consultation plus Examination Suite
  - Treatment rooms (used for injection training)
  - Ultrasound room/s
  - Optional Vital Signs Room

  - Blood Collection facilities
  - Support Areas such as utilities, storerooms and patient toilets
- Patient Procedural Area
  - Collection Room/s with Ensuite Shower and Toilet
  - Pre-Op/ Recovery Stage 2 Rooms with Ensuites
  - Operating Room/s for oocyte (egg) collection and re-implantation with Scrub rooms. Embryo transfer can also be done in a Procedure Room.
  - Optional Infectious Operating Room
  - Clean Up Room for the OR
  - Recovery Stage 1 Rooms with Ensuites
  - Support Rooms such as Clean and Dirty Utility rooms and linen bays
  - Staff Change areas
- ART Private Patient Rooms (Optional)
- Laboratory Areas
  - Laboratories (Embryology (IVF, ICSI), Andrology, Genetics)
  - Optional Infectious Laboratory
  - Sterile Store for laboratory consumables
  - Cryopreservation facilities
  - Gas Bottle Store, where liquid nitrogen is stored and the rest of the gases are piped
  - Staff Change Rooms
- Sterile Supply Unit (SSU); dedicated sterilising facilities are required
- Staff Areas
  - Staff Station
  - Offices, Meeting Rooms, Staff Room
- Pharmacy
- Coffee Shop (Optional)
- VVIP Lounge (Optional)

Entry/ Reception

The Entry and Reception provides the first point of contact for patients. The Reception also serves as the main access control point for the unit to ensure security of the Unit.

Waiting

Waiting Areas should be calm, comforting and relaxing. They should be fully enclosed in a private area that is not open to passing traffic. They should be strategically set back from public corridors to limit noise and visual intrusion.

Seating arrangements shall include physical separation to minimise auditory disturbances. The design should include options for segregated or semi-private zones, such as partitioned seating pods or family nooks to accommodate family groups and segregation of genders, to provide a more discreet environment for patients awaiting care. There shall be sufficient space per patient to maintain comfort and privacy, incorporating designated wheelchair spaces and accommodated seating, designed to avoid overcrowding and support a welcoming environment.

To further ensure patient privacy, registration and billing should be done privately within the private waiting pod. Additionally, queue notification should be provided in a discreet manner.

As a minimum, two waiting pods are required per Consultation Room.

Consult Areas

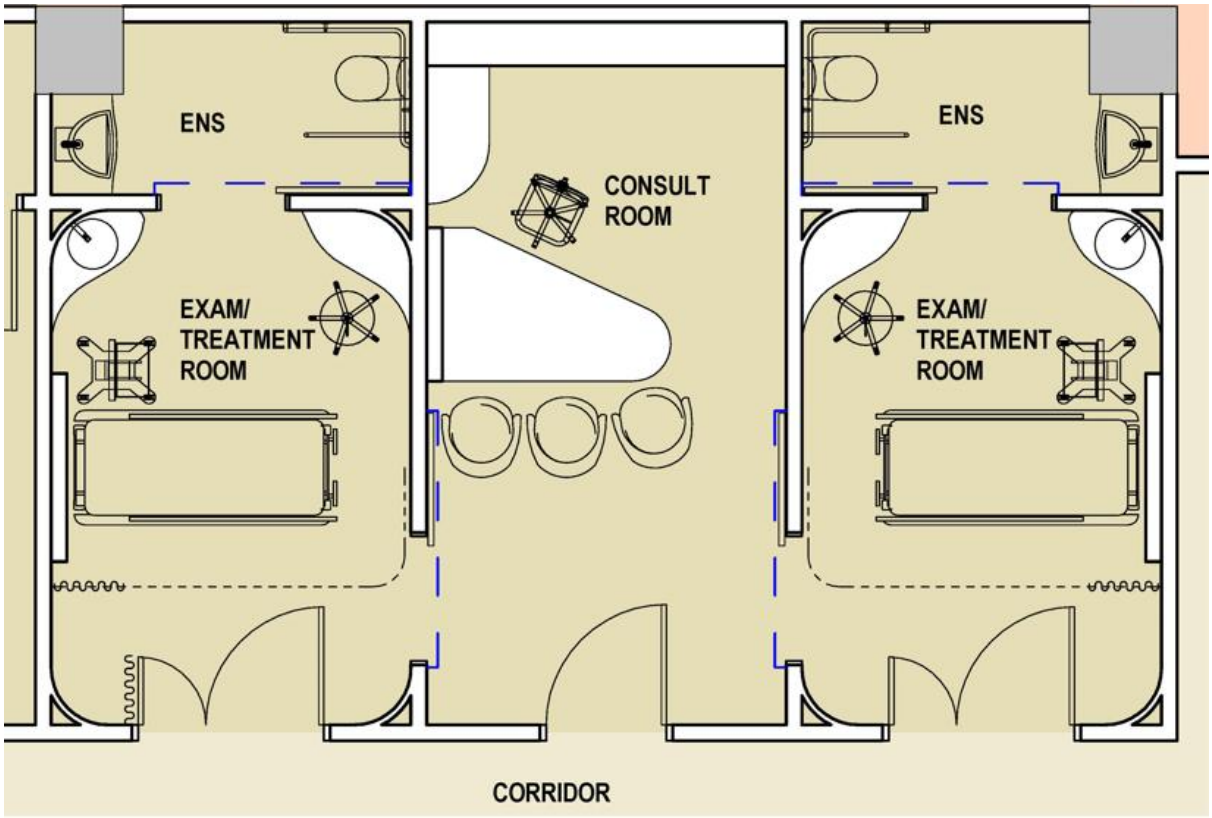
Consult/Examination Room(s)

Consult and Examination Rooms shall ideally be provided as individual rooms with separate access to each, allowing a patient to be examined separately to the consult function. The two rooms will be collocated and designed as a single contiguous unit to deliver all required services in a self-contained environment. The two rooms shall be the same size for future flexibility.

The Consult Area should promote efficiency while providing a pleasant environment for all patient types. The Examination room shall incorporate an ultrasound, examination area, blood draw facilities and a private restroom, ergonomically optimized for efficiency and patient comfort.

Consult/ Examination Rooms need to provide maximum privacy and avoid any exposure of the patient while opening the door.

Provision for virtual consultation should be made available in the consultation rooms.



Vital Signs

Every consult/ exam room should be capable of conducting Vital Signs. In addition, a separate Vital Signs room can also be provided.

Blood Collection

Every consult/ exam room should be capable of conducting Blood Collection. In addition, a separate Blood Collection Room should be provided.

Treatment Rooms

Treatment rooms will be used for injection training and should ensure privacy and safety of the patient.

Procedural Areas

Collection Room/s

Collection room/s should be discreet, private enclosed rooms for collection of sperm samples from patients.

These rooms have a close functional relationship with the Andrology Laboratory; rapid delivery of specimens is required to prevent cell deterioration. A pass-through hatch from the Collection Room to the Andrology Lab is recommended. The Collection Rooms require an Ensuite shower and toilet.

Pre-Op/ Recovery Stage 2

Patients undergoing procedures will be admitted to enclosed private pre-operative rooms with glass front. Each room will have its own ensuite. These rooms will also be used as Recovery Stage 2, after they awake from general anaesthesia. The minimum ratio of beds in Pre-Op/Recovery Stage 2 is 2 per Operating/ Procedure room. The Pre-Op/ Recovery Stage 2 area must be separate from Recovery Stage 1 area.

Operating Room/s

Operating Room/s) include equipment and facilities for egg collection and embryo transfer, under local or full anaesthesia, depending on the procedure. Embryo transfer can be conducted in the Operating Room or a Procedure Room. They must be designed with state-of-the-art infrastructure that supports safety, quality, and patient comfort and trust, in compliance with these Guidelines.

There must be a direct hatch connection from the Operating Room to the embryology lab. Operating Rooms require separate Staff Change Rooms and adjacent scrub sink facilities.

There should be a transparent, see-through panel that allows patients to observe certain lab and procedural activities without compromising sterility or privacy. These can include displays that allow couples to see key moments such as embryo-returns for implantation. The location of this see-through panel may be in the operating/ procedure room or a neutral corridor adjacent to the laboratory.

Optional Infectious Operating Room

An infectious operating room should be provided if the facility will treat patients with blood-borne infectious diseases. This room will only be utilised for such patients.

Clean-Up Room

A Clean-Up Room is required for holding used trolleys and articles from the Operating or Procedure rooms. Items will be sorted, rinsed and disposed of and despatched to waste holding or to SSU for processing.

Recovery Stage 1 Area

As patients are under general anaesthesia, the Recovery area should consist of Stage 1 Recovery (PACU) beds. The number of recovery rooms will depend on the number of operating rooms. The required ratio of beds in Stage 1 Recovery is 2:1 per Operating/ Procedure room. Refer to the Day Surgery/ Procedure Unit FPU for further information.

Stage 1 Recovery shall be individual enclosed rooms with glass front. It should be noted that eventually almost all patients will awake in the Stage 1 Recovery and some may ask to use a toilet. Therefore, it is essential to provide ensuite toilets in Stage 1 Recovery for patients who are able to use them.

Private Pre-Op/ Stage 2 Recovery Patient Rooms (Optional)

An optional remote Pre-Op/ Post-Op, similar to the arrangement for 23 hour surgery, where Recovery Stage 2 is arranged as a small version of an Inpatient Unit, is permissible. This will replace the Pre-Op/ Stage 2 Recovery Area described above, under “Procedural Areas - Pre-Op/ Recovery Stage 2”. For further information and requirements, refer to the Day Surgery / Procedure Unit FPU that is available in Part B of these Guidelines. The provision of private patient rooms as part of ART does not change the status of the facility to an Inpatient Unit as provided in a hospital.

Laboratory Areas

Strict protocols for handling and labelling patient specimens in all laboratory areas are required. Laboratory Areas should be zoned in a restricted staff access only area. Laboratory areas are to be designed according to Clean Room standards. In all laboratories it is recommended that the flow of air from the air conditioning system should not be directly over the workbenches.

Embryology/ IVF/ ICSI Laboratory

The Embryology Laboratory provides facilities for the handling, preparation, culture and storage of human gametes (sperm and oocytes). The laboratory is responsible for identifying oocytes in ovarian fluid, culturing these eggs with the partner's sperm, and embryo examination prior to embryo implantation into the patient.

The ICSI (Intracytoplasmic Sperm Injection) procedure involves the process of injecting a single sperm into the nucleus of the egg using a microscopic needle without affecting the viability of the

egg. The zygote (fertilised egg) is then monitored until it starts to divide forming a small cluster of cells known as the blastocyst (in approximately 5 days in the lab) which is then reimplanted to form an embryo.

Due to the sensitive nature of its functions, the embryology laboratory should be enclosed and should be located in a secure and sterile area away from the outpatient/ clinic facilities but with a direct relationship to the Operating Room/s and Procedure Rooms for oocyte collection and re-implantation. A pass-through hatch from the Laboratory to each Operating Room/ Procedure Room is required as well as to the Andrology Laboratory.

Andrology Laboratory

The Andrology laboratory performs the evaluation, testing, preparation and storage of sperm specimens. Diagnostic procedures include:

- Semen analysis to determine sperm count, motility, viability and morphology
- Preparation of sperm for fertilization and Intrauterine Insemination (IUI) and thawing of frozen specimens

The laboratory will include benches and storage units for examination of specimens. The space should be enclosed for specialty laboratory functions.

The Andrology Laboratory has a close working relationship with the IVF/ICSI Laboratories. The Collection Room/s should be located in close proximity. A pass-through hatch from the Collection Room to the Andrology Lab is recommended.

Staff access to the Laboratory should be via an Anteroom with access control.

Genetics Laboratory

The Genetics Laboratory undertakes cytogenetics studies of the embryo cells, particularly the nucleus which contains the chromosomes that carry genes and their DNA to determine the status of the embryo after IVF and before re-implantation, also referred to as Pre-implantation Genetic Diagnosis (PGD).

This process can also identify and diagnose abnormalities and genetic diseases that may accompany the pregnancy by the use of sophisticated techniques such as Fluorescence In-Situ Hybridization (FISH) or Polymerase Chain Reaction (PCR). Access to the Genetics Laboratory cn be via the Embryology Lab. Alternatively, the functions performed in the Genetics Laboratory may be included in the IVF/ ICSI Laboratory.

The Genetics Laboratory has a close working relationship with the IVF/ ICSI Laboratory.

Alternatively, genetic testing can be outsourced, whereby embryo samples can be sent to specialist genetic testing laboratories. A dedicated sample collection room is required in this case. This room must be secure, access-controlled and temperature monitored. Samples shall be stored in accordance with the validated requirements of the receiving laboratory, with full traceability and documented chain of custody maintained at all times.

Cryopreservation Facilities

Facilities for cryopreservation include a separate room for storage of frozen reproductive cells (gametes, zygotes and embryos) and frozen ovarian tissue in liquid nitrogen storage tanks. Nitrogen tanks should be stored in an enclosed space in case of nitrogen leakage. The tanks may be remote from the unit with a pipe connection.

The Cryopreservation storage area should be located in close proximity to the Laboratory areas, in an area with controlled access, and at the perimeter of the building. Access to fill the cylinders and for maintenance should be from the outside to prevent contamination of the laboratory areas. A monitoring system is required for low levels of liquid nitrogen in the storage tanks and for high levels of nitrogen in the air.

The design should consider expandability based on future expansion needs and considering the legal storage limits of oocytes and embryos as stipulated by the UAE Federal Law.

Strict protocols on the method of storage and specimen labelling are required for this process (refer to the DOH Standard for Assisted Reproductive Technology Services and Treatment and licensing laws) and include:

- Infection control (minimising the risk of cross contamination of frozen gametes, zygotes and embryos)
- Labelling, packaging and documentation of frozen tissue. An ART Management System, also known as a sample witnessing system, must be utilised to ensure traceability and to mitigate mismatch errors. The facility should utilise validated, industry-leading ART management and electronic witnessing systems (e.g. RFID tagging) to ensure the highest standards of end-to end sample traceability and risk mitigation throughout all laboratory processes

Embryo freezing requires a separate request to the DOH. This must include the request signed by a medical director, a marriage certificate, and a valid Emirates ID.

Optional Infectious Laboratory

The infectious laboratory should be provided if the facility will have an infectious operating room. The lab will be similar to the embryology lab and will also include andrology laboratory capabilities. It shall have direct pass through hatch from the infectious operating room and embryology lab. A separate infectious Collection room is also required in close proximity or adjacent.

Staff access to the Laboratory should be via a dedicated Anteroom with access control.

SSU

Refer to the Sterile Supply Unit (SSU) FPU for more details. The different zones that comprise this area are briefly described below.

The area requires a defined unidirectional workflow for instruments from contaminated to clean to sterile.

Cleaning/ Decontamination Room

All recyclable articles (including delivery trolleys) are sorted, rinsed, ultrasonically cleaned or mechanically washed and dried. It will also include pass thru washer disinfectors for washing and thermal decontamination.

Packing Room

The Packing Room is an area where cleaned and dried instruments are sorted, assembled into sets and packaged.

It will be located between the Cleaning/ Decontamination area and the Sterilising area in a one-way flow.

Sterile stock should not be stored in this room to avoid the potential for mixing unsterilized instrument sets with sterile sets.

Sterilising Room

All packaged sets are placed in pass through sterilisers. Once the items are sterilised, they will be cooled and then stored in the sterile store room prior to despatch to the Operating Unit or other patient procedure or treatment areas.

Pharmacy

An outpatient pharmacy for patient medications is required and shall be provided under a separate license from the Ministry of Health and Prevention (MOHAP). Patients will have the option to pick up their medications from the pharmacy itself or their medications will be brought to them in a discreet manner. Refer to the Pharmacy Unit FPU for further requirements.

Coffee Shop

The facility may include a coffee shop, which can also provide catering to private patient rooms.

VVIP Lounge

The VVIP lounge is intended for use by VIP & Super VIP families to wait in comfort prior to or during visits to the Unit. It may include a beverage preparation area. While this is an optional area, it is highly recommended.

Discreet Exit (Optional)

Where possible, it is recommended that a discreet exit point from the Unit should be provided for maximum privacy. In the event the facility will be treating VIP clients, this exit is mandatory.

1.3 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity whose services work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

1.3.1 External Relationship

The ART/IVF Unit has potential functional relationships with the following external functions:

- Laboratory
- Pharmacy
- Medical Imaging

The ideal External Relationships are demonstrated in the diagram below including:

- A distinct relationship between the main Entry and car parking. Access from the parking to the entrance should ensure the privacy of patients and visitors
- Entrance for services and supplies via a service entry
- Entry for patients and staff through separate entries

1.3.2 Internal Relationship

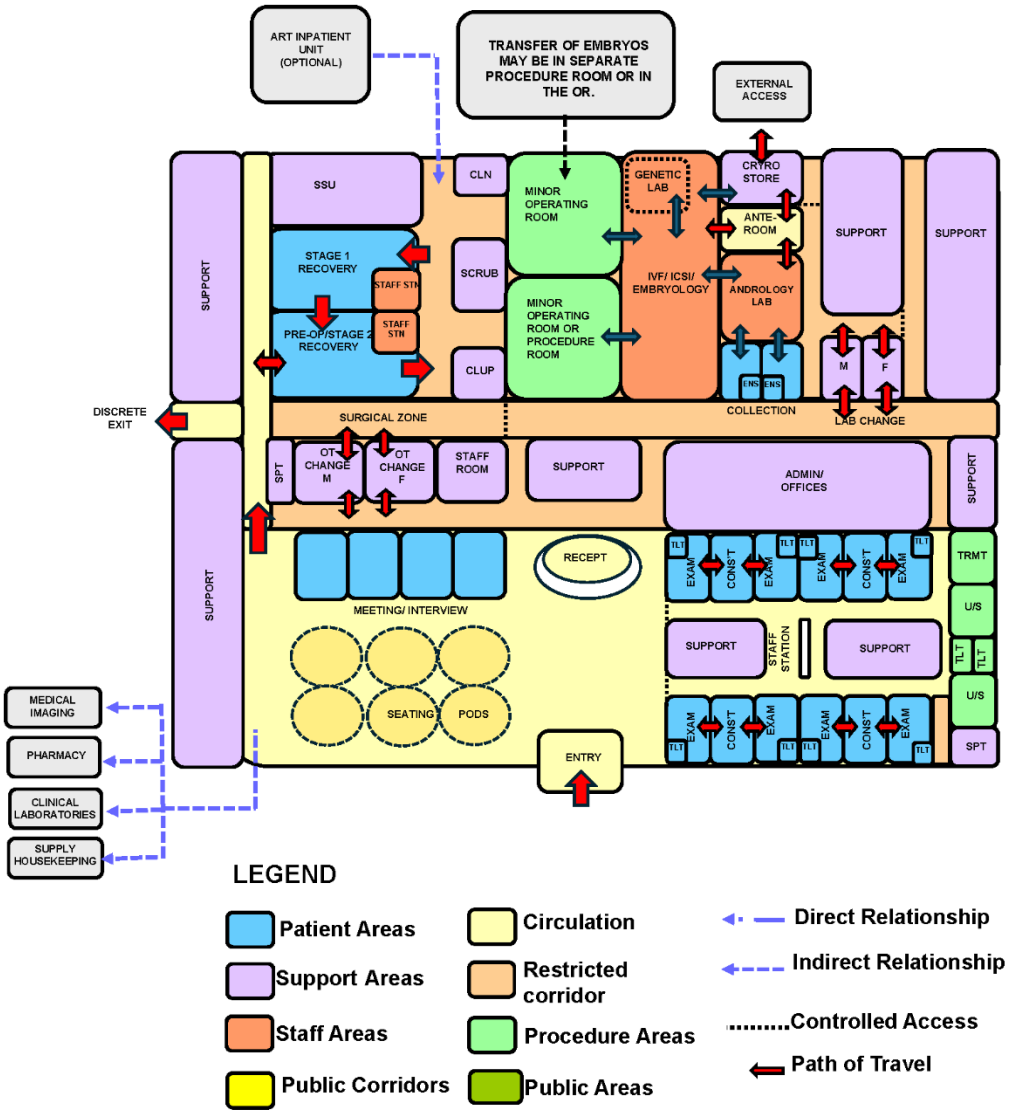
Within the ART/IVF Unit, the facility design shall optimize patient and staff flow from reception through consultation, treatment, and recovery areas. All patient flows should consider maximum privacy and anonymity. The preferred functional relationships include:

- Reception, Administration and Waiting Areas at the entry to the Centre, where Reception may act as a welcome centre and control point
- Ready access to Consult, Exam and Ultrasound Rooms from Waiting Areas and to Pre/Op Rooms or Patient Private Rooms for the procedure
- Collection Rooms have a direct functional relationship with the Andrology Laboratory; specimens require rapid transfer, of within a 2-minute period, to the laboratory to avoid deterioration
- Access to Operating/ Procedures Rooms from Pre/Op
- Laboratories should be located in a separate zone away from the Consult area and with a secured entry through an Anteroom
- Embryology (IVF/ ICSI) Laboratory areas should be located with a direct adjacent relationship to the Operating/ Procedure rooms for egg collection and re-implantation

For other internal relationships refer to the Functional Relationship Diagram below.

1.3.3 Functional Relationship Diagram

The Functional Relationship of a typical ART/ IVF facility are demonstrated in the diagram below.



1.4 Design Considerations

1.4.1 General

The design of the Unit should create a pleasant, quiet and reassuring atmosphere for patients whilst retaining the necessary functional requirements associated with clinical spaces and laboratories. The facility should have a discreet entry point with inconspicuous signage. Ideally a separate discreet exit should also be provided where possible.

The facility should provide a supportive environment that recognises the personal and cultural sensitivities associated with fertility, ensuring utmost privacy and confidentiality for couples through comprehensive spatial planning, security protocols, and operational procedures dedicated to fostering a comfortable, private, and therapeutic patient environment.

1.4.2 Environmental Considerations

Privacy

Privacy is essential for confidential conversations and interviews to minimise stress and discomfort for patients. Patient privacy and confidentiality shall be enhanced by provision of private interview rooms for personal discussions between staff and patients.

Areas should be designed to avoid direct views into patient, Consult and Treatment spaces from the outside, through windows and through doors. Privacy curtains, or equivalent physical barriers, should be provided where necessary.

The facility layout to be such that access to each discreet component of the facility should not pass through a different section of the facility. This will result in defined zones of activities, such as consult/ exam areas, procedural areas, pre-op/ post-op areas etc. This design enhances privacy and minimizes patient movement.

Acoustics

The ART/IVF Unit should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including consult rooms. Confidential patient information is exchanged between patients and staff, therefore the Interview, Consult, Collection and Treatment Rooms should be acoustically treated to maximise privacy.

Acoustic treatment is required to the following:

- Waiting Areas and/or dedicated lounges should be fully enclosed, located further away from the Consult Rooms, Treatment spaces and Staff Areas and setback from public corridors. Seating arrangements shall include physical separation to minimize auditory disturbances.
- Interview Areas with patients require acoustic treatment in order to maintain the confidentiality of conversations between clients and clinicians
- Meeting Rooms and discussion areas for staff where confidential patient information is shared require acoustic treatment
- Consultation/ Examination/ Treatment Areas where noise producing treatments are likely to take place and where patient privacy is paramount should be treated to minimise the transmission of noise.

Additionally, to soothe patients, the preparation and recovery rooms should have music facilities where patients have the option of choosing relaxing music of their choice to be played.

Refer to **Part G – Acoustics** of these Guidelines for more information.

Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit, except within the laboratory areas where natural light may have a detrimental effect on the samples. Windows are an important aspect

of sensory orientation and psychological well-being of patients and staff. Windows should be provided to all patient and staff spaces wherever possible.

Beyond standard lighting, the facility shall incorporate soft, calming lighting solutions. The overall lighting design should enhance comfort, reduce stress, and support a discreet patient experience throughout the facility.

External lighting must be addressed for stand-alone units, including car parking areas, particularly if the Unit is accessed after-hours, according to Local Authority requirements.

1.4.3 Ergonomics / OH&S

Laboratories should be designed with consideration to ergonomics to ensure an optimal working environment which minimises the risk of distraction, fatigue and thereby making a mistake. Aspects for consideration include height of benches and chairs, height of equipment in constant use such as microscopes and bio-safety cabinets.

Refer also to **Part C – Access, Mobility, OH&S** of these Guidelines.

1.4.4 Safety and Security

The ART/IVF Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to optimal healthcare outcomes. Patients and family members attending the ART/IVF Unit may require access to lockable storage for personal items. Zones within the Unit require access control to prevent unauthorised access, particularly laboratory areas, cryopreservation areas and staff office areas.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

The ART/IVF Unit, either stand-alone or located within a suitable building, requires sufficient external security which should include CCTV surveillance.

Internal Areas should be planned with a high level of security including:

- Zoning areas and grouping similar functions together with electronic access to areas
- Provide access and egress control which may use the Reception as the control point
- Provide good visibility to waiting and patient areas for staff
- Internal CCTV surveillance covering all public areas, including where the patient is not visible to staff, such as the Waiting area pods, to achieve complete and full coverage (but not within private consult/ examination and treatment areas)

1.4.5 Finishes

Internal finishes including floor, walls, joinery, and ceilings should be suitable for the multipurpose function of the unit while promoting a pleasant environment for patients, visitors and staff.

In public areas, patient consultation and treatment areas and pre-operative areas finishes and colours should be elegant, friendly and uplifting. As far as possible, natural and timeless themes should be used, in the same manner as luxury hotels and resorts.

Finishes within the laboratories must have low volatile organic compounds (VOC) emissions. Exposure of eggs, sperms and embryos to VOCs may negatively impact IVF success rates.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards

- Suitable floor finishes with respect to slip resistance, movement of equipment and impermeable to fluids in treatment areas
- Laboratory, Storage and Procedural areas should have vinyl or similar impervious floors

For further details refer to Part C – Access, Mobility and OH&S and Part D - Infection Prevention and Control in these Guidelines.

1.4.6 Fixtures, Fittings and Equipment

All furniture and equipment selections for the Unit should be made with consideration to ergonomic and Occupational Health and Safety (OH&S) aspects, particularly for the laboratory areas. Furthermore, the selections for the laboratories should take into consideration the impact of VOCs on the samples. For example, workbenches within the andrology and embryology labs should be made of stainless steel.

ART/IVF laboratories and operating rooms must be designed with state-of-the-art infrastructure that supports safety, quality, patient comfort and trust in compliance with existing standards.

Critical items of equipment including incubators and liquid nitrogen storage should be temperature alarmed and monitored. Consideration should also be given to emergency and uninterruptible (UPS) power supplies to critical equipment such as incubators, refrigerators and biosafety cabinets.

For further details refer to **Part E – Engineering Services** in these Guidelines.

1.4.7 Building Service Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with **Part E - Engineering Services** for the detailed parameters and standards applicable.

Mechanical Services (HVAC)

The air conditioning system in the unit should be designed to maintain a comfortable temperature range in Patient Areas including Waiting Areas, Meeting Rooms, Therapy Areas, and Consult Rooms.

The Laboratory Unit shall have appropriate air conditioning that allows control of temperature and humidity for the proper handling of specimens and equipment functioning. They will also require special HEPA and VOC filtered air-conditioning and negative or positive pressure. Air conditioning outlets should be designed not to be directly over the benches where the work on the samples is carried out. Air movement should be discrete and away from such benches

All HVAC units and systems are to comply with services identified in Standard Components and Part E – Engineering Services.

Hydraulics/ Water Treatment

Warm water shall be supplied to all areas accessed by patients within the Centre. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold-water services.

For further information and details refer to Part E – Engineering Services in these Guidelines.

Information Technology (IT) and Communication

Unit design should address the following Information Technology/ Communications issues for optimal operation of the Unit:

- Electronic health records, prescriptions and investigation requests
- Patient Administration Systems (PAS), including patient booking systems
- Patient Follow-Up Tracking
- Digital Queuing System integrated with the Electronic Medical Record, for discreet patient identity management utilizing anonymized codes on public display boards to maintain strict

confidentiality, with queue notification provided discreetly through in-clinic screens, SMS, or a mobile application, enabling patients to wait comfortably away from crowded common areas. Crucially, no signage shall display patient names or any sensitive personal information to protect privacy.

- Computers including mobile and handheld units, email and paging systems
- Personnel Tracking System, to track all personnel and their activities across laboratory and clinical areas
- Audit Trail System
- Data and communication outlets, servers and communication room requirements
- Picture Archiving Communication System (PACS)
- Electronic supplies management systems
- Optional availability of Wi-Fi for staff, patients and waiting visitors
- Video-conferencing, teleconferencing and telemedicine requirements, integrated with the existing DoH infrastructure and in compliance with DOH and federal telehealth regulations, data privacy and cybersecurity standards
- ART Management Systems: a secure sample tracking system, also known as an electronic witnessing system, which assists in the traceability of reproductive samples ensuring the eggs, embryos and sperm belonging to the patient are tracked and used, ensuring double verification of all handling, labelling and procedural steps
- ART/IVF facilities must deploy and maintain a secure patient-facing mobile/web application (or DoH-approved equivalent) to enhance patient experience and two-way communications. The application shall support digital onboarding, enable personalization of content and reminders, and ensure integration of the couple and family throughout the IVF journey. The application should have a digital consent feature, IVF milestone tracking, remote check-in and identity verification
- The facility's digital systems, including the patient application, shall be fully integrated with Malaffi for secure, bidirectional exchange of clinical data
- The facility's digital systems shall be integrated with Sahatna to enable secure, bidirectional exchange of patient data with the Health Information Exchange (HIE) and shall comply with DoH standards

Nurse Call/Emergency Call/ Staff Call/ Duress Alarm

Hospitals must provide an electronic call system next to each treatment space including Consult, Examination, Procedure, Treatment Rooms and Patient Areas (including toilets and change rooms) to allow for patients to alert staff in a discreet manner at all times.

All calls are to be registered at the Staff Station and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

Provision of a Duress Alarm System is required for the safety of staff members who may occasionally face threats imposed by patients/ visitors. Duress call buttons are required at all Reception/ Staff Stations, Consult Rooms and Treatment Rooms where staff may spend time with a patient in isolation or alone. The combination of fixed and personal duress units should be considered as part of the safety review during planning for the unit.

1.4.8 Infection Control

All assisted reproductive techniques involve handling of biological material and therefore pose a potential infection control risk to staff and to other patients' reproductive cells (gametes, zygotes, embryos).

Strict infection control measures are required within the unit to protect laboratory staff from potentially contaminated body fluids (follicular fluid etc.) and to ensure aseptic environment for reproductive cells, preventing cross infection. Measures include:

- Handbasins for staff handwashing in all patient areas. For the laboratories handbasins should be placed outside the laboratory, at the entry
- Use of laboratory clothing in laboratories
- Use of theatre clothing in procedure rooms
- Use of laminar flow biosafety cabinets in laboratories (a Class II cabinet should be available for handling of contaminated samples)
- Sharps containers and clinical waste collection and removal

Hand Basins

Handwashing facilities are required in Corridors, Patient and Treatment Areas and the other areas specified in the Standard Components.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to Staff and Treatment Areas. Handbasins are to comply with Standard Components – Bay - Handwashing and Part D - Infection Control.

Hand Basins in Patient Areas should be used solely for infection control purposes.

Antiseptic Hand Rubs

Antiseptic hand rubs should be located so they are readily available for use at points of care and in high traffic areas. The placement of alcohol-based hand rubs should be consistent and reliable throughout facilities. Antiseptic hand rubs are to comply with **Part D - Infection Control**, in these Guidelines.

In Operating Rooms, Procedure Rooms and Laboratories, alcohol-based hand rubs are not allowed, as they are embryo-toxic. Special chemicals are used instead for laboratory and operating room cleaning. There should be a minimum of two cleaners' rooms - one for the laboratory and operating room, and another one for outpatients.

1.5 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

- The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:
- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder/ contractor
2	Provided by the Client and installed by the builder/ contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also

identified with a group number as above indicating who is responsible for provision

- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The ART/IVF Unit contains Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS).

1.5.1 Non-Standard Rooms

Non-standard rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Collection Room/s

The Collection rooms are used for collection of specimens from male patients and shall be located adjacent to the Andrology Laboratory for rapid delivery of specimens. The Collection Rooms require an ensuite shower and toilet.

The rooms should include:

- Comfortable seating
- Handbasin and fittings including soap and paper towel dispenser
- TV, DVD player
- Acoustic treatment
- A pass-through hatch for specimens (recommended)

Laboratories

Laboratories are to comply with applicable statutory requirements and international standards for clean rooms. The construction of the laboratories should ensure aseptic and optimal handling of reproductive tissue during all stages of the process. Air conditioning for all laboratories should include HEPA and VOC filters, controlled humidity (20%) and controlled temperature (22 – 24 degrees C). Please refer to Part E- Engineering in these Guidelines for further details. Please refer to Part E- Engineering in these Guidelines for further details.

Andrology Laboratory

The Andrology Laboratory is a sterile laboratory consisting of fixed and modular benches and storage units for examination of specimens. The space will be enclosed for specialty laboratory functions.

Laboratory equipment will require uninterrupted power, temperature monitoring and alarms. The room will be accessed via an anteroom which includes a handwashing basin.

It should be located adjacent to the IVF/ICSI Laboratories, include a pass-through hatch to the lab, and be in close proximity to the Collection Room/s. Access to the laboratory should be limited.

Materials such as paint, glue, flooring or furniture have to be 0 (Zero) VOC or whenever that is not possible very low VOC.

Fittings and Equipment to be located in this laboratory include:

- Laboratory benches and storage units
- Laminar flow IVF workstation cabinets
- Bench top microscopes
- Automatic sperm analysing units, e.g. Mackler chamber
- CO2 Incubators
- Electrical pipettes
- Variable pipettes
- Fyrite analyser (CO2 and O2 gas analyser)
- Laboratory refrigerator
- Handbasin and staff change area at entry

Genetics Laboratory

The Genetics Laboratory should be located adjacent to the IVF/ ICSI Laboratory and include a pass-through hatch. Access to the laboratory should be limited.

The room will be accessed via an anteroom room which includes a handwashing basin.

Materials such as paint, glue, flooring or furniture have to be 0 (Zero) VOC or whenever that is not possible very low VOC.

Fittings and Equipment to be located in this laboratory include:

- Laboratory benches and storage units
- Laminar flow IVF workstation cabinets
- Bench top microscopes
- Laboratory refrigerator
- Handbasin and staff change area at entry

Laboratory equipment requires uninterrupted power, temperature monitoring and alarms.

Cryopreservation Storage

The Cryopreservation storage room is a secure room located in close proximity to the Laboratory areas, in an area with controlled access, but at the perimeter of the building for safety reasons. The Store contains liquid nitrogen cylinders or dewars holding frozen tissue and liquid nitrogen tanks for topping up dewars.

The room requires:

- Efficient ventilation and exhaust
- Continuous monitoring high levels of nitrogen/ low levels of oxygen in the room air
- Continuous monitoring for low levels of nitrogen in the storage tanks
- Pass-through hatch to the embryology lab and andrology lab are recommended

Sterilising/ Packing

The Sterilising/ Packing Room, for sorting, packing and sterilising instruments shall be located adjacent to the Clean-up Room where the instruments are cleaned and decontaminated. Clean instruments and laboratory equipment are received from the Clean-up room, preferably through a pass-through hatch.

Fittings and Equipment located in this room include:

- Handbasin
- Benches and cupboards
- Instrument packing table
- Heat sealing device
- Autoclave
- Cooling racks or trolleys

1.6 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framework** (**Part A – Appendix 6**) in these guidelines for a full description of RDL's.

The table below shows the SOA for a typical ART/IVF Unit at RDL Levels 2-6.

For stand-alone facilities, designers may add any other FPU's required such as Main Entrance Unit, Medical Imaging Unit etc. based on the business model.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A – Appendix 4**) with any departure from the Guidelines for consideration by the DOH for approval.

1.6.1 ART/IVF Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m²			Remarks
Entry / Reception					
Airlock - Entry	airle-10-d similar	1	x	20	
Reception/ Clerical	recl-15-d similar	1	x	20	Mandatory as per UAE Fertilization Legislation
Waiting - Male/Female	wait-30-d	2	x	50	Mandatory as per UAE Fertilization Legislation
Waiting - Family	wait-30-d	1	x	30	Optional
Store- Photocopy/ Stationery	stps-8-d	1	x	8	Optional
Store - Files	stfs-10-d	1	x	10	
Toilet - Male/Female	wcac-d	2	x	6	Mandatory as per UAE Fertilization Legislation

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2			Remarks
Toilet – Public (Male/ Female)	wcpu-3-d similar	2	x	12	
Prayer Room	prar-20-d	2	x	20	
Ablution Room	ablu-13-d	2	x	13	
Pharmacy Counter (Outpatient Dispensing)	pha-co-d	1	x	18	
Pharmacy Store	stgn-20-d similar	1	x	20	
Store - Controlled Drugs (Narcotics)	stad-d	1	x	5	
Coffee Shop	NS	1	x	30	Optional
Patient/ Procedure Areas					
Meeting/ Interview Room – Family	meet-15-d	3	x	15	
Consult Room	cons-obgyn-d similar	4	x	16	1 per Physician - Mandatory as per UAE Fertilization Legislation; Examination can be combined with the Consult room as per the facility operational policy
Examination Room	cons-obgyn-d similar	8	x	16	Two rooms interconnected to one Consult Room
Toilet - Patient	wc-pt-d	8	x	4	To Examination Rooms
Collection Room	NS	2	x	10	Semen samples
Ensuite	ens-st-d	2	x	5	Adjacent to Collection Rooms
Blood Collection Room	bldc-5-d similar	2	x	7	
Ultrasound Room	ultr-d similar	2	x	16	
Toilet – Patient	wcpt-d	2	x	4	For Ultrasound Room
Lounge - VVIP	lnpt-15-d	1	x	15	Optional
Treatment Room	trmt-14-d	1	x	16	Single patient trolley. Injection teaching
Staff Station	sstn-10-d	1	x	10	
Clean Utility/ Medication Room	clum-14-d	1	x	14	
Dirty Utility	dtur-s-d	1	x	8	

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2			Remarks
Store General	stgn-8-d	1	x	8	
Pre-Op/ Recovery Stage 2					
Bay – Beverage	bbev-enc-d	1	x	5	
Bay – Handwashing, Type B	bhws-b-d	1	x	1	
Bay - Linen	blin-d	1	x	2	
Bay - Resuscitation Trolley	bres-d	1	x	1.5	
Clean Utility	clur-12-d	1	x	12	
Dirty Utility	dtur-s-d	1	x	8	
Medication	medr-10-d	1	x	10	Can be combined with clean utility room
Patient Bay - Pre-Op/ Recovery Stage 2 - Enclosed	pbtr-h-10-d similar	4	x	14	
Ensuite - Standard	ens-st-d	4	x	5	
Staff Station	sstn-14-d similar	1	x	10	
Operating/ Procedure Area					
Operating Room - General	orgn-d	2	x	42	Mandatory as per UAE Fertilization Legislation. The minimum required for Operating Room is $35m^2$
Change – Staff (Male/Female)	chst-12-d	2	x	12	Includes toilets and change facilities
Scrub Up/ Gowning - Shared	scrbs-d	1	x	10	Shared between 2 Operating Rooms
Embryo Transfer Room	proc-20-d	2	x	20	Optional
Cleaners Room	clrm-6-d	1	x	6	
Clean Up Room	clup-7-d	1	x	7	
Recovery Stage 1 Areas					
Patient Bay - Recovery Stage 1 - Enclosed	pbtr-rs1-12-d	4	x	14	2 Bays per Operating Room Mandatory as per UAE Fertilization Legislation Handwash basin type A to be provided in the room.

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2			Remarks
Ensuite - Toilet	wc-pt-d	4	x	4	
Patient Bay – VIP - Enclosed	pbtr-rs1-12-d similar	1	x	14	Optional, For special cases; if provided, it will replace one of the four Patient Bay – Holding/Recovery. Handwash basin type A to be provided in the room.
Ensuite - VIP	ens-vip-d	1	x	8	
Bay – Beverage	bbev-enc-d	1	x	5	
Bay – Handwashing, Type A	bhws-a-d	1	x	1	
Bay – Linen	blin-d	1	x	2	
Bay – Resuscitation Trolley	bres-d	1	x	1.5	
Clean Utility	clur-12-d	1	x	12	
Dirty Utility	dtur-12-d similar	1	x	10	
Medication Room	medr-10-d	1	x	10	Can be combined with clean utility
Staff Station	sstn-14-d similar	1	x	10	
Anaesthetic/ Biomedical Workroom	anwm-d similar	1	x	20	
Store - General	stgn-8-d similar	1	x	10	Shared with Recovery Stage 2
Store - Equipment	steq-10-d similar	1	x	12	Shared with Recovery Stage 2
Cleaners Room	clrm-6-d	1	x	6	Shared with Recovery Stage 2
Disposal Room	disp-8-d	1	x	8	Shared
Laboratory Areas					
Anteroom	anrm-d	2	x	6	To Andrology, Embryology, Genetics Lab & Cryopreservation Store
Andrology Laboratory	NS	1	x	40	Mandatory as per UAE Fertilization Legislation
IVF/ ICSI Laboratory - Embryology	ivf-icsi-d	1	x	50	Mandatory as per UAE Fertilization Legislation
Genetics Laboratory	NS	1	x	20	PGD functions - Mandatory as per UAE Fertilization Legislation. Can be outsourced

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2			Remarks
Sample Collection	NS	1	x	6	Optional. Required if Genetics is outsourced
Cryopreservation Store	NS	1	x	25	Mandatory as per UAE Fertilization Legislation, expandable
Store – Gas Bottle	stfl-d similar	1	x	9	
Cleaners Room	clrm-6-d	1	x	6	
Disposal Room	disp-8-d	1	x	8	
Store – Sterile Stock	stss-12-d	1	x	12	For lab consumables Mandatory as per UAE Fertilization Legistlation
Store - General	stgn-8-d	1	x	8	
Staff Change Room (Male/ Female)	chst-12-d similar	2	x	16	For lab staff
Clean-Up Room	clup-7-d	1	x	10	Optional , for laboratory use
Sterilising Room	fst-2-d similar	1	x	8	Optional , for laboratory use
Sterile Supply Unit					
Anteroom	anrm-d	1	x	6	
Cleaning/ Decontamination	NS	1	x	15	
Sorting/ Packing	NS	1	x	25	
Sterilising/ Cooling	NS	1	x	20	
Store – Sterile Stock	stss-20-d	1	x	20	
Despatch	NS	1	x	5	
Cleaners Room	clrm-6-d	1	x	6	
Staff Areas					
Meeting Room	meet-l-30-d	1	x	30	May share adjacent facilities
Office – Single Person	off-s12-d	1	x	12	Manager

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2			Remarks
Office – Single Person	off-s9-d	1	x	9	Nurse; Should be located close to Staff Station
Office – 4 Person Shared	off-4p-d	1	x	20	Quantity as required to ensure adequate administration support
Office – Workstation	off-ws-d	1	x	5.5	
Security Room	secr-10-d	1	x	10	Mandatory – May share with Main Entry
Staff Room	srm-15-d similar	2	x	20	
Sub Total		**1,617**			
Circulation %		**35**			
Area Total		**2,183**			

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect a generic and typical arrangement
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit

Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit Offices are to be provided according to the number of approved full-time positions within the Unit.

1.6.1 Infectious Operating Unit

If infectious patients will be treated the below additional rooms are required.

ROOM/ SPACE	Standard Component Room Codes	RDL 2-6 Qty x m^2	Remarks
Patient/ Procedure Areas			
Collection Room	NS	1 x 10	for infectious patients
Ensuite	ens-st-d	1 x 5	
Patient Holding/ Recovery Stage 2			
Anteroom	anrm-d	2 x 6	
Patient Bed Bay – Holding/ Recovery Stage 2 – Enclosed, Isolation	pbtr-h-10-d similar	2 x 14	2 per Operating Room
Ensuite	ens-st-d	2 x 5	
Operating/ Procedure Area			
Operating Room - Infectious	orgn-d	1 x 42	For procedures that will be performed on blood-borne infectious patients
Anteroom/ Scrub Up/ Gowning	scrb-6-d	1 x 6	
Recovery Stage 1 Areas			
Anteroom	anrm-d	2 x 6	
Patient Bay – Recovery Stage 1, Isolation	pbtr-rs1-12-d similar	2 x 14	2 per Operating Room
Ensuite - Toilet	wcpt-d	2 x 4	
Laboratory Areas			
Anteroom	anrm-d	1 x 6	
Infectious Lab	ivf-icsi-d similar	1 x 40	Pass thru hatch from the infectious operating theatre, embryology lab
Sub Total		**207**	
Circulation %		35	
Area Total		**280**	

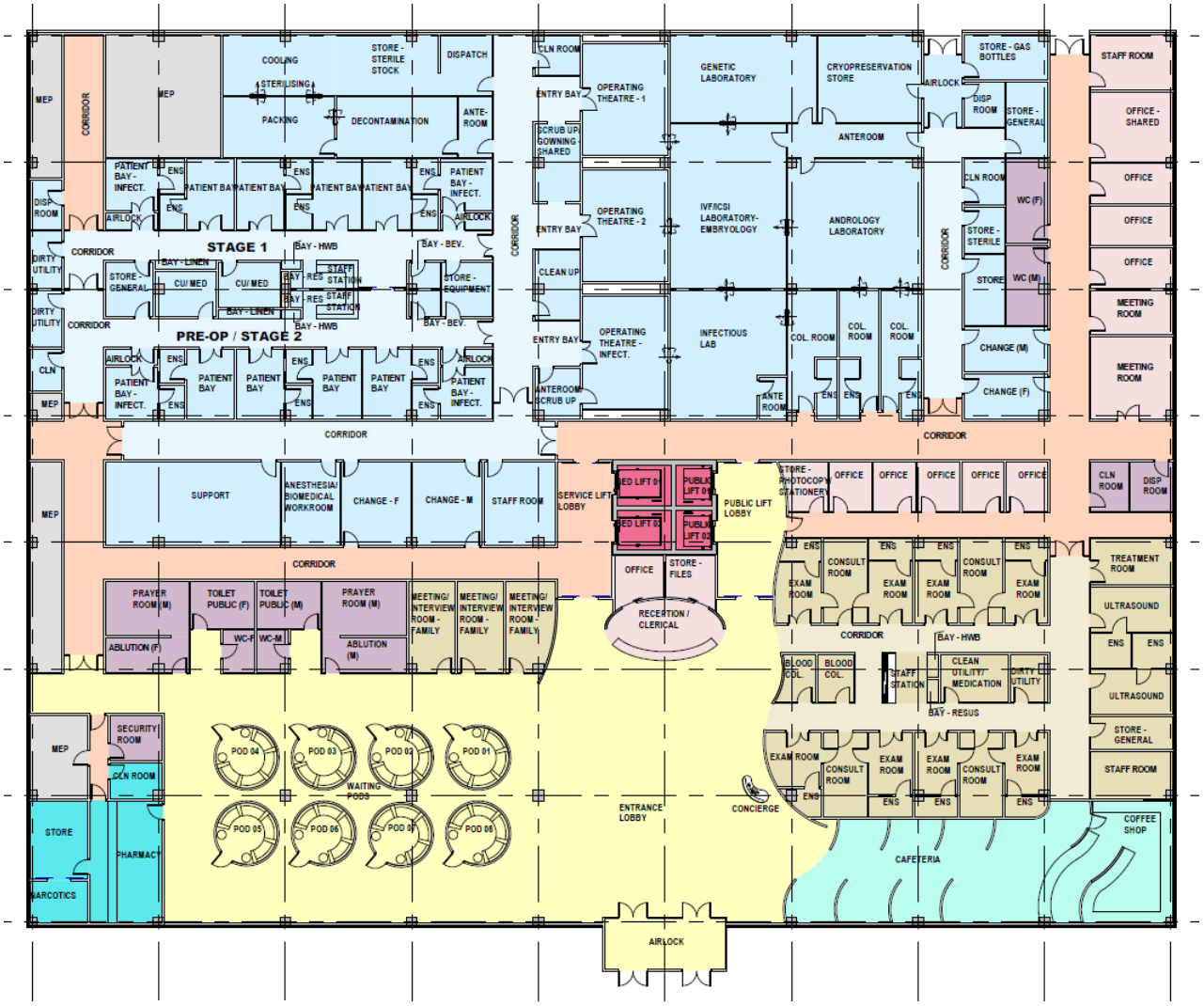
1.7 Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S, Part D - Infection Prevention and Control, and Part E - Engineering Services, Part G-Acoustics readers may find the following helpful:

- Federal Law No. (7) of 2019 Concerning Medically Assisted Reproduction, refer to website https://uaelegislation.gov.ae
- Standard for Patient Experience in Facilities Providing IVF Services, Department of Health, 2025 https://www.doh.gov.ae/-/media/Feature/Resources/Standards/2025/Standard-For-Patient-experience-in-Facilities-Providing-IVF-Services_publication.ashx
- CDC (Center for Disease Control) US. Guidelines for Environmental Infection Control in Health-Care Facilities, US, refer to website: http://www.cdc.gov/hicpac/pubs.html
- Revised Guidelines for Good Practice in IVF Laboratories (Eshre) 2015 refer to website: www.eshre.eu/eim
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2022. Refer to website: www.fgiguidelines.org
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2022. Refer to website: www.fgiguidelines.org

1.8 Appendix 1 – Plans and Renders

1.8.1 Floor Plan



LEGEND:

- ADMINISTRATIVE
- CLINICAL CIRCULATION
- CONSULT ROOMS
- CONSULT ROOMS CIRCULATION
- FUNCTIONAL AREAS
- MEP
- PHARMACY
- PUBLIC CIRCULATION
- RETAIL
- SERVICE CIRCULATION
- SUPPORT
- VERTICAL CIRCULATION

ABBREVIATION LEGEND:

ACC	ACCESSIBLE
BEV.	BEVERAGE
COL.	COLLECTION ROOM
CONSULT	CONSULTATION
CLN	CLEANERS ROOM
CU/MED	CLEAN UTILITY / MEDICATION ROOM
ENS	ENSUITE
EXAM	EXAMINATION ROOM
DISP	DISPOSAL ROOM
F	FEMALE
GOWN DN	GOWN DOWN FACILITY
GOWN UP	GOWN UP FACILITY
HWB	HANDWASH BASIN
INFECT.	INFECTIOUS
LAB	LABORATORY
M	MALE
MEP	MECHANICAL, ELECTRICAL AND PLUMBING
MIN.	MINIMUM
MOB	MOBILE
PTS	PNEUMATIC TUBE SYSTEM
RES	RESUSCITATION TROLLEY
RSTN	REPORTING STATION
TOI-ACC.	TOILET - ACCESSIBLE
WC	WATER CLOSET

1.8.2 Renderings

Lobby

Waiting Pods

Waiting Pods

Operating Theatre with view to the embryology laboratory

PRE-OP/ POST-OP Room

Examination Room

Consultation Room Corridor

1.9 Appendix 2 - Luxury ART/ IVF Facilities

Achievement of a luxury ART/ IVF facility, equivalent to a "7 star" hospitality rating, is optional and should be determined by respective clinic's business decisions. The table below outlines indicative design requirements to be incorporated into the facility. Please note this is to provide guidance to IVF providers and detailed Luxury Facility IVF guidelines and patient experience requirements will be published separately.

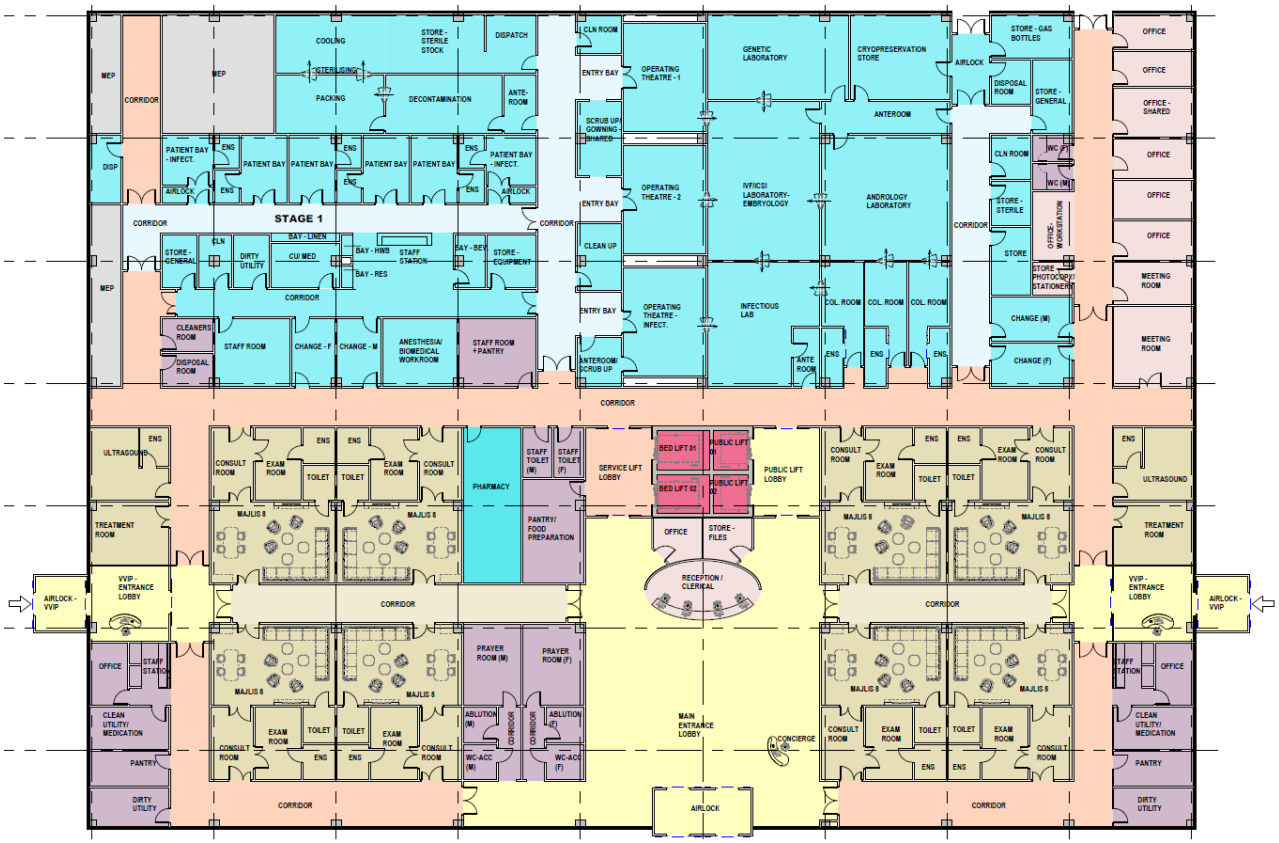
Indicative Requirements of a Luxury Facility	
1	The facility must be constructed as a new, purpose-built stand-alone building. An existing licensed stand-alone ART/IVF facility must undergo extensive renovations to meet the requirements listed in these guidelines. Approval is at the discretion of the DOH
2	The facility shall be secured with a gated perimeter, accessed via a private road, and shall include: • Private entrances with secluded pathways, with exits separate from entrance • Multiple exits • Door-to-consultation room concept (no waiting areas)
3	A private, restricted, and discreet VVIP entrance and exit. VVIP Room, VVIP lounge and VVIP route must be provided.
4	Exceptional arrival lobby. Each client will have a private concierge, leading to private lounge rooms, one for each family group.
5	The ambiance expected of a luxury hotel with exquisite finishes, sustainable natural materials and natural light. Examples of finishes considered include marble stone and tiles, luxury vinyl tile with wood or stone look, back lit panelling, terrazzo, travertine or limestone flooring in the lobby, custom wood panelling, brushed metal finishes, glass and crystal detailing, custom design carpets, bespoke lighting, glass or acrylic panels, resinate countertops etc.
6	Consultation suites shall be spacious and include a dedicated lounge area for family. They shall be equipped with state-of-the-art technology features (e.g. projection systems).
7	Private Patient Rooms with Ensuites for Pre-Op/ Recovery with the following features: • Natural light is mandatory • Personalized ambience • Customized lighting • Favourite music/ Quran recitation • Fine dining space
8	Operating Rooms and Laboratory Rooms should consider: • A dedicated space for family presence in procedure rooms • One way glass walls between the Procedure Rooms and the Embryology Lab • Signature comfort features in the procedure suites including ultra-quiet environment and personalized music/ lighting • Laboratory should be equipped with best-in-class technology, with in-house genetics lab recommended

Indicative Requirements of a Luxury Facility	
9	Inclusion of holistic care services, including but not limited to Nutrition and Dietetics, Spa/ Massage, Mental Wellbeing Services etc.
10	Comprehensive ART services, beyond IVF, for both male and female clients, including corrective surgery.
11	The facility should provide a la carte meals and fine dining spaces.
12	Any new technologies or techniques offered by the facility and approved by DOH.
13	Provision for Research and Academic Services within the facility premises is recommended.
14	The facility will be located on a premium plot with natural or scenic views.

Illustrative plans of a luxury facility have been provided below for guidance. Final guidelines shall be published in 2026.

1.9.1 Plans and Renders

Floor Plan - Ground



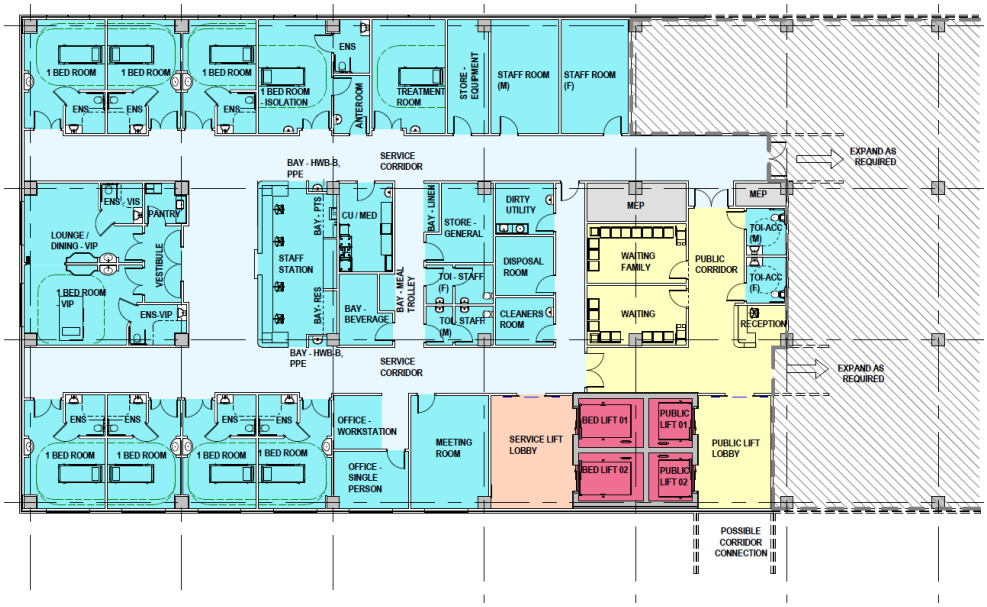
ABBREVIATION LEGEND:

ACC	ACCESSIBLE
BEV.	BEVERAGE
COL.	COLLECTION ROOM
CONSULT	CONSULTATION
CLN	CLEANERS ROOM
CU/MED	CLEAN UTILITY / MEDICATION ROOM
ENS	ENSUITE
EXAM	EXAMINATION ROOM
DISP	DISPOSAL ROOM
F	FEMALE
HWB	HANDWASH BASIN
INFECT.	INFECTIOUS
LAB	LABORATORY
M	MALE
MEP	MECHANICAL, ELECTRICAL AND PLUMBING
MIN.	MINIMUM
MOB	MOBILE
PTS	PNEUMATIC TUBE SYSTEM
RES	RESUSCITATION TROLLEY
RSTN	REPORTING STATION
TOI-ACC.	TOILET - ACCESSIBLE
VIP	VERY IMPORTANT PERSON
VVIP	VERY VERY IMPORTANT PERSON
VIS	VISITOR
WC	WATER CLOSET

ABBREVIATION LEGEND:

ACC	ACCESSIBLE
BEV.	BEVERAGE
COL.	COLLECTION ROOM
CONSULT	CONSULTATION
CLN	CLEANERS ROOM
CU/MED	CLEAN UTILITY / MEDICATION ROOM
ENS	ENSUITE
EXAM	EXAMINATION ROOM
DISP	DISPOSAL ROOM
F	FEMALE
HWB	HANDWASH BASIN
INFECT.	INFECTIOUS
LAB	LABORATORY
M	MALE
MEP	MECHANICAL, ELECTRICAL AND PLUMBING
MIN.	MINIMUM
MOB	MOBILE
PTS	PNEUMATIC TUBE SYSTEM
RES	RESUSCITATION TROLLEY
RSTN	REPORTING STATION
TOI-ACC.	TOILET - ACCESSIBLE
VIP	VERY IMPORTANT PERSON
VVIP	VERY VERY IMPORTANT PERSON
VIS	VISITOR
WC	WATER CLOSET

Floor Plan – First



ABBREVIATION LEGEND:

ACC	ACCESSIBLE
BEV.	BEVERAGE
COL.	COLLECTION ROOM
CONSULT	CONSULTATION
CLN	CLEANERS ROOM
CU/MED	CLEAN UTILITY / MEDICATION ROOM
ENS	ENSUITE
F	FEMALE
HWB - B	HANDWASH BASIN TYPE B
M	MALE
MEP	MECHANICAL, ELECTRICAL AND PLUMBING
MIN.	MINIMUM
MOB	MOBILE
PPE	PERSONAL PROTECTIVE EQUIPMENT
PTS	PNEUMATIC TUBE SYSTEM
RES	RESUSCITATION TROLLEY
TOI-ACC.	TOILET - ACCESSIBLE
TOI-STAFF	TOILET - STAFF
VIP	VERY IMPORTANT PERSON
VIS	VISITOR
WC	WATER CLOSET

LEGEND:

- CLINICAL CIRCULATION
- FUNCTIONAL AREAS
- MEP
- PUBLIC CIRCULATION
- SERVICE CIRCULATION
- VERTICAL CIRCULATION

Private PRE-OP/ POST-OP Room

Consultation and Examination Room

Reception / Welcome Counter

Typical Corridor adjacent to the lobby

Reception / Welcome Counter from the entrance point

Reception / Welcome Counter from the entrance point

Patient private bedroom

Majlis leading to private consultation and examination room for each patient

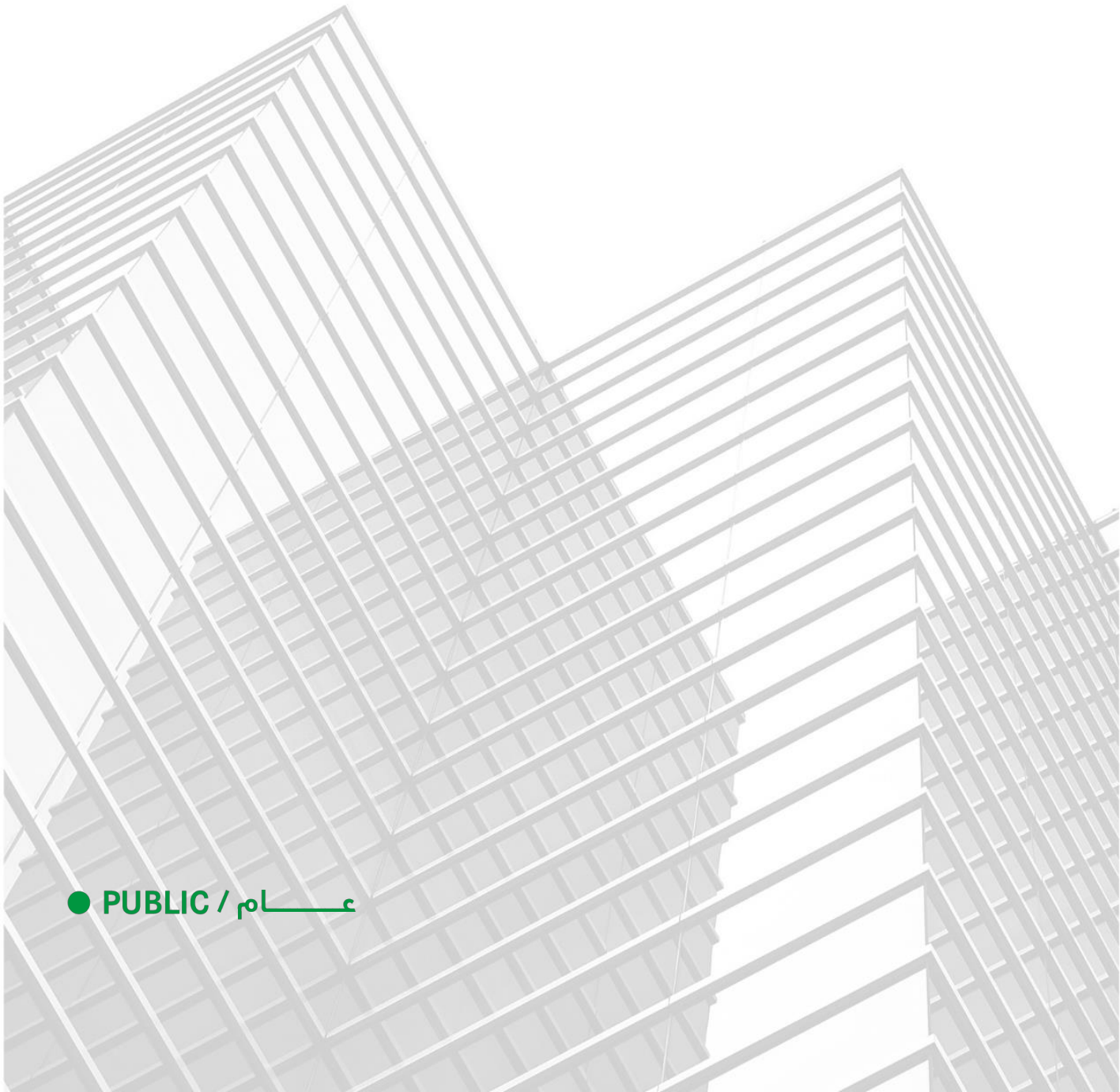
Majlis from a different angle

1.10 Appendix 3 – Standard for Patient Experience in Facilities Providing IVF Services, Department of Health

Please see overleaf

دائـــرة الـصـحـة
DEPARTMENT OF HEALTH

STANDARD FOR PATIENT EXPERIENCE IN FACILITIES PROVIDING IVF SERVICES



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Document Title:	Standard for Patient Experience in Facilities Providing IVF Services		
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Applies To:	DoH Licensed IVF Facilities		
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Contact:	Healthcare Quality Sector hcps@doh.gov.ae		

1. Standard Scope

The provision of fertility care is a deeply sensitive subject and requires comprehensive care for the patients/couples. It mandates that healthcare professionals deliver respectful, Patient-Centered Care (PCC), prioritizing the individual's values, preferences, and active participation in clinical decision-making. This PCC approach signifies a fundamental shift from traditional disease-focused models towards a holistic understanding of the patient's journey.

Scope

This standard applies to DoH licensed IVF facilities and professionals

Purpose

This standard establishes the minimum requirements for the implementation and assessment of PCC within fertility care, defining its requirements across seven core dimensions: accessibility, comprehensive information, effective communication, active patient involvement, respect for patient values and preferences, continuity of care and transitions, and professional competence (References 1, 2, 3). This shall be achieved by establishing clear requirements for holistic patient experience, competent workforce required for high-quality fertility care, and essential infrastructure.

This standard should be read in alignment with the existing standards on assisted reproductive techniques (References 1,9,13).

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Assisted Reproductive Techniques (ART)	ART includes any lawful treatments offered to couples experiencing reproductive problems for the purpose of establishing a pregnancy. These treatments include, but are not limited to, ovulation induction with timed intercourse, intrauterine insemination, in vitro fertilization, intracytoplasmic sperm injection, gamete cryopreservation, gamete intra fallopian transfer (GIFT).
2.2	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018
2.3	IVF Facilities	Any licensed facility where assisted reproductive techniques are performed, including all clinical and biological procedures that are necessary to effectuate extracorporeal conception.
2.4	Infertility	Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[1]
2.5	Consent Form	The official bilingual document digitally completed and signed by the patient (s), which constitutes a legally binding acknowledgment of the patient's understanding and acceptance of the request set forth therein.
2.6	Complete Full Cycle	One or more episodes of ovarian stimulation resulting in embryo transfer or more than one embryo transfer cycle originating from the same stimulation.
2.7	Unsuccessful Cycle	The ART cycle that failed to conceive following transfer of embryos
2.8	Incomplete Cycle	The ART cycle, which failed any stage for any reason before oocyte or embryo freezing or embryo transfer.

[1] WHO https://www.who.int/news-room/fact-sheets/detail/infertility

3. Standard Requirements and Specifications

3.1 Patient Experience

3.1.1 Dedicated Care Coordination

Each patient shall be assigned to a dedicated IVF care coordinator to serve as a single point of contact from the beginning of and throughout the treatment.

3.1.1.1 Coordinator Role:
The coordinator may be a medical assistant or nurse, responsible for managing appointments, ensuring timely follow-ups, facilitating communication between the patient and clinical team, and providing personalized education and emotional support.

3.1.1.2 Language & Cultural Competency: Arabic-speaking coordinators must be available, and all coordinators shall receive extensive training in privacy, empathy, cultural sensitivity, and hospitality to offer a concierge-level experience. Patient preferences for the care coordinator's language and nationality must be applied.

3.1.1.3 Prompt Communication: The care coordinator should provide a prompt initial response to all queries. If input from other team members is required, this response will serve as an acknowledgment of receipt and include a timeline for the detailed reply.

3.1.2 Consistent Care Team

Internal protocols should be developed to maintain a consistent care team for each patient, ensuring familiarity and continuity of care.

3.1.2.1 Team Consistency Target: The same physician, nurse, and coordinator must attend the patient's visits and procedures whenever possible, aiming for at least 85% team consistency.

3.1.2.2 Coverage Planning: Coverage for holidays or provider leave must be planned strategically to minimize handoffs, and patients should be informed in advance of any temporary changes in their care team.

3.1.2.3 Seamless Patient Experience: The care team shall maintain continuity of care, ensuring patients experience an integrated journey without disruption or fragmentation. Patients must be kept informed at all stages to reinforce confidence and familiarity with their care (e.g., no change of clinical teams or care coordination team at critical phases).

3.1.3 Orientation for New IVF Patients

A structured onboarding process should be created for IVF patients, offering an initial orientation, delivered by the care coordinator, personalized to each patient's needs and challenges, to provide a comprehensive introduction

3.1.3.1 **Orientation Scope:** This orientation should cover the overall treatment roadmap, clinic services and IVF facilities, key staff contacts, and patient responsibilities. Patients must receive an introductory information packet or digital guide detailing what to expect (timelines, required preparations, do's and don'ts), transparent likelihood of pregnancy based on unique patient case, eligibility criteria to change clinic or doctor, and available support resources (e.g., psychology or lifestyle counseling services). Patients shall be offered an optional tour of the IVF facilities.

3.1.3.2 **Informed Decision-making & Questions:** Patients should be ensured ample opportunity to ask questions and obtain all relevant information at this initial stage.

3.1.4 Pre-Consultation Touchpoint

The care coordinator must initiate a pre-consultation touchpoint by call or message to gather essential details and patient preferences, building a comprehensive case summary prior to the first consultation.

3.1.4.1 **Information Gathering:** Preferences may include, but are not limited to, consultation mode (in-person or virtual), preferred language, preferred clinician gender (if relevant), and preferred clinic branch location. The coordinator shall also collect key information such as preliminary medical history and any details required for completing pre-consultation forms.

3.1.4.2 **Team Assignment & Logistics:** Using this information, the care coordinator should prepare a case summary and present it to the treating physician, who will determine and assign the appropriate multidisciplinary team based on the case insights. The care coordinator must then confirm the appointment and support the patient's attendance at the first consultation, including arranging logistics and sending timely reminders.

3.1.5 First Consultation

The first consultation is a critical step designed to be comprehensive, personalized, and efficient.

3.1.5.1 **Appointment Availability:** 85% of first appointments should be scheduled within 1 week of the patient's request, applicable to both in-person and virtual consultations

3.1.5.2 **Session Logistics:**

3.1.5.2.1 Consultations should be conducted in-person or virtually according to patient preference. In-person consultations must be held in a consultation suite with integrated equipment (e.g., for triage, scanning).

3.1.5.2.2 Adequate time should be offered to cover all patient queries.

3.1.5.2.3 All available patient information (from Malaffi, past medical records, referral letters, pre-consultation forms) should be reviewed by the care team before the session

3.1.5.3 Session Attendance:

3.1.5.3.1 Mandatory attendees should include the treating physician, the nurse, and the dedicated care coordinator assigned to the patient (s).

3.1.5.3.2 Additional attendees such as an embryologist, counselor, or other specialists shall be included as needed based on the case summary.

3.1.5.4 Session Scope:

3.1.5.4.1 An orientation led by the care coordinator should cover the IVF process, a facility tour (if in-person), and review of key procedures and policies (consent, privacy, communication channels).

3.1.5.4.2 The physician and nurse should present the summarized case using information from Malaffi, past records, and pre-consultation questionnaires.

3.1.5.4.3 Discussion shall include possible causes, required diagnostics, and offer clarity on the end-to-end IVF journey.

3.1.5.4.4 A personalized IVF treatment plan should be co-developed with the patient, including tailored wellness and wellbeing programs

3.1.5.4.5 Dedicated time must be provided for patient questions and clarifications.

3.1.5.5 Information on subsequent actions stages:

3.1.5.5.1 Required investigations should be scheduled for the female and/or male partner.

3.1.5.5.2 Follow-up appointments should be arranged to review investigation results.

3.1.5.5.3 Counseling sessions should be organized if indicated (psychological, nutritional, genetic).

3.1.5.5.4 Care plan should be updated in the EMR and integrated with Malaffi.

3.1.6 Handover and Transition Protocols

Robust handover protocols should be established for any transition of care, ensuring seamless continuity.

3.1.6.1 Scope of Handover: This includes transitions between shifts, departments within the clinic, and when referring the patient to another facility post-treatment.

3.1.6.2 Handover Communication: Handover shall be conducted under a one-team approach, following defined protocols. The care team shall ensure patients are informed of the handover, and are assured that they will receive adequate and appropriate care in the following steps.

3.1.6.3 **Standardized Communication:** Standardized communication tools (e.g., SBAR/ISBAR) must be utilized to convey all relevant patient information, ensuring the receiving team fully understands the care plan.

3.1.6.4 **Documentation:** All handovers and referrals must be clearly documented in the patient record and reflected on Malaffi.

3.1.7 Patient Guides & Educational Resources

To support patients across all key phases of their IVF journey, the center shall develop comprehensive patient guides and educational resources. Content must be tailored to individual needs, accounting for different starting points, stages of the journey, and prior experiences (e.g., first-time patients, patients with previous failed cycles).

3.1.7.1 **Content Scope:** These resources must provide clarity on the end-to-end IVF journey, covering stages such as the first consultation, preparation prior to starting treatment, pre-embryo transfer, and post-embryo transfer care. Content should include clear, easy-to-understand information about medications (including safe and correct administration of fertility medications), procedures (explained in advance), expectations, timelines, required preparations, and available support resources.

3.1.7.2 **Format & Delivery:** Clinics are free to choose the medium and format (e.g., brochure, video, digital guide, written instructions, visual aids, demonstrations) to develop and deliver this information.

3.1.7.3 **Understanding Verification:** The care team should consistently verify patient understanding at each step, using lay-friendly language.

3.1.8 Communication Protocols for IVF Cycle Outcomes

Sensitive and clear communication must be paramount when informing patients about their IVF cycle outcomes.

3.1.8.1 Personalized and Proactive Communication

3.1.8.1.1 The care team shall provide personalized communication throughout the patient's IVF journey, ensuring information is tailored to individual journey stages, needs and circumstances.

3.1.8.1.2 Proactive nudges and reminders must be used to guide patients at key stages and reinforce adherence to treatment plans.

3.1.8.2 Successful IVF Cycles:

3.1.8.2.1 When an IVF cycle is successful, the care team should promptly inform the patient in a supportive manner.

3.1.8.2.2 Guidance on next steps should be provided, including early pregnancy care instructions and scheduling the first obstetric ultrasound or prenatal visit.

3.1.8.2.3 Success should be celebrated with the patient professionally and warmly, ensuring comprehensive support during the transition from fertility treatment to pregnancy care.

3.1.8.3 Unsuccessful IVF Cycles:

3.1.8.3.1 For cycles that do not result in pregnancy, a sensitive communication protocol must be implemented.

3.1.8.3.2 The care team must promptly inform the patient/couple with compassion, explain the outcome and possible reasons in clear, non-technical language, and offer a dedicated counseling session.

3.1.8.3.3 The treating physician must provide at least one session with the patient / family to review clinical findings, answer questions, and outline options for next steps.

3.1.8.3.4 Emotional support resources (e.g., grief counseling, support groups) should be provided, and a follow-up consultation scheduled to discuss next steps or adjustments for future cycles.

3.1.9 Patient Feedback Mechanisms

Multiple channels to be established for patients to provide feedback, fostering a culture of continuous improvement.

3.1.9.1 **Accessibility & Anonymity:** Feedback channels must include digital options and in-clinic methods, ensuring the process is easy, anonymous if desired, and available in multiple languages.

3.1.9.2 **Analysis & Reporting:** A formal mechanism should be implemented for analyzing and reporting patient feedback data, regularly reviewing feedback and generating reports to highlight key trends and areas for improvement.

3.1.9.3 **Communication of Improvements:** The center must communicate back to patients any improvements made as a direct result of their feedback, building trust and demonstrating responsiveness.

3.1.10 Complaint Resolution Process

A clear, transparent, and fair procedure for addressing and resolving patient complaints should be in place.

3.1.10.1 **Timeliness & Thoroughness:** The process should include acknowledging receipt quickly, conducting thorough investigations, and providing timely responses to patient concerns.

3.1.10.2 **Corrective Actions & Transparency:** Feedback from complaints should be used to implement necessary corrective actions, and patients must be informed of changes or improvements made. The resolution process must respect the patient's rights at all stages.

3.1.11 Post-pregnancy

3.1.11.1 Structured outcomes surveillance should be implemented for all ART pregnancies through EMR-driven Malaffi updates at defined checkpoints:

- 3.1.11.1.1 Pregnancy confirmation
- 3.1.11.1.2 Mid-pregnancy (20–24 weeks)
- 3.1.11.1.3 Delivery summary (mode of delivery, gestational age, birthweight, complications, NICU admission)
- 3.1.11.1.4 Infant health status at 12 months

3.1.11.2 IVF facilities shall ensure that each outcome update is linked to the corresponding ART cycle, gamete, and embryo transfer identifier to support analytics and continuous quality improvement.

3.1.11.3 IVF facilities should register, track and document progress of all patients, including international patients and patients from other Emirates.

3.2 Workforce

3.2.1 Staffing requirements

3.2.1.1 Dedicated Care Coordination

3.2.1.1.1 Each patient must be assigned a dedicated care coordinator to ensure personalized support throughout their treatment.

3.2.1.1.2 IVF facilities should ensure adequate administrative support, such as reception and scheduling, to accommodate patient volume and uphold service quality standards.

3.2.1.2 Multidisciplinary Care Teams

3.2.1.2.1 IVF facilities should provide care through a consistent multidisciplinary team for each patient's IVF journey.

3.2.1.2.2 Each care team should include: a treating physician, a dedicated nurse, a dedicated care coordinator, in addition to providing access to embryologists, psychologists, and counselors. This team approach ensures coordinated and holistic care for each patient.

3.2.1.3 Manageable Caseload

3.2.1.3.1 Clinical teams and frontline staff should maintain patient loads at levels that ensure safe, high-quality care and allow sufficient time for individualized attention to each IVF patient.

3.2.1.3.2 Each care coordinator should be limited to managing no more than 25 active patients to maintain high-quality, attentive care.

3.2.1.4 Staff Coverage and Work Hours

3.2.1.4.1 Staff coverage should be scheduled to meet patient needs during all operating hours without overburdening individuals.

3.2.1.4.2 Sufficient clinical staff should be present during peak times, such as early morning monitoring and weekend procedures.

3.2.1.4.3 On-call system should be implemented for after-hours emergencies.

3.2.2 Staff Development and Training

3.2.2.1 Continuing Professional Development (CPD)

Systems to track and document each staff member's Continuing Professional Development (CPD) should be implemented in alignment with the DoH workforce regulations – Reference 16)

IVF facilities should maintain records of completed training, certifications, & education credits for all clinicians & support staff.

IVF facilities should conduct regular reviews to verify that staff meet required CPD hours and competencies.

3.2.2.2 Mandatory Training Requirements

All staff must be required to complete mandatory DoH training modules, including infection control, data privacy, and emergency procedures.

Staff successful completion of all associated assessments must be ensured.

Regularly audit training records and ensure competency evaluations are up to date for each role.

3.2.2.3 Continuous Clinical Training

Continuous clinical training tailored to each staff category should be facilitated, including doctors, nurses, embryologists, and care coordinators.

Advanced certifications, workshops, and regular skill refreshers should be offered to keep staff updated on the latest IVF techniques and patient care practices.

3.2.2.4 Patient Experience and Communication Training

Regular training should be provided for all staff in patient experience and communication skills.

Workshops on empathy, cultural sensitivity, privacy, and compassionate communication should be conducted to enhance patient interactions.

3.2.2.5 International Talent Exchange Programs

IVF facilities are encouraged to participate in international talent exchange or fellowship programs to expose staff to global best practices and to establish partnerships through DoH or global networks for training at leading IVF centers abroad and hosting visiting experts.

3.2.2.6 Research Program Development

IVF centers should establish research programs in collaboration with relevant authorities or academic institutions and integrate research findings into clinical practice to advance staff development, IVF techniques and improve patient outcomes.

3.2.3 Credentialing and Qualifications (as per the published PQR document - Reference 15)

3.2.3.1 All personnel must meet recognized qualifications for their roles.

3.2.3.2 Reproductive endocrinologists must be board-certified in their specialty.

3.2.3.3 Embryologists should have accredited training in clinical embryology.

3.2.3.4 Nurses should be licensed with reproductive medicine experience.

3.2.3.5 Only staff who fulfill baseline credentialing requirements, as per international and local standards, can deliver IVF services.

3.2.4 Work Patterns & Staff Wellbeing

3.2.4.1 Duty-Hour Scheduling

3.2.4.1.1 Duty-hour schedules should be developed accordance with the best international practices to prevent employee burnout.

3.2.4.1.2 Staff must receive adequate rest between shifts.

3.2.4.1.3 Rotations and staffing plans must comply with labor regulations regarding maximum hours per shift.

3.2.4.1.4 Appropriate off-days must be provided in line with regulations to maintain staff well-being and ensure patient safety.

3.2.4.2 Employee Assistance Program (EAP)

3.2.4.2.1 Employee Assistance Program should be implemented to provide confidential support services, including counseling and stress management.

3.2.4.2.2 IVF facilities shall provide access to resources for mental health, burnout prevention, and work-life balance, including counseling hotlines and wellness workshops.

3.2.4.2.3 IVF facilities shall ensure that employees have access to adequate support mechanisms to effectively manage work-related stress.

3.2.4.3 Monitoring and Mitigating Staff Fatigue

3.2.4.3.1 IVF facilities shall continuously monitor and implement measures to mitigate staff fatigue in order to ensure safety.

3.2.4.3.2 IVF facilities should adhere to global work-hour limits, approximately 48 hours per week, to prevent staff fatigue and maintain a healthy work environment.

3.2.4.3.3 IVF facilities shall implement measures such as mandatory rest periods and regular check-ins to identify signs of burnout

3.2.4.3.4 IVF facilities shall incorporate a formal fatigue risk management protocol, including limits on consecutive early-morning procedures and overnight duties.

3.2.4.3.5 IVF facilities shall empower staff to report when they are fatigued and make necessary schedule adjustments to ensure.

3.3 Infrastructure

Physical Infrastructure:

IVF facilities shall abide by the physical infrastructure requirements as per the DOH Health Facility Guidelines 2019 (Part B – Health Facility Briefing & Design 210 IVF (Fertilisation Centres) and Health Facility Briefing & Design Unit (Fertilization Centres) with emphasis on:

3.3.1 Environmental Considerations

3.3.1.1 **Holistic Privacy Approach:** IVF facilities shall provide a supportive environment that recognizes the personal and cultural sensitivities associated with fertility, ensuring utmost privacy and confidentiality for couples through comprehensive spatial planning, security protocols, and operational procedures dedicated to fostering a comfortable, private, and therapeutic patient environment

3.3.1.2 **Noise Reduction & Sound Insulation:** Design and operational protocols shall maintain a quiet, calming, and patient-friendly atmosphere to minimize psychological stress. This includes implementing acoustic insulation to significantly reduce sound transmission between all areas, particularly patient-facing ones.

3.3.1.3 **Spatial Planning for Quieter Zones:** Waiting areas and dedicated lounges shall be fully enclosed and strategically set back from public corridors to limit noise intrusion. Seating arrangements shall include physical separation to minimize auditory disturbances.

3.3.1.4 **Controlled Flow Management:** IVF facilities shall implement scheduling and patient flow controls to prevent overcrowding, which inherently contributes to noise reduction and a more serene environment.

3.3.1.5 **Calming Illumination:** Beyond standard lighting, the facility shall incorporate soft, calming lighting solutions. The overall lighting design should enhance comfort, reduce stress, and support a discreet patient experience throughout the facility.

3.3.2 Functional and Interconnected Areas

3.3.2.1 **Functional Integration:** The IVF unit shall be designed and operated to ensure seamless and efficient functional relationships with all interconnected areas, both internal and external, critical to patient care delivery. This includes, but is not limited to, established protocols for collaboration with external departments such as laboratories, pharmacy, and imaging services (Appendix 1b)

3.3.2.2 **Optimized Patient Flow:** Internally, facility design and operational procedures shall optimize patient and staff flow from reception through consultation, treatment, and recovery areas. Special emphasis shall be placed on the secure co-location or immediate adjacency of specialized laboratories (e.g., embryology, andrology) to procedure rooms to facilitate the safe, secure, and time-sensitive transfer of critical biological materials.

3.3.2.3 **Transparent Patient Observations:** Transparent, see-through panels that allow patients to observe certain lab and procedural activities without compromising sterility or privacy shall be considered - including displays that allow couples to see key moments such as embryo-returns for implantation.

3.3.2.4 **Lab and Operation rooms:** IVF laboratories and operating rooms must be designed with state-of-the-art infrastructure that supports safety, quality, and patient comfort and trust in compliance with existing standards.

3.3.2.5 **Clinical Suite Design:** Each treating physician shall be allocated a consultation-plus-examination suite designed as a single, contiguous unit to deliver all required services in a self-contained environment. This suite shall incorporate a fixed ultrasound system, a triage area, a blood draw station, a private restroom, and a recovery area, ergonomically optimized for efficiency and patient comfort

3.3.2.6 **Parking Provisions:** Each facility should provide on-site or valet parking sufficient to accommodate peak clinic capacity, considering patient, visitor, and staff needs, and ensuring convenient access to the facility entrance. Parking provisions must comply with applicable accessibility standards, including the required number of accessible spaces.

3.3.3 Spatial & Visual Privacy:

3.3.3.1 **Dedicated Private Spaces:** Provision of designated private interview rooms for sensitive and confidential conversations between healthcare staff and patients.

3.3.3.2 **Privacy Measures:** Design and operational protocols must ensure patient privacy by preventing direct visual access into consultation areas, treatment spaces, and patient rooms from external vantage points (e.g., windows and doors). In addition, IVF facilities must provide and utilize privacy curtains or equivalent physical barriers in all settings where patient modesty and confidentiality require protection, such as multi-occupancy rooms or open-plan treatment areas.

3.3.3.3 **Controlled Circulation:** An interconnected layout (Appendix 1) shall ensure that patients do not move through public corridors at any point during their clinical visit, with all essential functions located within the same cluster. This design enhances privacy and minimizes patient movement.

3.3.3.4 **Private Changing Rooms:** Separate, gender-specific patient changing rooms shall be provided near procedure areas. Each changing room must contain private cubicles, secure lockers for personal belongings, seating, mirrors, and a call bell system for safety.

3.3.4 Waiting Area Privacy:

3.3.4.1 **Private & Discretized Waiting area:** Waiting areas shall be fully enclosed to serve patients and accompanying family members, ensuring privacy, noise reduction, and a comfortable environment (Appendix 1a). The design should include options for segregated or semi-private zones, such as partitioned seating pods or family nooks, to accommodate family groups and provide a more discreet environment for patients awaiting care

3.3.4.2 **Seating requirements:** Seating shall be positioned away from public corridors, with physical separation and spatial planning measures implemented to minimize noise and visual intrusion.

3.3.4.3 **Adequate Space:** Waiting areas shall provide sufficient space per patient to maintain comfort and privacy, incorporating designated wheelchair spaces and accommodated seating, designed to avoid overcrowding and support a welcoming environment.

3.3.5 Restroom Privacy:

3.3.5.1 **Gender-Segregated Facilities:** IVF facilities shall provide gender-segregated restrooms ensuring equal quality, comfort, and accessibility in each. Design and finishes shall be consistent across all gender-specific IVF facilities, with equivalent amenities and accessibility features.

3.3.5.2 **Integrated & Accessible Restrooms:** Restrooms shall comply with interconnected room requirements and, when in common areas, shall be gender-specific. Their design must ensure ease of access, privacy, and integration with adjacent spaces. An attached restroom directly accessible from the clinical area is also required to enhance patient comfort and privacy.

Digital Infrastructure

3.3.6 Information Technology (IT) and Communications

3.3.6.1 **Integrated Digital Queuing:** IVF facilities shall implement a tokenized or electronic queuing system seamlessly integrated with the Electronic Medical Record (EMR) system. This system is crucial for discreet patient identity management, utilizing anonymized codes on public display boards.

- **Anonymized Systems:** Public display boards and all signage shall use anonymized codes or numbers in place of patient names to maintain strict confidentiality.
- **Secure Communications:** Queue notifications shall be provided discreetly through in-clinic screens, SMS, or a mobile application, enabling patients to wait comfortably away from crowded common areas.

3.3.6.2 **Clear & Accessible Signage:** IVF facilities shall provide clear, bilingual signage (Arabic and English) throughout the clinic to support effective

patient navigation. Signage, including digital displays, shall use high-contrast fonts and sizes that ensure universal comprehension, especially for individuals with visual impairments. Crucially, no signage shall display patient names or any sensitive personal information to protect privacy.

3.3.7 Nurse Call / Emergency Call / Staff Call Systems

3.3.7.1 **Patient Call Bells:** A reliable call bell system shall be provided within all patient changing rooms to ensure patient safety and immediate assistance when required (3.1.2.24).

3.3.7.2 **Emergency Call in Accessible Toilets:** All accessible toilets must be fitted with a fully functional emergency call system. These systems shall be always maintained in good working order to ensure safety, accessibility, and compliance with applicable regulations.

3.3.8 Patient App

IVF facilities must deploy and maintain a secure patient-facing mobile/web application (or DoH-approved equivalent) to enhance patient experience and two-way communications. The application shall support digital onboarding, enable personalization of content and reminders, and ensure integration of the couple and family throughout the IVF journey.

3.3.9 Digital Consent Feature

3.3.9.1 The patient(s) application should integrate a feature allowing the electronic processing of patients' consents, per the requirements of existing and future amendment of DOH ART standards, DOH Patient Consent Standard, and any other relevant DOH and MOHAP regulations, and UAE Federal laws and regulations on medical assistance for reproduction and patient consents.

3.3.9.2 Access rights of patient's information shall only be granted with the explicit consent of the patient. This consent shall include the type of information and to whom the rights shall be granted (e.g., spouse, family members).

3.3.9.3 This digital consent feature shall be considered as an alternative to multiple manual consent interactions, allowing each spouse/ concerned persons to review, approve, or opt out according to their role in the treatment plan.

3.3.10 IVF Milestone Tracking

3.3.10.1 The patient sapplication shall enable real-time tracking of all IVF milestones for both male and female patients.

3.3.10.2 Key touchpoints include initial private consultation, diagnostic assessments, lifestyle optimization interventions, medical therapy, and procedural steps such as egg retrieval, sperm collection, fertilization, embryo development, embryo transfer, and post-transfer follow-up.

3.3.10.3 The system shall display laboratory results, appointment schedules, and procedural updates, while sending automated alerts for required actions and educational prompts.

3.3.11 Remote Check-In and Identity Verification

3.3.11.1 The patients application shall enable remote check-in prior to arrival, confirming patient identity through secure authentication (unique credentials with multi-factor authentication).

3.3.11.2 Patients can review and confirm appointment details and required information in advance, ensuring confidentiality.

3.3.11.3 Upon successful check-in, the application shall update the clinic's operational systems and EMR with the patient's arrival status, trigger the tokenized queuing workflow, and generate time-stamped audit entries.

3.3.12 Telemedicine Module Integration

3.3.12.1 IVF Facilities shall develop and implement a telemedicine module fully integrated with the existing DOH infrastructure, including interoperability with the Electronic Medical Record, Malaffi, and Sahatna.

3.3.12.2 The module shall enable secure, real-time audio and video consultations, asynchronous messaging, electronic prescribing, digital consent capture, and secure exchange of medical documents and diagnostic results.

3.3.12.3 Compliance with DOH and federal telehealth regulations, data privacy, and cybersecurity standards is mandatory.

3.3.13 Personnel Tracking System

3.3.13.1 IVF facilities shall implement a system to track all personnel and their activities across laboratory and clinical areas.

3.3.13.2 The system shall record staff identification, roles, shift schedules, location, and tasks performed, with time-stamped activity logs.

3.3.14 Patient Follow-Up Tracking

3.3.14.1 A system shall be established to track patient follow-up from treatment completion through pregnancy and childbirth outcomes.

3.3.14.2 The system shall record key milestones, ensuring data accuracy, time-stamping, and secure storage.

3.3.15 Sample Tracking and Witnessing System

3.3.15.1 A secure sample tracking and witnessing system shall be implemented for all reproductive materials, ensuring end-to-end traceability.

3.3.15.2 Witnessing technology shall be integrated into laboratory workflows to ensure double verification of all handling, labeling, and procedural steps.

3.3.16 Audit Trail System

3.3.16.1 A secure, tamper-proof audit trail system shall be established to record, store, and retrieve all tracking data related to personnel, patient follow-up, and sample tracking.

3.3.16.2 The audit trail shall be time-stamped, user-authenticated, and protected against modification or deletion, integrating with the facility's EMR and laboratory information systems.

3.3.17 Integration with Malaffi

3.3.17.1 IVF facilities' digital systems, including the patient application, shall be fully integrated with Malaffi for secure, bidirectional exchange of clinical data.

3.3.17.2 Integration shall maintain real-time updates, ensuring accuracy, completeness, and confidentiality.

3.3.18 Integration with Sahatna

3.3.18.1 IVF facilities digital systems shall be integrated with Sahatna to enable secure, bidirectional exchange of patient data with the Health Information Exchange (HIE).

3.3.18.2 Integration should support core patient-facing functions and comply with DoH standards, respecting patient consent and privacy requirements.

3.3.18.3 IVF facilities shall integrate and regularly update features as per the DoH patient experience requirements.

3.3.18.4 IVF facilities shall ensure that data complies with established quality standards, and medical coding standards published on DOH Shafafiya portal (eg. ICD, CPT, SNOMED etc)

4. Key stakeholder Roles and Responsibilities

Fertilization Centers should ensure that they meet the minimum requirements as listed in this standard and comply to the audit requirements as set forth by the DoH.

5. Monitoring and Evaluation

5.1 This standard aims at enhancing the patient's experience throughout the fertility journey. The providers must comply with DoH data submission requirements, including patient-experience surveys and other relevant tools.

5.2 The evaluation and monitoring will include, but not limited to, the following:

- 5.2.1 Patient Experience score (Mystery shopping, DoH, Internal and Third-party surveys)
- 5.2.2 DoH audits
- 5.2.3 Applicable JAWDA KPIs

5.3 Patient experience will be continuously monitored at key touchpoints, including but not limited to:

- 5.3.1 First consultation
- 5.3.2 Before egg / sperm preservation
- 5.3.3 Before embryo transfer
- 5.3.4 Post-IVF treatment

6. Enforcement and Sanctions

6.1 DOH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the Healthcare sector.

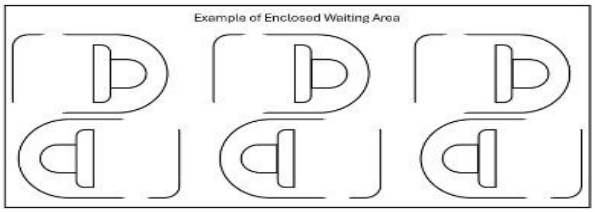
7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2019	Federal Law No. (07) of 2019 Concerning the Medically Assisted Reproduction as amended and its implementing regulation.	https://uaelegislation.gov.ae/en/legislations/1438/download
2	2019	Federal Law No. (5) Of 2019 on the Subject of Regulating the Practice of the Profession of Human Medicine.	https://uaelegislation.gov.ae/en/legislations/1201/download
3	2016	Federal Decree No. (4) Of 2016 on the Subject of Medical Liability.	https://uaelegislation.gov.ae/en/legislations/1192/download
4	2016	Patient Consent Standard	https://www.doh.gov.ae/en/resources/standards
5	2016	DOH Standard for Infection Control.	https://www.doh.gov.ae/en/resources/standards
6	2016	DOH Policy for THIQA Coverage of Assisted Reproductive Services and Treatment.	https://www.doh.gov.ae/en/resources/policies
7	2016	Assisted Reproductive Technology Clinical Practice Guideline	https://www.doh.gov.ae/en/resources/guidelines
8	2020	Health Facility Guidelines – DoH	https://stem.doh.gov.ae/healthfacilityguidelines/
9	2015	ESHRE – Revised Guidelines for Good Practice in IVF Laboratories (2015)	https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Revised-guidelines-for-good-practice-in-IVF-laboratories-(2015).aspx
10	2023	Federal Decree-Law No. (17) of 2023 Amending Certain Provisions of Federal Law No. (7) of 2019 Concerning Medical Assistance for Reproduction	Federal Decree-Law No. (17) of 2023 Amending Certain Provisions of Federal Law No. (7) of 2019 Concerning Medical Assistance for Reproduction
11	2023	A New Digital Instrument to Measure Treatment Satisfaction of Fertility Patients.	van der Kolk L, Smit E, Bloemer J, van Wijk LM. The PCQ-Infertility Revised: A New Digital Instrument to Measure Treatment Satisfaction of Fertility Patients. Patient Relat Outcome Meas. 2023 Jul 18;14:223-234. doi: 10.2147/PROM.S416182. PMID: 37483866; PMCID: PMC10362858

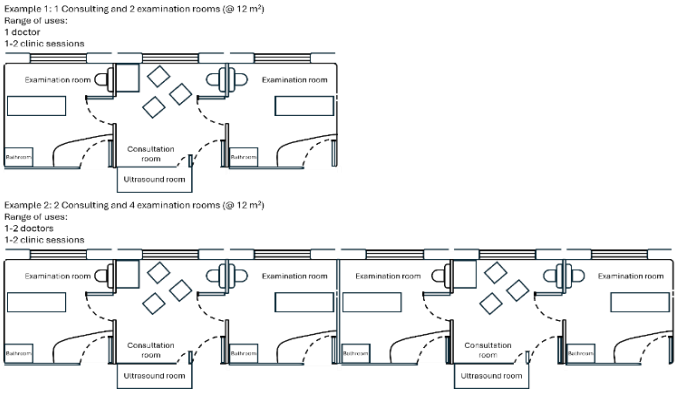
12	**2023**	Standard for Assisted Reproductive Technology	https://www.doh.gov.ae/-/media/1FF4AC8529104411A2D274670A76709B.ashx
13	**2023**	A New Digital Instrument to Measure Treatment Satisfaction of Fertility Patients.	van der Kolk L, Smit E, Bloemer J, van Wijk LM. The PCQ-Infertility Revised: A New Digital Instrument to Measure Treatment Satisfaction of Fertility Patients. Patient Relat Outcome Meas. 2023 Jul 18;14:223-234. doi: 10.2147/PROM.S416182. PMID: 37483866; PMCID: PMC10362858
14	**2024**	Patient Consent Standard	https://www.doh.gov.ae/en/resources/standards
15	**2025**	Health Facility Briefing & Design Unit (Fertilization Centres)	https://healthfacilityguidelines.com/ViewPDF/ViewIndexPDF/iHFG_part_b_IVF_unit
16	**2025**	Unified Healthcare Professionals Qualification Requirements (PQR)	https://www.doh.gov.ae/en/pqr
17	**2025**	Standard for Clinical Privileging of Healthcare Workforce and Clinical Services	https://www.doh.gov.ae/-/media/625D5796C57A426C85797F078C197C0D.ashx
18	**2025**	Standard for Gestational Surrogacy	https://www.doh.gov.ae/en/resources/standards

8. Appendices

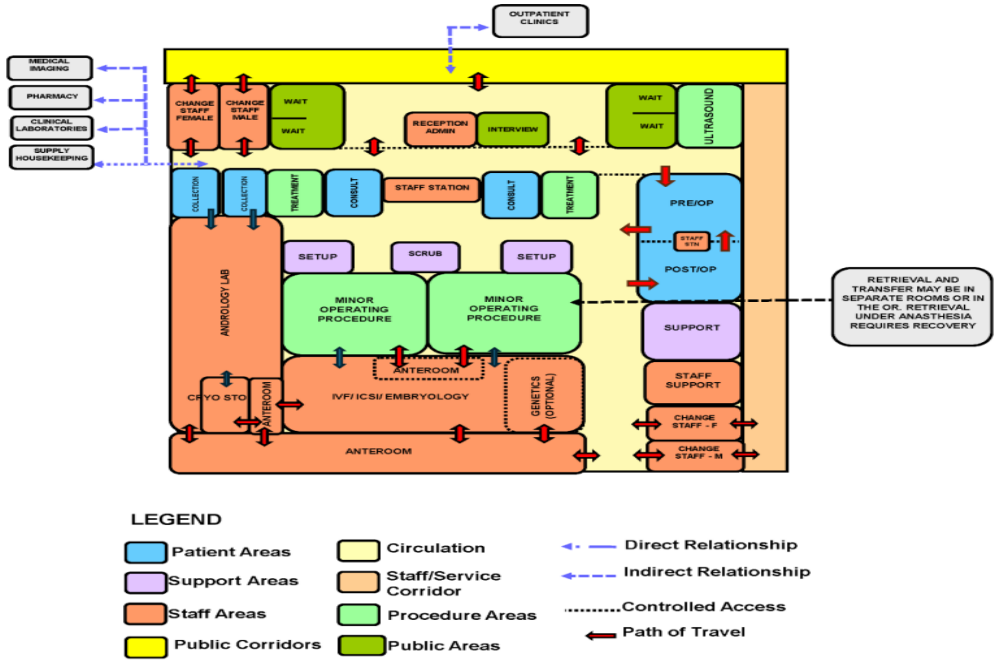
Appendix 1a: Illustrative Example of Enclosed Waiting Area



Appendix 1b: Interconnected Areas



Adopted from NHS Health Building note



Adopted from the International Health Facility Guidelines (2025), Part B: Health Facility Briefing & Design IVF Unit 2025