

18 April 2023

NSW Health Infrastructure
1 Reserve Road
ST LEONARDS NSW 2065

**RE: WENTWORTH HEALTH SERVICE – REF WORKS
24 HOSPITAL ROAD, WENTWORTH NSW 2648
BCA / ACCESS COMPLIANCE STATEMENT FOR REF SUBMISSION (R3)**

This statement has been prepared to verify that Blackett Maguire + Goldsmith Pty Ltd have undertaken a review of the architectural documentation that will accompany the Review of Environmental Factors for the proposed main works REF submission for the development of the new Wentworth Health Service, against the Building Code of Australia 2022 (BCA 2022), and Access provisions of the Disability (Access to Premises – Buildings) Standards 2010.

1.0 PROPOSED DEVELOPMENT

The proposed development is a new purpose-built facility that incorporates the NSW Health Multi-Purpose Service (MPS) principles of patient/resident-focused care environments with a high level of functional efficiency suitable for regional and rural facilities and includes construction of a new single-storey facility on the existing hospital site, with on grade carparking and separate staff accommodation.



The new Wentworth Health Service Redevelopment will include a total of 20 inpatient beds (including 1 HiTH or virtual bed) with 5 Acute, 6 Sub-acute and 8 beds under Transitional Aged Care Program. Sub-acute inpatient beds will be utilised to rehabilitate or recondition patients either as a step-down from acute care, direct admission from UCC or transfer from external facilities. The Transitional Aged Care Program (TACP) optimises the functioning and independence of older adults following a hospital stay to allow a return to their homes.

The new Urgent Care centre incorporates a Triage and 2 Treatment bays including a procedure room. The Community Health/Ambulatory Care area includes GP Services and will have 3 Consult Rooms, 1 Universal Consult Room, and 2 Interview Rooms.

There are 2 x two-person existing staff and student accommodation buildings in good condition on the existing hospital site. They are proposed to be retained. Also, a Master Planned area for potential 3 x two-person accommodation units will be identified for later development should funding become available.

The main hospital building is located to the southwest corner of the site. To maintain the operations of the existing service, the construction will be done in stages. The main hospital building will be constructed in a single stage, and the ambulance driveway civil works will be done as a second stage. The project will be delivered in 3 states as per below –

Stage 1A – The main hospital building and 2 x staff accommodation units.

Stage 1B – Demolition of existing hospital, construction of an ambulance bay, additional roadwork and civil works.



Stage 2 – Entry Road providing direct connection from the main site entry to the hospital entry, enhanced landscape treatment, 1 x additional staff accommodation unit.

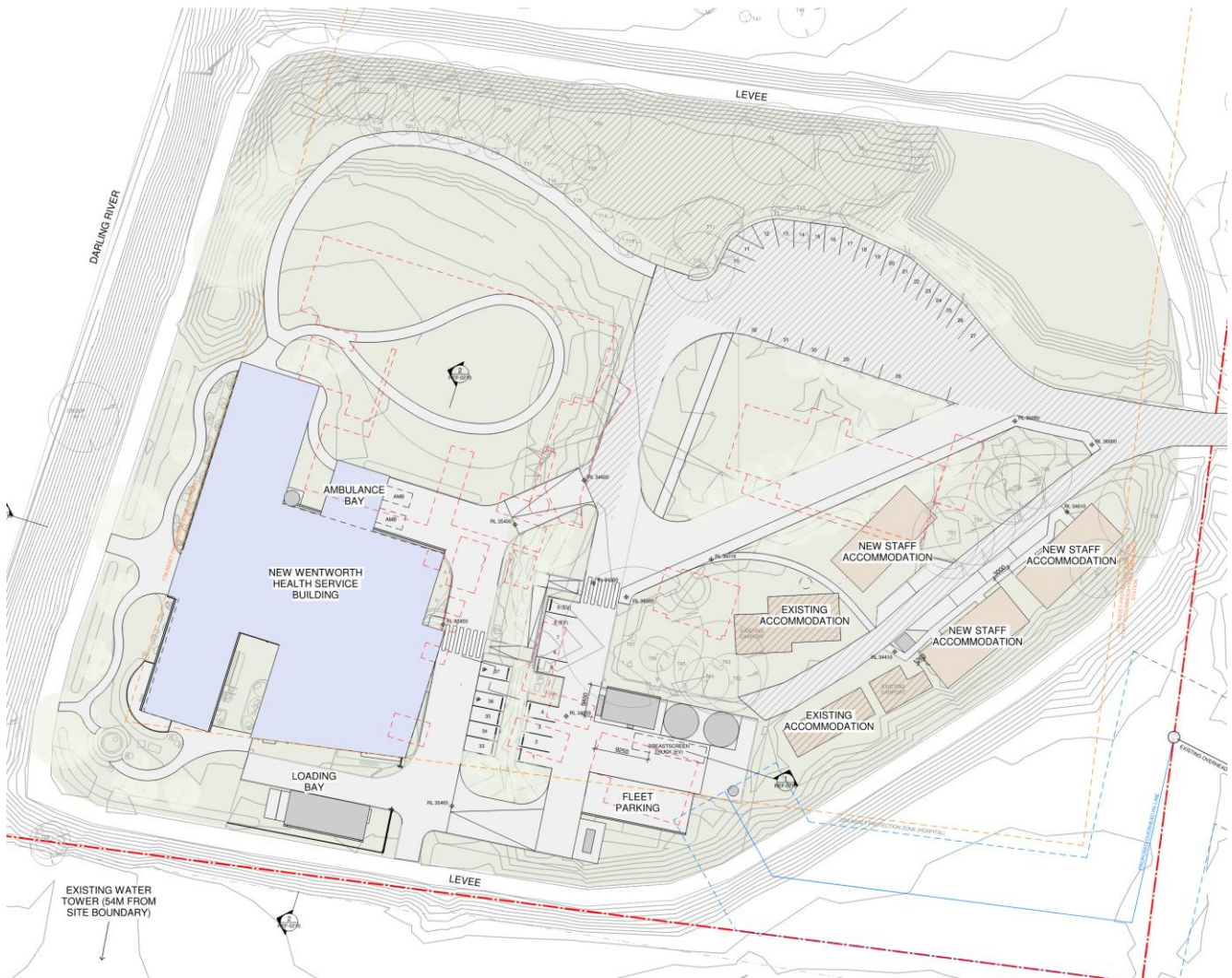
The project will utilise the existing hospital entry and maintain the existing carparks.

As the building is located within the existing hospital site, the infrastructure is largely supported by the existing networks servicing the current hospital. Existing services infrastructure will be upgraded to support the new development as required. Some of the services will be relocated to clear the development area.

The staff accommodation area is retained around the existing accommodations and will be screened from the main access road.

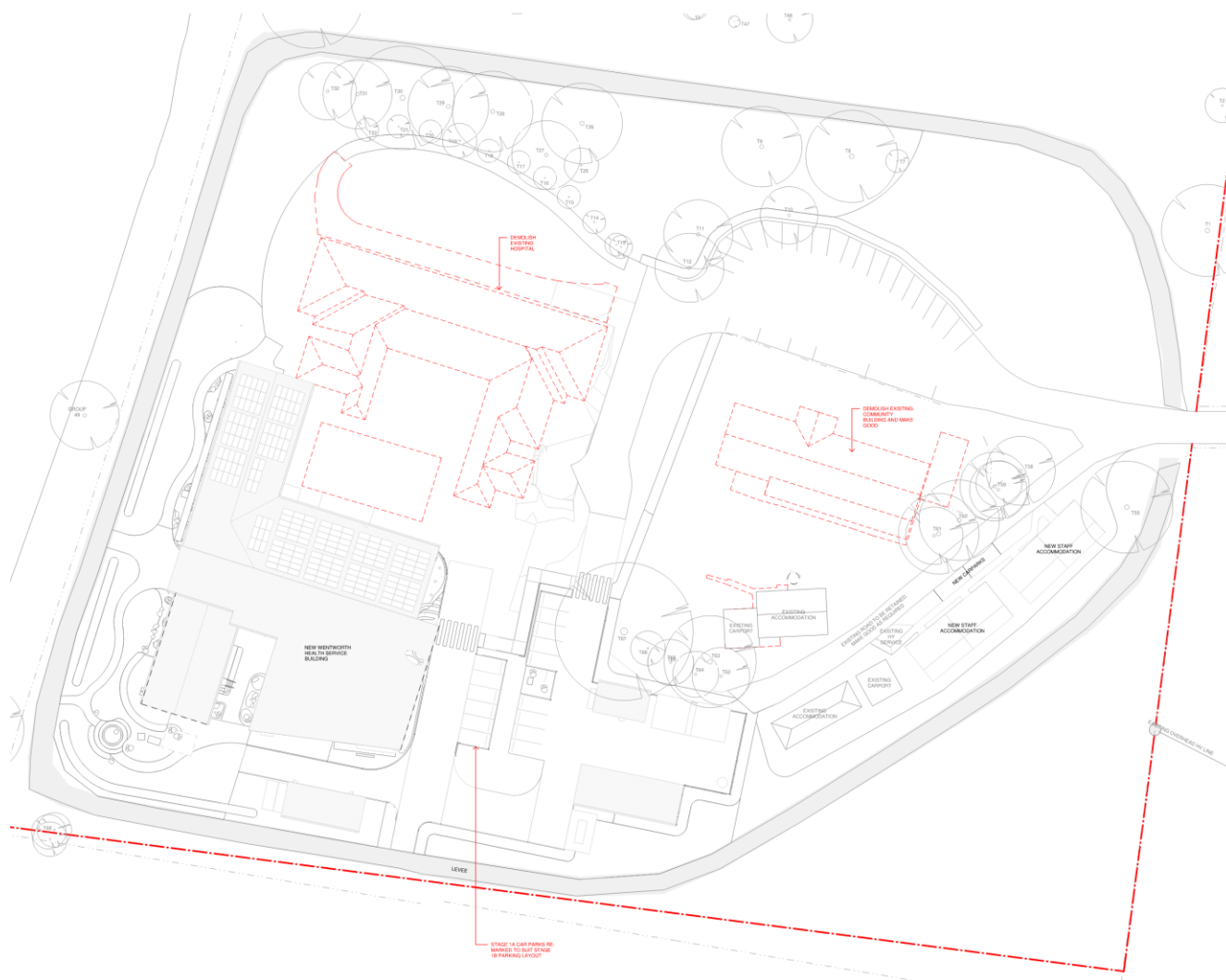
The north of the site will primarily offer landscape opportunities to promote great visual and physical connection to the land and the country.

The precinct plan also identifies the future hospital expansion location towards the north of the new building. There is a location shown for a possible future Ambulance Station within the site with a direct connection to the outside road networks for easy connection.



Proposed Site Plan

Demolition Plan – Stage 1A



Demolition – Stage 1B



General Arrangement Plan – Ground Floor

2.0 COMPLIANCE STATEMENT OBJECTIVES

The objectives of this statement are to:

- Confirm that the REF architectural documentation has been reviewed by an appropriately qualified Building Surveyor and Accredited Certifier.
- Confirm that the proposed new building works can readily achieve compliance with the BCA 2022 as required by Section 6.28 of the Environmental Planning & Assessment Act 1979.

It should be noted that it is not the intent of this statement to identify all BCA provisions that apply to the subject development. The development will be subject further assessment following receipt of more detailed documentation at Crown Certificate stage.

3.0 RELEVANT VERSION OF THE BCA

Pursuant to Section S6.28 of the Environmental Planning & Assessment Act 1979, the applicable BCA for Crown building work is the BCA as in force at the date of the invitation for tenders to carry out the Crown building work.

Noting BCA2022 was scheduled to come into effect on 1 September 2022, State Building Ministers met on 26 August 2022 to discuss a range of matters including recommendations for changes to adoption of NCC 2022 made by the ABCB Office and ABCB Board.

Essentially, they have agreed to a national approach to adoption as follows:

- NCC 2022** is available for use from **1 October 2022** for those who wish to take it up early
- NCC 2022** is adopted and **required** to be used from **1 May 2023** except for provisions subject to longer transition periods
- Energy, condensation and accessible housing provisions are subject to a transition with adoption from **1 October 2023**.

Additionally, the publication and adoption of state and territory variations was agreed to also include for different transition periods to the national approach on an as needs basis. The date for the NSW variations is still to be considered.

Under the current program, we understand the project will go to tender June 2023. Hence BCA2022 will apply



4.0 REFERENCED DOCUMENTATION

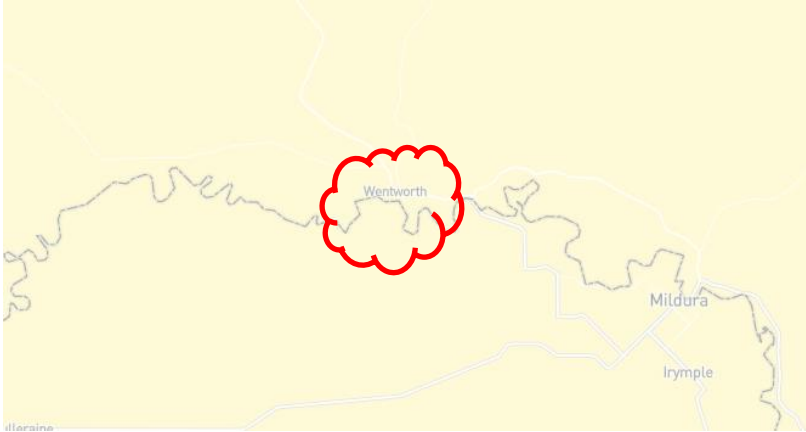
This report has been prepared based on a review of the REF architectural plans prepared by NBRS.

5.0 BUILDING CLASSIFICATION

The new building works have been classified as follows:

Based on the documentation provided to date, the building is classified as follows:

	HOSPITAL	STAFF ACCOMMODATION
BCA CLASSIFICATION:	Class 9a (hospital)	Class 3 (staff accommodation)
RISE IN STOREYS:	One (1) (We note there is NO plant room or additional storey above)	One (1)
STOREYS CONTAINED:	One (1)	One (1)
TYPE OF CONSTRUCTION:	Type C Construction	Type C Construction
IMPORTANCE LEVEL:	IL 3 – See commentary in Section C BCA Report below.	3 – Structural engineer to confirm.
SPRINKLER PROTECTED:	Yes	No
EFFECTIVE HEIGHT:	<12m	<12m
FLOOR AREA:	1600m ² (TBC with final SD)	NA
MAX. FIRE COMPARTMENT SIZE:	2,000m ² & 12,000m ³	Does Not Apply
CLIMATE ZONE:	Zone 4	



6.0 BCA ASSESSMENT – KEY ISSUES

We note the following BCA compliance matters with relation to proposed building works are capable of complying with the BCA. Please note that this is not a full list of BCA clauses, they are the key requirements that relate to the proposed work and the below should be read in conjunction with the BCA.

6.1 ACCESSIBILITY EXEMPTIONS

The use of certain parts of the building are not required to be accessible in the following instances:

- + An area where access would be inappropriate because of the particular purpose for which the area is used.
- + An area that would pose a health or safety risk for people with a disability.
- + Any path of travel providing access only to an area exempted by the above two items



Some examples of the above include:

- + Cleaner's rooms used by cleaning staff only
- + Plantrooms and specialty equipment rooms (e.g. comms, UPS, distribution boards etc.)
- + Loading Dock
- + Clean and dirty utility rooms
- + Equipment stores

6.2 PERFORMANCE SOLUTIONS

Where there are any departures from achieving compliance with the DTS provisions of the BCA, there is an opportunity to address the compliance issue by the development of a Performance Solution.

This may relate to any matters of BCA compliance including fire and life safety, amenity, accessibility and ESD.

The scope of performance-based design will be refined during scheme and detailed design.

6.3 SECTION B

B1	<p>New building works are to comply with the structural provisions of the BCA 2019 / BCA2022 and referenced standards including AS 1170.</p> <p>The Importance Level provisions of BCA (Section B) are to be acknowledged by the Structural Engineer & services engineers and addressed to the degree necessary.</p> <p>Generally, and not withstanding, the BCA encourages IL4 if the facility is the only hospital in the area, which the Wentworth project will of course be.</p> <p>However the BCA also suggests IL3 can be considered for the same hospital, if there are other (IL4) hospital(s) serving the area. We note Mildura Base Hospital is circa 30 mins from the Wentworth site.</p> <p>I suggest this, together with DGN24, are reasonable consideration factors.</p> <p>In consideration of above, the building will be IL3 throughout as agreed with the project team and HI, on the basis of no operating (critical care) and also proximity to an alternative</p>
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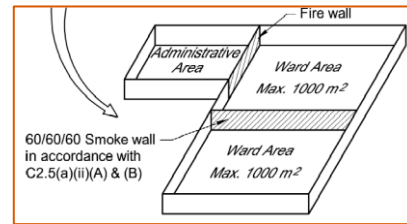
6.4 SECTION C

C1.9	<p><u>Non-Combustible Building Elements:</u> Documentation is required to be provided as relevant to:</p> <ul style="list-style-type: none"> + Any external wall materials, however it is understood there will be no combustible cladding used as part of the external wall system. + Any framing or integral formwork systems. I.e. timber framing, dintel formwork, etc. + Any external linings or trims. I.e. external UPVC window linings, timber window blades, etc. + Any sarking or insulation contained within the wall assembly. <p>This is not an exhaustive list, and any element incorporated within any external wall assembly must be identified and provided for review. Any departures from non-combustibility or deemed non-combustible materials under this clause (C1.9[e]) will require consideration under a fire engineered performance solution, or alternatively, through compliance demonstrated under CV3.</p>
C1.10	<p><u>Early Fire Hazard Properties:</u> The fire hazard properties of all new building materials and assemblies used in the development must comply with the requirements of C1.10 and all new floor materials, floor coverings, wall and ceiling lining materials must comply with Specification C1.10 – <i>Test reports of any floor or wall coverings required at Completion Certificate stage.</i></p>
C2.5	<p><u>Fire and Smoke Compartments:</u></p> <p>Patient care areas need to be separated into maximum 2,000m² <u>fire compartments</u> by fire walls having an FRL of 120/120/120. Non-patient care areas (BOH non-clinical) may be increased to maximum 5,000m² <u>fire compartments</u>.</p> <p>Compartmentation is to be as follows:-</p>

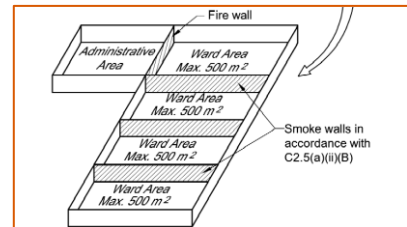


A. In Ward Areas –

- i) Where the floor area exceeds 1,000m², then it must be divided into compartments of not more than 1,000m², by walls with an FRL of not less than 60/60/60, and



- ii) Where the floor area exceeds 500m², then it must be separated into further compartments of not more than 500m², by smoke proof walls complying with the requirements of Specification C2.5, and



- B. Treatment areas must be divided into compartments of not more than 1,000m², by smoke proof walls complying with Specification C2.5.

Fire walls are to comply with BCA C2.7. The building structure, including the steel roof structure, must be designed so as not to cross the fire walls.

Reservoirs are required over each of the fire doors (400mm reservoir)

Compartmentation Strategy – Generally

The location of fire and smoke walls will consider two factors; compartmentation and the provision of horizontal exits (through the inclusion of 2-hour fire walls) to bring egress distances into compliance or towards the acceptable limits of fire engineering. Furthermore, consideration has been placed on future proofing the location of fire/smoke walls and the sizing of compartments.





C3.3

Separation of external walls and associated openings in different fire compartments: Exposure between adjacent fire compartments occurs in a number of locations. *Compliance will be met through consideration under a fire engineered performance solution in this instances*

C3.15

Openings for Service Installations: Where service installations penetrate the walls or floors required to have an FRL with respect to integrity and insulation they are to be protected by fire seals having an FRL of the building element concerned. Fire seals are required to comply with Specification C3.15, or be identified with a prototype of a system tested to AS 1530.4.

Spec
C1.1

Fire-Resisting Construction: The building is required to comply with Table 5 as relevant to FRLs required for buildings of Type C Construction. This will generally require 2-hour FRL to all fire walls (separating from adjoining buildings). 2 hour FRL will be required only where external walls are exposed to adjoining buildings (or part) less than 6m.

TYPE C – Class 9a WHS Hospital & Class 3 Staff Accommodation

Building element	Class of building—FRL: (in minutes)			
	Structural adequacy / Integrity / Insulation			
	2, 3 or 4 part	5, 7a or 9	6	7b or 8
EXTERNAL WALL (including any column and other building element incorporated within it) or other external building element where the distance from any <i>fire-source feature</i> to which it is exposed is—				
Less than 1.5 m	90/ 90/ 90	90/ 90/ 90	90/ 90/ 90	90/ 90/ 90
1.5 to less than 3 m	—/—/—	60/ 60/ 60	60/ 60/ 60	60/ 60/ 60
3 m or more	—/—/—	—/—/—	—/—/—	—/—/—
EXTERNAL COLUMN not incorporated in an <i>external wall</i> , where the distance from any <i>fire-source feature</i> to which it is exposed is—				
Less than 1.5 m	90/—/—	90/—/—	90/—/—	90/—/—
1.5 to less than 3 m	—/—/—	60/—/—	60/—/—	60/—/—
3 m or more	—/—/—	—/—/—	—/—/—	—/—/—
COMMON WALLS and FIRE WALLS—	90/ 90/ 90	90/ 90/ 90	90/ 90/ 90	90/ 90/ 90
INTERNAL WALLS—				
Bounding <i>public corridors</i> , public lobbies and the like—	60/60/ 60	—/—/—	—/—/—	—/—/—
Between or bounding <i>sole-occupancy units</i> —	60/60/ 60	—/—/—	—/—/—	—/—/—
Bounding a stair if <i>required</i> to be rated—	60/60/ 60	60/60/60	60/ 60/ 60	60/ 60/ 60
ROOFS	—/—/—	—/—/—	—/—/—	—/—/—



6.5 PARTS D1 & D2 – PROVISION FOR ESCAPE AND CONSTRUCTION OF EXITS

D1.2 Number of Exits Required: Two exits are provided from the floor space, complying with the requirements of this clause. Exit locations are as illustrated below:-



Ground Floor

Egress within the zone clouded above will be further refined to comply during design development.

D1.4 Exit Travel Distances: Egress from the building will rely on a combination of exit doors (on grade) and horizontal exits across the floor plate. The following is noted in relation to egress:

- + Travel distances are permitted to extend to 20m to a point of choice and 40m to a single exit in non-patient care areas. Travel distances in patient care areas are permitted to extend to 12m to a point of choice and 30m to a single exit.
- + Travel distances between alternative exits are permitted to extend to 60m between alternative exits in non-patient care areas. Travel distances in patient care areas are permitted to extend to 45m between alternative exits.

Travel distances are generally compliant however the IPU zone clouded in red above is marginally >12m to point of choice and is to be addressed in the FER.

D1.5 Distance Between Alternative Exits: Distances between alternative exits must be not greater than 60m in non-patient-care areas and 45m in patient care areas.

D1.6 Dimensions of Paths of Travel to an Exit: The minimum clear height through all egress paths is required to be no less than 2m, and a minimum of 1m wide (this width dimension is measured clear of any obstructions such as handrails and joinery). In a required exit or path of travel to an exit there is concession for the unobstructed width of a doorway to be reduced to 850mm min in lieu of 1m, and the unobstructed height for an exit doorway can be reduced to 1,980mm min.

The unobstructed width of doorways in patient care areas where patients are normally transported in beds is dependent on the width of the corridor in which the doorway provides access to or from. If the corridor is less than 2.2m, the doorway must achieve >1200mm. If 2.2m wide or greater, the doorway must achieve >1070mm. Doorways forming horizontal exits must achieve no less than 1250mm.

Corridors in a Class 9a health-care facility must achieve 1.8m in corridors normally used for the transportation of patients in beds.



D1.11	<u>Horizontal Exits:</u> Egress is achieved via use of multiple HEs.
D2.7	<u>Installations in Exits and Paths of Travel:</u> Any new or altered electricity and communications cupboards located within a nominated egress paths within the proposed building will be required to be suitably smoke sealed and enclosed in non-combustible construction in accordance with D2.7(d).
D2.13 / D2.14 / D2.16 / D2.17	<u>Stairways:</u> <ul style="list-style-type: none">+ A stairway must have no more than 18, nor less than 2, risers in each flight.+ Landings must be not less than 750mm in length.+ Landings must accommodate a stretcher, 2m long and 600mm wide, throughout all flights of all stairs. This includes navigating landings that may turn 90-180°. <p><u>Landings, Thresholds, and Handrails:</u> Floor finishes are subject to compliance with the slip resistance requirements of AS 1428.1 -2009 in requiring compliance with AS 4586 – 2013 and associated handbooks HB197 and HB198. This applies to all hard floor surfaces.</p> <p>Handrails are required on one side of the corridor normally used by patients and must be continuous for length where practical.</p> <p><u>Balustrades:</u></p> <ul style="list-style-type: none">+ All balustrades must achieve a minimum height of 1m above finished floor level.+ Balustrades (except for fire-isolated stairs) must not permit a 125mm sphere to pass through any opening.
D2.19 / D2.20 / D2.21	<u>Doors and Latching:</u> All egress doorways must swing in the direction of egress and must be readily openable without a key from the side that faces a person seeking egress, by a single handed downward or pushing action on a single device which is located between 900mm and 1100mm from the floor – the drawings will need to be updated to demonstrate compliance.
	<u>Swinging Doors:</u> Fire doors (serving as horizontal exits) and smoke doors are required to swing in the direction of egress. There will be situations where egress will be required from both directions. We recommend that fire and smoke doors are provided as dual swing pivot doors as an alternative to addressing single swing smoke doors via a fire engineered performance solution noting the degree of additional measures that would be required to justify most occurrence (self-opening devices activated via push button, doors releasing from hold open devices on local detectors, signage, etc.). This can be developed with the design.
	Where dual swing smoke doors are provided, a fire engineered performance solution would be required to rationalise potential smoke leakage.



6.6 PART D3 - ACCESSIBILITY

Part D3	Access for People with a Disability: All access is required to comply with AS 1428.1-2009. On review of the design documentation, it is clear that compliance is readily achievable.
D3.1	General Building Access Requirements: In a Class 9a health-care building, access must be provided to and within all areas normally used by the building occupants, including access to all staff offices, staff rooms and meeting rooms / beverage bays.
D3.2	<p>Access to Buildings: An accessway must be provided to a building required to be accessible from:</p> <ul style="list-style-type: none">+ The main points of a pedestrian entry at the allotment boundary.+ Another accessible building connected by a pedestrian link.+ Any required accessible car parking space on the allotment. <p>An accessway must be provided through the principal pedestrian entrance and through not less than 50% of all pedestrian entrances.</p> <p>With such health precincts, it is often impractical to achieve access for people with disabilities from the allotment (street) boundary.</p> <p>In such instances it is often feasible to justify relaxing accessibility from the allotment boundary, noting this would be addressed in a performance-based solution.</p> <p>It is noted: -</p> <ol style="list-style-type: none">1. There is no public bus stop of transport connection on the public road (Silver City Highway)2. It is noted the public bus stop/dropoff within the hospital precinct is proposed for Stage 2 - this is below the line and subject to funding being available (not base case). On this basis, accessibility from the public roadway <u>will be</u> required into the site and to the principal entrance of the buildings.3. There will be an accessible pathway connect the carpark and the Class 3 accommodation buildings and the Class 9a hospital <p>Option for performance-based design for access and fitout of the staff accommodation buildings to comply with AS1428.1 will also be entertained. The option would be to relax accessibility to any of the new staff accommodation buildings and devise a performance-based overlay management plan to coordinate accessible accommodation in town, organised by LHD. This would apply to any LHD staff members who attend intend to stay at the site.</p> <p>Any exemption or performance solution will need to be validated by a letter from the LHD as the design develops.</p> <p>The following specific comments are also noted:</p> <p>Gradients of external areas will need to be reviewed during Detailed Design to ensure accessways meet the requirements of AS 1428.1 – 2009.</p>
D3.4	<p>Exemptions: Areas (including paths of travel to and from) where access for the disabled would be inappropriate or otherwise posing a risk to health and safety are exempt from complying as accessible. This will be further developed during detailed design, however noting accessibility requirements differ depending on the hospitals operational requirements. For Wentworth, we suggest the following locations may be worthy of concession:-</p> <ul style="list-style-type: none">• Storerooms• Coolroom / mortuary• Plant spaces including main switchroom, Comms etc.• Kitchen• Utility rooms• Staff stations in clinical areas <p>The LHD needs to be on board with suggested or proposed concessions, as this is governed by operational demand, not BCA requirement.</p> <p>Additional points to note:-</p> <ol style="list-style-type: none">1. Public facing reception counters – suggest 850mm high with knee clearance on public side and preferably on the staff side



2. If drop-off bays or waiting bays are provided, then an accessible drop-off/waiting bay must be designated and provided
3. TGSI's between building entry and carpark if on same grade
4. If an area can readily be made accessible it should be an accessible area, not exempt
5. Ensure changerooms (for patients or staff) are accessible or there is an accessible option

D3.6

Signage: Braille and tactile signage must be provided to identify each door required to be provided with an exit sign as well as identifying accessible sanitary facilities – *Braille and tactile signage is to be provided with details to be reviewed as the design develops.*

D3.7

Hearing Augmentation: A hearing augmentation system must be provided where an inbuilt amplification system, other than one used only for emergency warning is installed in a meeting room, or a reception area where the public is screened from the service provider.

D3.8

Accessible Parking: Accessible car parking spaces must comply with the requirements of AS 2890.6 – 2009. The provision of spaces is to be in accordance with the following table:

Class of building to which the carpark or car parking area is associated:		Number of accessible car parking spaces required:
Class 9a	Hospital (non-outpatient area) –	1 space for every 100 car parking spaces or part thereof.
	Hospital (outpatient area) –	
	(a) Up to 1000 car parking spaces and	1 space for every 50 car parking spaces or part thereof.
	(b) For each additional 100 car parking spaces or part thereof in excess of 1000 car parking spaces	1 space.

D3.12

Glazing on an accessway: On an accessway, where there is no chair rail, handrail or transom, all frameless or fully glazed doors, sidelights and any glazing capable of being mistaken for a doorway or opening, must be clearly marked in accordance with AS 1428.1 - 2009.

**AS1428.1
-2009**

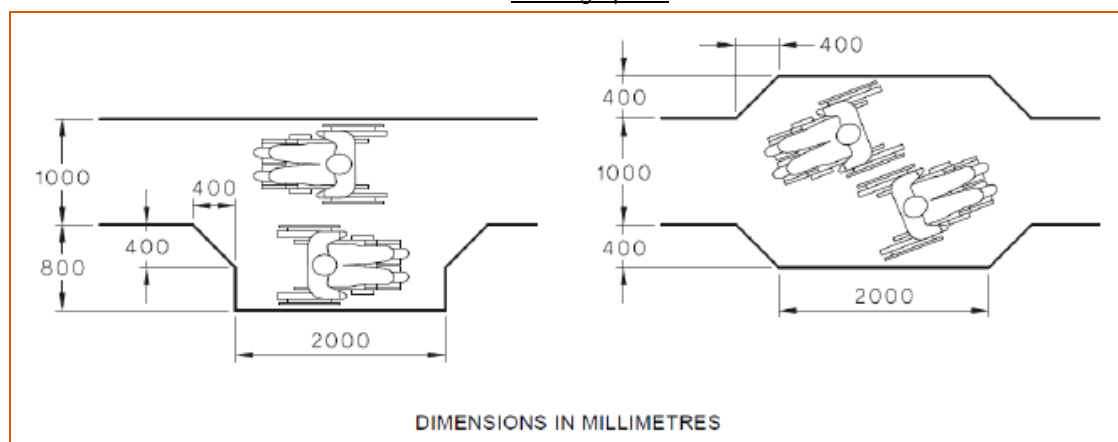
Continuous Accessible Path of Travel

A continuous accessible path of travel must be provided throughout all areas required to be accessible. This requires consideration on wheelchair turning space, passing space, and the like.

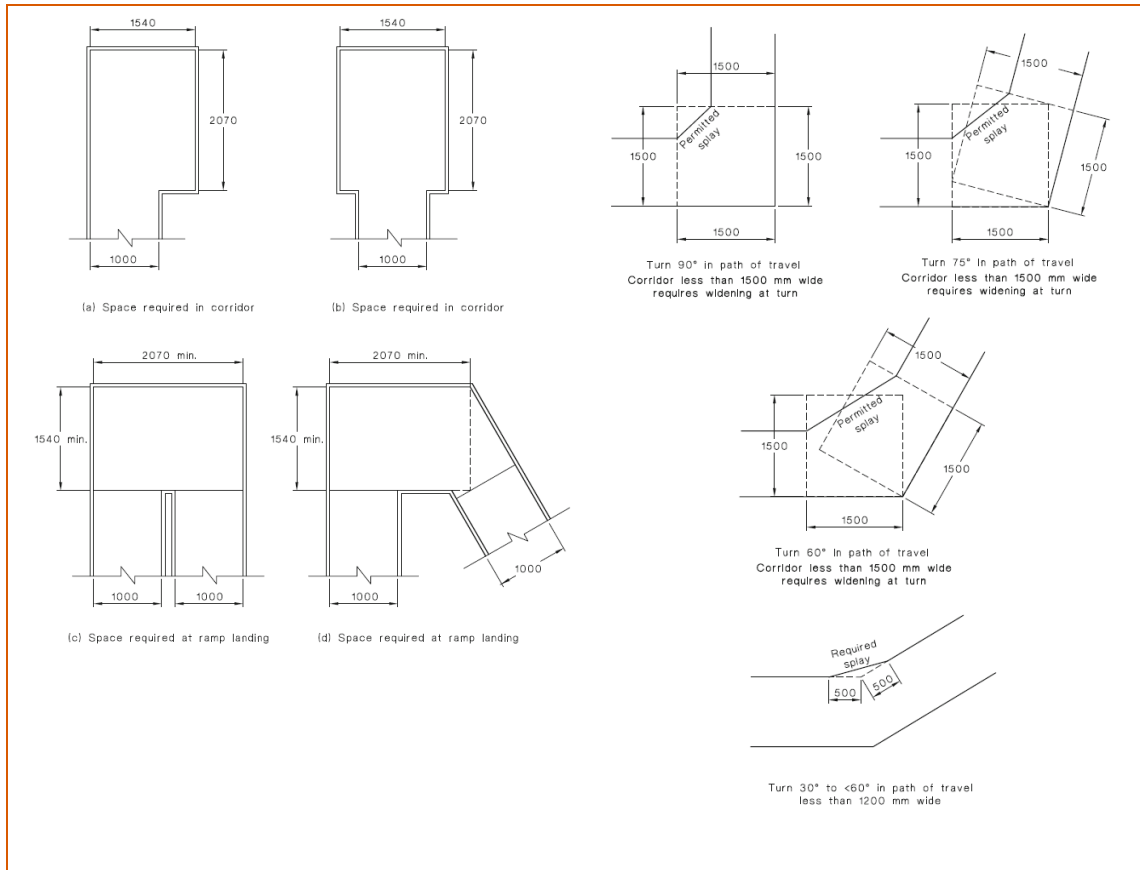
Internal Accessways:

- + Each accessway within the building is required to have:
- + Passing spaces complying with AS 1428.1 at maximum 20m intervals on those parts of the accessway where a direct line of sight is not available; and
- + Turning spaces complying with AS 1428.1 –
- + Within 2m of the end of accessways where it is not possible to continue travelling along the accessway; and
- + At maximum 20m intervals along the accessway

Passing Space:



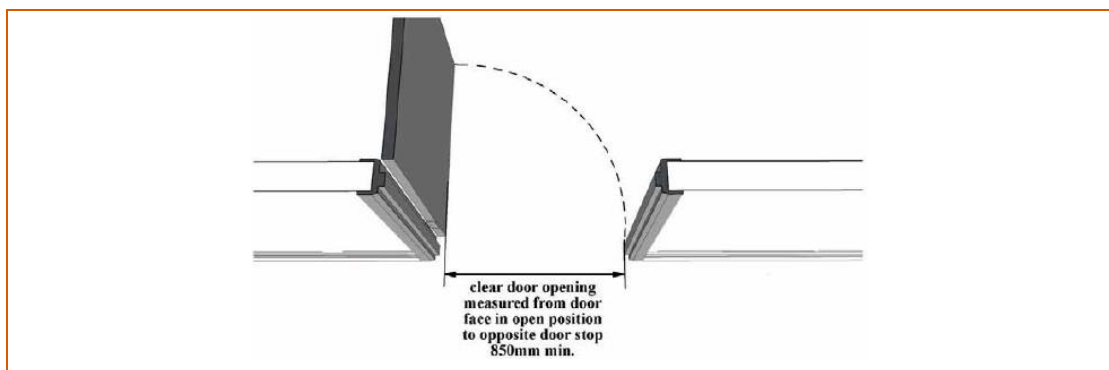
Turning Space:



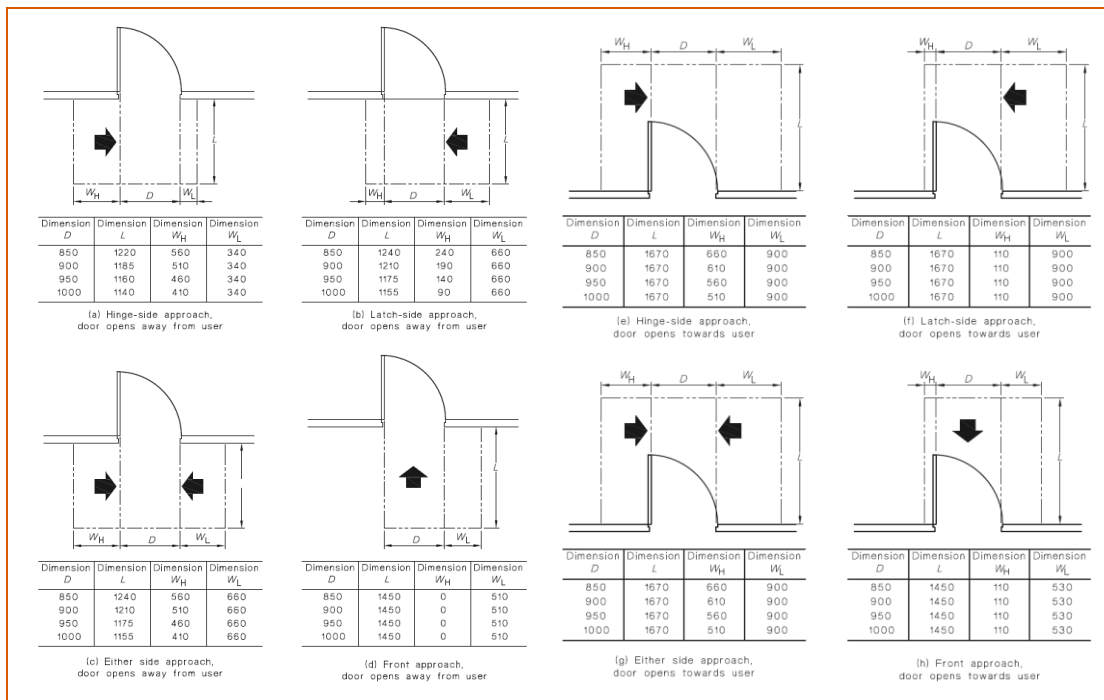
Any glazing on an accessible path of travel which is capable of being mistaken for a doorway or opening must be provided with a full-width solid and non-transparent contrasting line. The contrasting line must be not less than 75mm wide and shall extend across the full width of the glazing panel. The lower edge of the contrasting line shall be located between 900mm and 1000mm above the plane of the finished floor level.

Doorways, Doors and Circulation Space at Doorways

All doorways within the accessible path of travel must achieve a minimum width of 850mm. This relates to the clear opening of the doorway i.e. between door leaf and door jamb. This will generally require a 920mm door leaf.



Circulation space must be provided on each side of every doorway, gate, or similar entry way, on a continuous path of travel. Circulation space must be considered based on the following diagrams



Doorways, Doors and Circulation Space at Doorways

All doorways within the accessible path of travel must achieve a minimum width of 850mm. This relates to the clear opening of the doorway i.e. between door leaf and door jamb. This will generally require a 920mm door leaf.

Circulation space must be provided on each side of every doorway, gate, or similar entry way, on a continuous path of travel. Circulation space must be considered based on the following diagrams

Doorway circulation space will need to be confirmed as compliant during the detailed design. Any deviations from the above will require consideration by an accredited Access Consultant to justify any departures under a performance solution.



6.7 SECTION E

E1.3	<p>Fire Hydrants: Fire hydrant coverage is required to be provided to the buildings in accordance with AS 2419.1 – 2005.</p> <ul style="list-style-type: none"> + The fire hydrant booster assembly must be located within sight of the main entry and must be facing the street, otherwise addressed in the FER. + The fire pump room must be accessed directly from open space.
E1.4	Fire Hose Reels: Fire hose reel coverage is required to be provided in accordance with AS2441-2005.
E1.5	Automatic Sprinkler System: Will be installed throughout the new HSR. Omission of any sprinklers from electrical enclosures will need to be addressed in the FER.
E1.6	Fire Extinguishers: To be provided and designed in accordance with AS 2444-2001.
E2.2	<p>Smoke Hazard Management: An AS 1670.1-2018 fire detection and alarm system is to be extended through to the area of new works. Any ducted mechanical air handling systems, or non-ducted systems exceeding a capacity of 1000L/s, must shut down on activation of smoke detection.</p> <p>An AS 2118.1 – 2017 sprinkler system is required to be installed throughout the building.</p>
E4.2-E4.8	Emergency Lighting and Exits Signs: Fire services design consultant to confirm compliance with AS 2293.1-2005.
E4.9	EWIS: An AS 1670.4-2015 Sound System and Intercom System for Emergency Purposes is required. The EWIS is to be designed to interphase with the new hospital building.

6.8 SECTION F

Part F1 **Damp and Waterproofing:** Stormwater drainage must comply with the requirements of AS 3500.3 – 2015. Roof coverings must comply with the prescriptive requirements of the relevant standards listed in Clause F1.5.

F2.3 **Sanitary Facilities:** Sanitary facilities are only required to be provided in accordance with the requirements for Class 9a patients. Shower facilities must also be provided at a ratio of 1 for every 8 patients.

We have provided below for the Class 9a facility:-

User Group	Closet Pans		Urinals		Washbasins	
	Design Occupancy	Number	Design Occupancy	Number	Design Occupancy	Number
Class 3, 5, 6 and 9 other than schools						
Male employees	1 — 20 > 20	1 Add 1 per 20	1 — 10 11 — 25 26 — 50 >50	0 1 2 Add 1 per 50	1 — 30 > 30	1 Add 1 per 30
Female employees	1 — 15 > 15	1 Add 1 per 15	N/A	N/A	1 — 30 > 30	1 Add 1 per 30
Class 9a — health-care buildings						
Male patients	1 — 16 >16	2 Add 1 per 8			1 — 8 > 8	1 Add 1 per 8
Female patients	1 — 16 >16	2 Add 1 per 8	N/A	N/A	1 — 8 > 8	1 Add 1 per 8

F2.4 **Accessible Sanitary Facilities:** Accessible unisex sanitary facilities and ambulant WCs are to be provided in the building.

The accessible WCs and ambulant WCs must comply with the circulation and spatial requirements under AS 1428.1-2009.

Ambulant Sanitary Facilities:

In addition to unisex sanitary facilities, there must be the provision of a sanitary compartment for use by people with ambulant disabilities for use by each sex.



Part F3	Room Heights: The ceiling heights are prescribed and should be checked for all classes and parts during assessment or the design process. For a Class 9a, this generally requires 2.4m in patient care areas, treatment rooms, clinics, waiting rooms, passageways and corridors. In any building, 2.1m for sanitary compartments, air-locks, tea preparation rooms, pantries, storerooms or the like.
Part F4	Light and Ventilation: Any installations or modifications to the existing artificial lighting system are required to comply with Clause F4.4 and AS 1680. All mechanical or air-conditioning installations or modifications must be undertaken in accordance with Clauses F4.5(b) and AS 1668.2.-2012.
Part J1, J2 & J3	Energy Efficiency: Building Fabric, Glazing, and Sealing: Any new external walls, windows, or glazing, must comply with the prescriptive requirements of these parts. Any deviations from this would need to be considered by an ESD consultant under a JV3 model performance approach.
Part J5 & J6	Energy Efficiency: Electrical and Mechanical Services: All new air-conditioning, ventilation systems, artificial lighting & power is required to comply with J5 and J6 respectively. Design statements are required for mechanical and electrical installations/modifications.

6.9 DISABILITY (ACCESS TO PREMISES-BUILDINGS) STANDARDS 2010

DDA	<p>The Disability (Access to Premises-Buildings) Standards 2010 (the Access to Premises Standards) requires the building to comply with the Access Code (BCA Part D3 & AS 1428.1 - 2009).</p> <p>With respect to the proposed new building, compliance with the Access Code is achieved if the building complies with:</p> <ul style="list-style-type: none">+ BCA clauses D3.1 to D3.12;+ BCA clause E3.6;+ BCA clauses F2.2 and F2.4. <p>The referenced plans show that access for people with disabilities will be available to and within the building from the main points of a pedestrian entry at the allotment boundary and accessible car spaces in accordance with BCA clause D3.1.</p> <p>Detailed documentation demonstrating compliance with the above BCA provisions and AS 1428.1-2009 will be required for assessment at Crown Certificate stage. However, our review of the REF documentation indicates that compliance with the abovementioned provisions will be readily achievable, noting some design changes are required as outlined above.</p> <p>In the event that DTS compliance is not achieved, an Alternative Solution will need to be documented by an appropriately qualified Access Consultant.</p> <p>Refer to Section D3 and F2.4 for the specific provisions of DDA compliance.</p>
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7.0 FIRE SAFETY SCHEDULE

The following table is a list of the required fire safety measures within the building. These measures may be subject to further change pending the outcomes of the final Fire Safety Engineering Review to confirm the works are permissible and do not contradict the base building Performance Solutions.

Statutory Fire Safety Measure	Design / Installation Standard
Access Panels, Doors & Hoppers	BCA Clause C3.13 AS 1530.4 – 2014 and Manufacturer's Specifications
Alarm Signalling Equipment	AS 1670.3 – 2018
Automatic Fail Safe Devices	BCA Clause D2.21
Automatic Fire Detection & Alarm System	BCA Spec. E2.2a AS 1670.1 – 2018
Automatic Fire Suppression Systems	BCA Spec. E1.5 AS 2118.1 – 2017
Emergency Lighting	BCA Clause E4.2 & E4.4 AS 2293.1 – 2018
Emergency Evacuation Plan	AS 3745 - 2010
Emergency Warning Intercom System (EWIS)	BCA E4.9, Clause 5 of BCA Spec G3.8 AS1670.4 - 2018
Exit Signs	BCA Clauses E4.5, NSW E4.6 & E4.8 AS 2293.1 – 2018
Fire Blankets	AS 3504 – 1995 & AS2444 – 2001
Fire Dampers	BCA Clause C3.15 AS 1668.1 – 2015 & AS 1682.1 & 2 – 2015 and Manufacturer's Specification
Fire Doors	BCA Clause C2.12, C2.13, C3.2, C3.4, C3.5, C3.6, C3.7, C3.8 & C3.11 AS 1905.1 – 2015 and Manufacturer's Specification
Fire Hose Reels	BCA Clause E1.4 AS 2441 – 2005
Fire Hydrant Systems	BCA Clause E1.3 AS 2419.1 – 2021
Fire Seals	BCA Clause C3.15, AS 1530.4 – 2014 & AS 4072.1 – 2014 and Manufacturer's Specification
Lightweight Construction	BCA Clause C1.8 AS 1530.4 – 2014 and Manufacturer's Specification
Mechanical Air Handling Systems (Automatic Shutdown)	BCA Clause E2.2 AS/NZS 1668.1 – 2015 & AS 1668.2 – 2012
Paths of Travel	EP&A Regulation Clause 186
Portable Fire Extinguishers	BCA Clause E1.6 AS 2444 – 2001
Required Exit Doors (Power Operated)	BCA Clause D2.19(b)
Smoke Dampers	BCA Spec C2.5 AS/NZS 1668.1 – 2015
Smoke Doors	BCA Spec C3.4 & C2.5
Stand-by Power Systems	BCA Clause E1.3, E3.4, E4.2 & E4.5 AS 3000 – 2018
Wall-Wetting Sprinklers	BCA Clause C3.4 AS 2118.2 – 2010
Warning & Operational Signs	BCA Clause C3.6, D2.23, D3.6, E3.3 & H101.8 AS 1905.1 – 2015 & Section 183 of the EP&A Regulation 2000



8.0 CONCLUSION

This report confirms that BM+G have undertaken a review of the REF architectural plans for the Wentworth Health Service project that includes a new single storey building, staff accommodation and on grade carparking.

Desk top assessment has been undertaken against the deemed-to-satisfy provisions of the Building Code of Australia 2022 (BCA 2022) and the Disability (Access to Premises – Buildings) Standards 2010.

In this instance, we are of the opinion that any amendments required to the design documentation in order to comply with the BCA can be addressed in the preparation of the detailed documentation for Crown Certificate without giving rise to significant changes to the proposal as submitted for REF.

Arising from our review, it is considered that the proposed development can readily achieve compliance with the relevant provisions of the BCA.

Yours sincerely,

David Blackett
Director

Blackett Maguire + Goldsmith

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