



HEALTH INFRASTRUCTURE
Temora Hospital Redevelopment
Preliminary Construction Management Plan

TEMORA HOSPITAL
REDEVELOPMENT
PRELIMINARY
CONSTRUCTION
MANAGEMENT PLAN

V2.3

Health Infrastructure NSW

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Introduction

This Preliminary Construction Management Plan (CMP) has been prepared for the construction of a new Temora Hospital to support the Review of Environmental Factors (REF) to the Department of Planning and Environment. It provides an overview of safety, health, traffic and environmental considerations for the construction of the project. The goals of this Preliminary CMP are to:

- Highlight critical environmental issues linked to the construction activities for the proposed works;
- Ensure adherence to anticipated legislative conditions and relevant regulatory mandates;
- Propose management strategies for the aforementioned objectives; and
- Advise on monitoring, auditing, and reporting mechanisms to assist the lead contractor tasked with the execution of the project.

The plan covers the following areas of management:

- The Proposed Works;
- Site Management;
- Traffic Management;
- Environmental Management;
- Hazardous Materials Management; and
- Work, Health and Safety.

The Temora Hospital Redevelopment project is currently in the Contract Documentation stage, with the Business Case going through the approvals process prior to submission to NSW Ministry of Health. Following the Contract Documentation phase, the appointed lead contractor will develop and implement a detailed Construction Management Plan for the ongoing safe demolition, works and construction at the site.

Proposed Works

Scope of Works

Temora Hospital is located in the north-east of the Riverina region of New South Wales. It operates predominantly at a clinical service Role Delineation Level (RDL) 3 and is one of a cluster of rural facilities that operate in a tiered model linked to Wagga Wagga Base Hospital.

The Temora Redevelopment will be implemented as a staged demolition of the existing hospital and surrounding outbuildings, with a new hospital built in the location currently occupied by the existing hospital.

The project will deliver the following new infrastructure:

- Emergency Department;
- Inpatient Unit;
- Perioperative Unit/ Operating Theatre;
- Medical Imaging Department;
- Maternity Unit including Birthing and Nursery;
- Ambulatory Care Centre (including Outpatient, Phlebotomy, and Community Health facilities)
- Front of House;
- Back of House and associated support services;
- new car park and upgrade of access roads;
- new landscaping.

The Temora Redevelopment is forecast for completion in August 2026.

Background Information

The following reports have been delivered as part of the Temora Hospital Redevelopment Project. These have been considered in the design process and will inform the Construction Management Plan:

- Environmental Impact Statement;

- Geotechnical Assessment;
- Hazardous Materials Report;
- Preliminary Site Investigation;
- Detailed Site Investigation;
- Human Health and Ecological Risk Assessment;
- Traffic Management Plan; and
- Waste Management Plan.

Legislative Requirements

The works will be undertaken in accordance with Legislative Requirements, including, but not limited to:

- National Construction Code 2011 comprising the Building Code of Australia;
- Protection of the Environment Operations Act and Regulations;
- Environmentally Hazardous Materials Act 1985;
- Protection of the Environment Administration Act and Regulations;
- Work, Health and Safety Act 2011 and relevant codes of practice and standards;
- Australian Standard 2601-2001: Demolition of Structures;
- Code of Practice for Safe Removal of Asbestos (NOHSC: 2002(2005));
- Waste Avoidance and Recovery Act 2001 No.58
- Resource and Recovery Act 2001;
- Environmental Planning and Assessment Act 1979;
- Heritage Act 1997 and current amendments;
- Local Government Act 1993;
- State Environmental Planning Policies;
- Soil Conservation Act 1938; and
- Relevant Design Guidance Notes.

Site Management

Hours of Work

The following usual working hours are proposed for the project:

- Monday to Friday 7.00am to 6.00pm;
- Saturdays 8.00am to 1.00pm;
- Sundays and Public Holidays no work.

Works may be required outside of these hours, including potential delivery of heavy machinery or excavation equipment. The Site Manager, Principal and local consent authority must approve work outside the normal construction hours listed above. No person will be permitted to work on-site alone, or without a senior representative of the contractor's team present.

Further, no works will occur outside the hours nominated above unless prior approval is granted by the local consent authority, Temora Shire and / or NSW Roads and Maritime Services (RMS).

Contractor Management Structure

As part of the Contractor's Construction Management Plan, the Principal Contractor must present a comprehensive hierarchical management structure. This entails detailing the structure and responsibilities within the contractor's team. Additionally, it requires nominating designated personnel to oversee critical roles, ensuring clear leadership and accountability throughout the project's lifecycle.

The contractor must detail the roles and responsibilities of the contractor team in relation to Workplace Health and Safety (WHS), risk management, and adherence to Health, Safety, and Environment (HSE) legislative requirements. This encompasses the accountability of positions from the Managing Director to the Health and Safety Representative and all other project personnel. The delineation will cover ensuring compliance with WHS regulations, proactive risk identification, and mitigation strategies, underscoring a commitment to safety and regulatory adherence across the project, in line with the WHS management requirements of a Principal Contractor as per the contract.

Safety in Design

The Temora main contractor is responsible for design finalisation. A Safety in Design risk register has been established through the Design Development phase by the architect and will be further developed by the main contractor and implemented in accordance with the contractor's Risk Management procedure. The Safety in Design register will be utilised to track safety hazards identified during the review of the design documentation. The register will record measures implemented to address these risks in the design. The current Safety in Design register developed by the architect has been created in accordance with the below risk assessment register;

Risk Assessment Matrix

Likelihood	Consequence			
	Major Death or permanent disability	Significant Serious injury, lost time	Minor Medical treatment required	Insignificant Minor scratch, bruise
Very Likely Expected in most circumstances	Extreme	High	High	Medium
Likely Could occur	High	High	Medium	Medium
Unlikely Could occur but low probability	High	Medium	Medium	Low
Very Unlikely Not expected to occur	Medium	Medium	Low	Low
Risk Rating	Control priority required			
Extreme	Stop work immediately until adequate controls are implemented			
High	Implement risk controls within the same day			
Medium	Implement risk controls within 1 week			
Low	Continue to monitor			
Hierarchy of controls				
1. Elimination	Do we really need to do the activity or include it in the design?			
2. Substitution	Can we substitute with a less hazardous activity or design element e.g. different chemical			
3. Isolation	Can we separate the person from the hazard such as operating a machine remotely.			
3. Engineering	Can we specify guards, barriers etc.			
4. Administration	Can we document procedures, safe work instructions, use signage etc.			
5. PPE	Can we use PPE			

Site Establishment

The main contractor will be responsible for all approvals and coordination required to obtain approvals. The contractor is to submit all management plans for review and approval before commencing works.

Prior to the commencement of Works on site the main contractor will ensure that all notifications and approvals are complete, relevant insurance is in place and that all applicable standards, statutory requirements and conditions are in place, as per the executed contract.

Contractor Site Amenities

The main Contractor will establish a site compound that will accommodate meals, ablution and change facilities for use for the duration of the project, within the defined site boundary.

Site Access Control

The main contractor will be required to erect a temporary 2.4m high fence or hoarding around the site and will be responsible for ensuring that the site may not be accessed by the public. Temporary bollards, road and pedestrian barriers with signage will be erected where works impede on areas external to the site. The main contractor will be required to ensure pedestrian safety. All works are to be undertaken in accordance with the public protection measures as required in the Australian Standards.

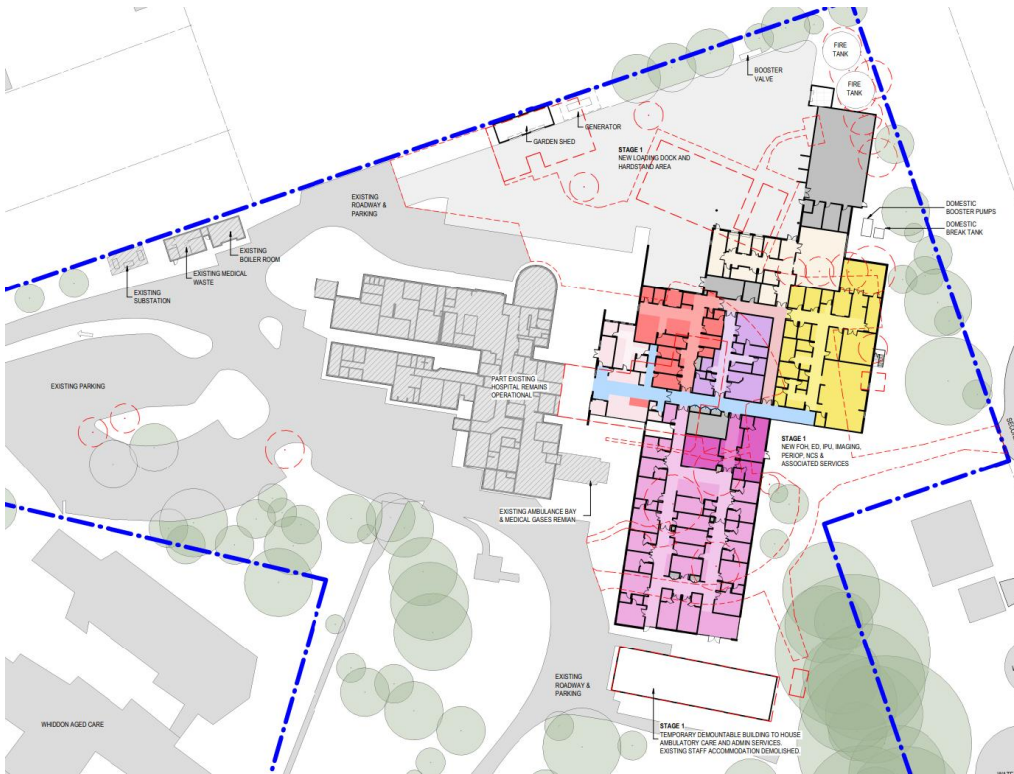
The Principal Contractor will maintain a site entry register requiring all visitors to sign-in upon entry. All visitors are required to wear an identification "visitor" badge, be adequately dressed and wear appropriate PPE at all times while on site.

The site compound is to be securely locked outside of working hours to restrict public / unauthorised personnel accessing the site. Security should be provided through patrols and / or CCTV.

Staging

The staging, methodology and delivery (including all services utilities and infrastructure upgrades) of the project will be in line with the Project Construction Program which is to be confirmed. Initially there are two main parts to the staging.

Part A: It is intended that the eastern portion of the old hospital will be demolished to clear the footprint for construction of stage A scope (new front of house, emergency department, medical imaging, perioperative suite, inpatient unit, non clinical support services).



Part B: Demolition of the western portion of the old hospital and construction of the remainder of the new hospital (activity based working, ambulatory care centre, car park, landscape).



There are significant enabling and decanting to support the staging strategy including the relocation of ambulatory care staff for the whole of the construction phase. The staging and decanting strategy is an ongoing area of development.

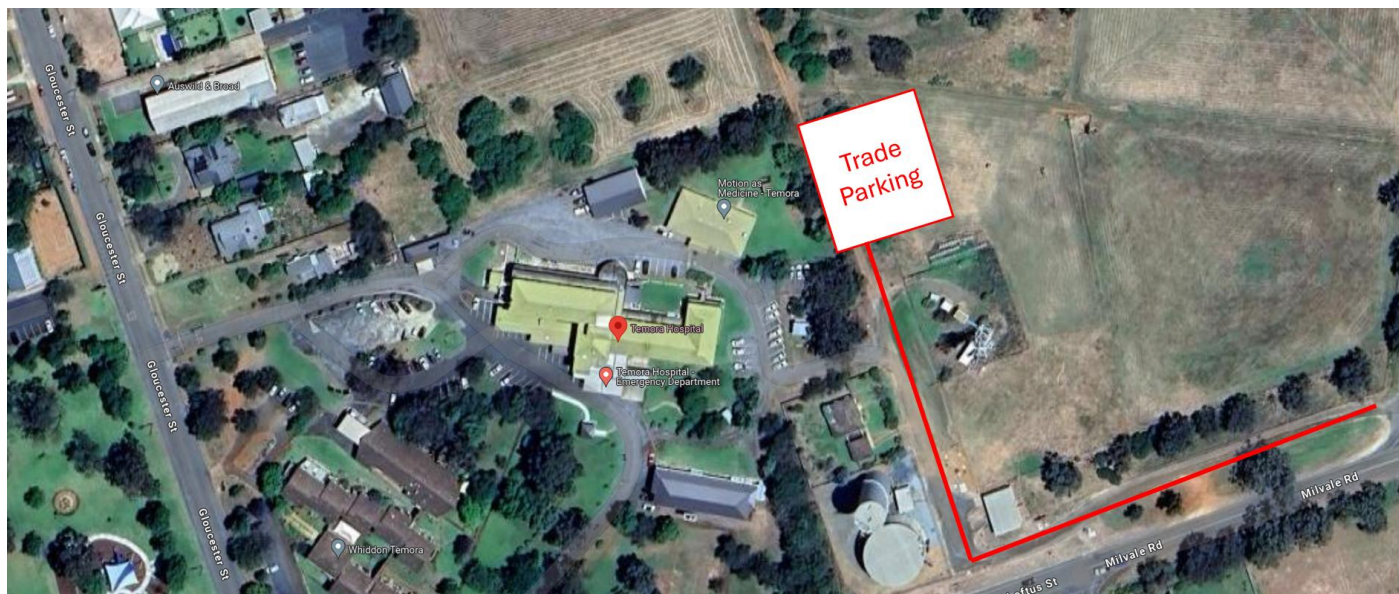
Traffic Management

Construction Traffic Management Plan

A Construction Traffic Management Plan (CTMP) will be a key deliverable of the appointed main contractor.

In stage A, all construction vehicles will also have access to the site via an internal unsealed road from Loftus Street located on the adjoining land. There will be a dedicated parking compound on this adjoining site for trade vehicle parking so as not to disrupt on-site parking and access of staff, patients and visitors. In stage B construction traffic and hospital traffic will be managed carefully to ensure safe access for all.

It is noted that NSW Ambulance Service will continue to require access to the Emergency Department throughout the construction phase, in the existing location for stage A (via the main Loftus Street entry), and in the new hospital for subsequent stage B (via the Gloucester Street entry). Unobstructed Ambulance access will be a priority for traffic management.



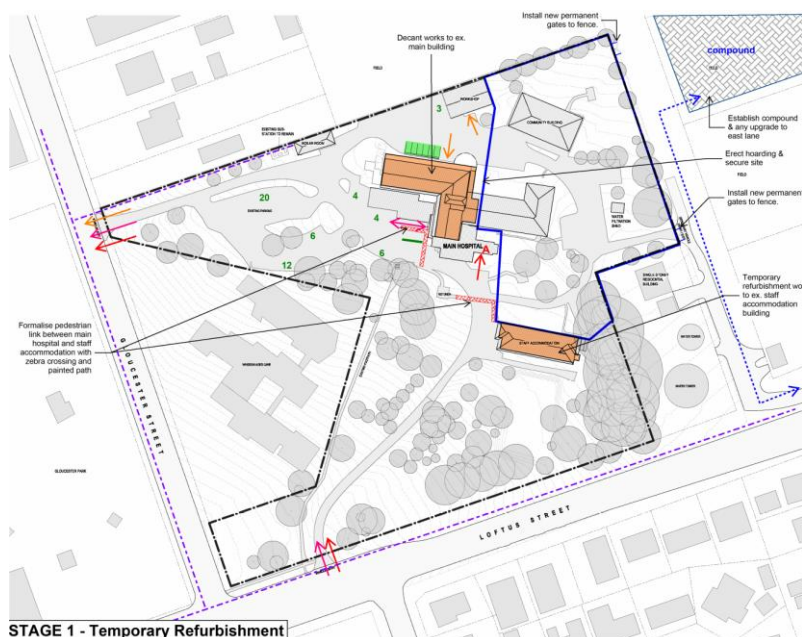
Construction Traffic Routes and Site Access

Part A

Stage 1 –Temporary Refurbishment

The first stage of works will require the preparation for decanting of various services into temporary locations to allow for the demolition of the eastern side of the building. Existing Staff Accommodation and Level 1 Inpatient Unit will be lightly renovated to house various services,

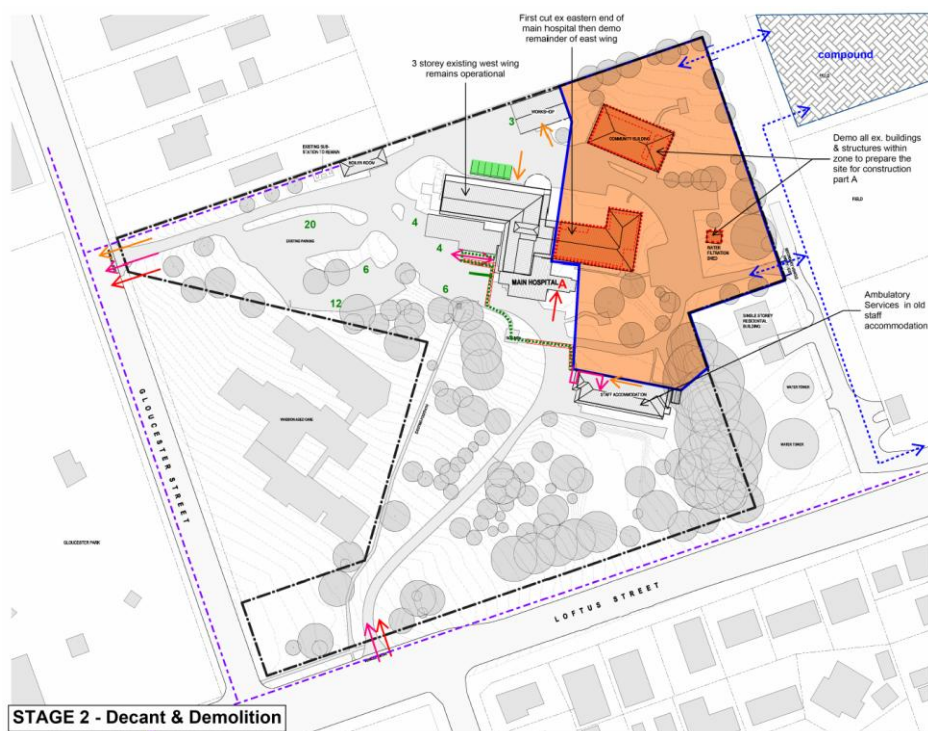
The contractor will utilise the trade parking as noted in the compound. Truck access will be via the adjacent internal road and via Gloucester Street, according to where the temporary works are being undertaken. There is not likely to be highly disruptive (e.g. cranes and concrete truck access required), but, if necessary disruption notices and necessary traffic controls will be put into place.



Stage 2 Decant and Demolition

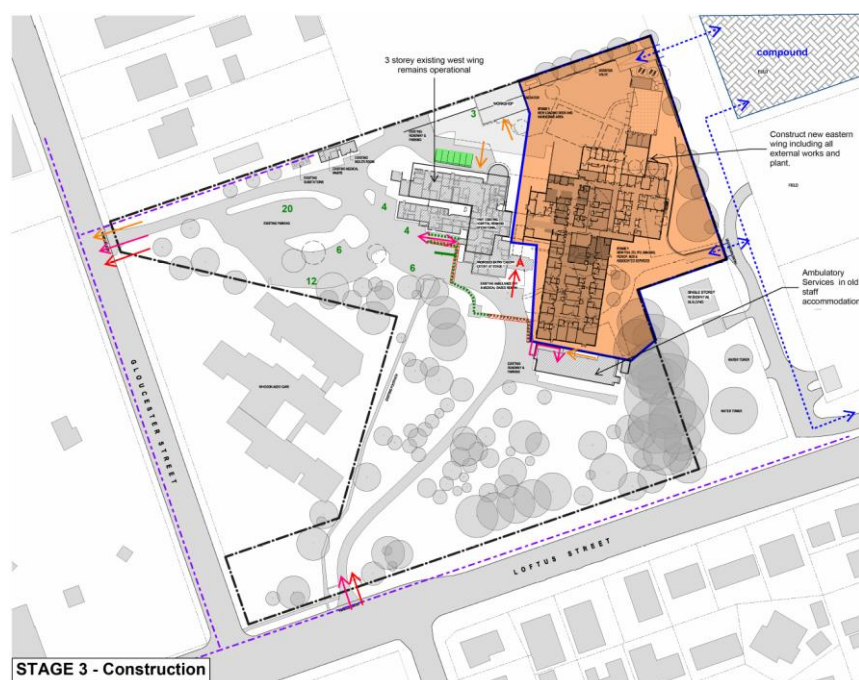
This stage will see the implementation of the site compound around the eastern side of the building. Trades will have a dedicated parking area off an unsealed road, that will minimise traffic on site. There will be two access points from the compound to the site to enable frequent and safe access. Trucks will enter via this unsealed road Street to enter the site compound to the rear of the existing hospital. It may be necessary for trucks to enter or via Gloucester Street to utilise the sealed surface. This will be coordinated with the client..

Initial works will be the demolition of the Eastern wing of the hospital, including ensuring that the remaining part of the hospital is shored up and functional. These works will be highly disruptive and care will be taken to ensure the safety of patient, visitors, staff and site workers.



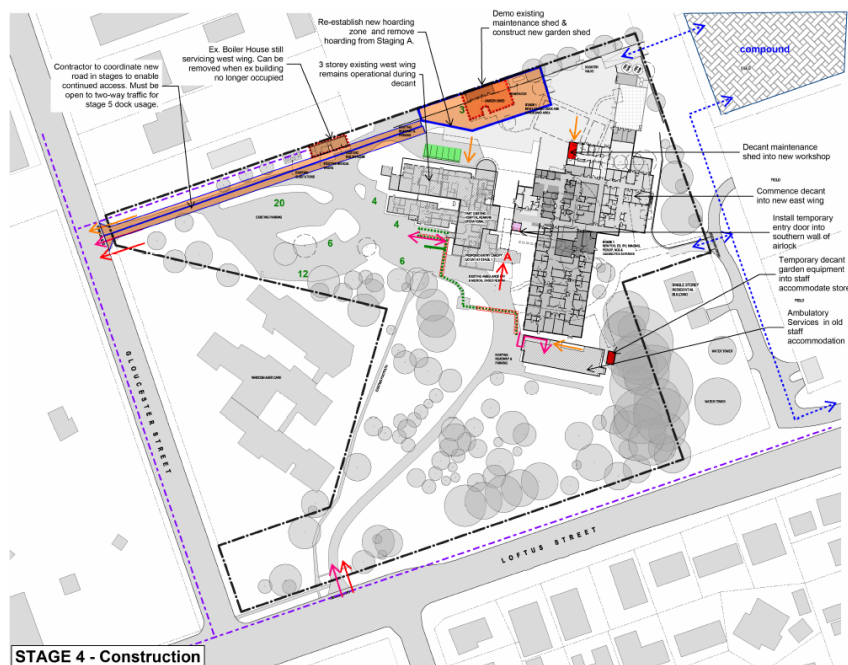
Stage 3 –Construction

The main part of the new hospital will be constructed. The staging is designed to keep construction traffic and activities separated from hospital traffic and activities.



Stage 4 –Construction

This stage will involve the gradual decant and commissioning of services being provided from the new hospital. The services in the old hospital and old staff accommodation will continue to be provided from those locations. Works to widen and resurface the road from Gloucester St up to the hospital will be staged to allow single lane access at all times. Minor works will be required to support the entrance of visitors to the new hospital and for the removal of redundant plant. The site compound will be minimised while access from the trade parking area will continue. Vehicle and pedestrian management will need to be assessed daily for safety and flow.

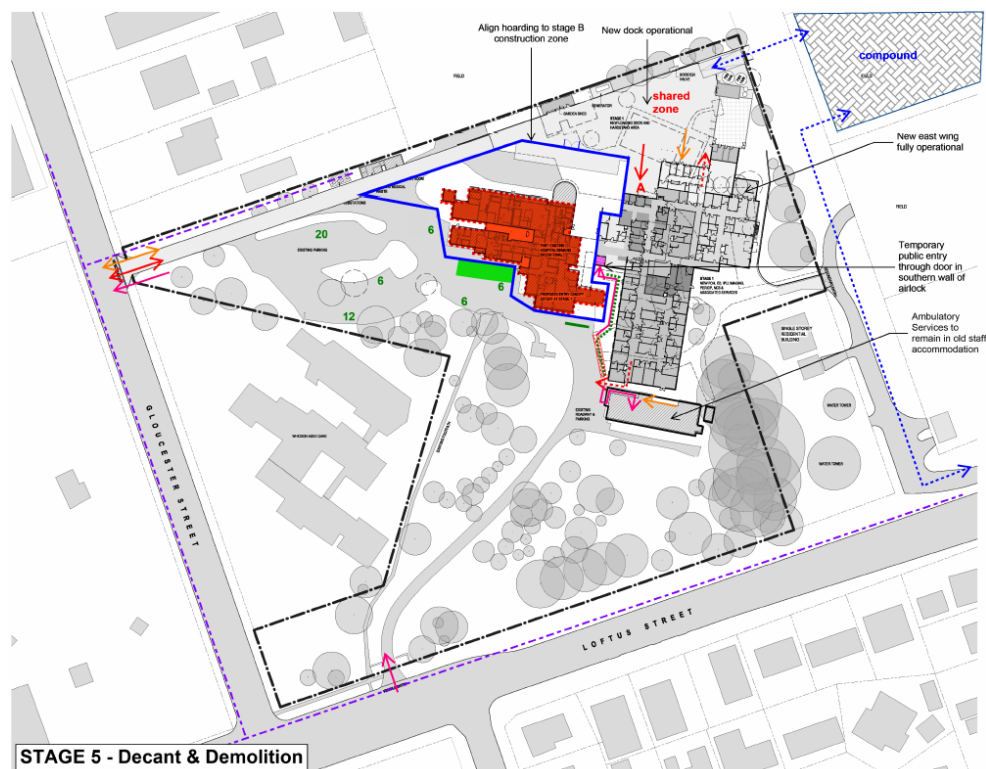


Part B

Stage 5 – Decant and Demolition

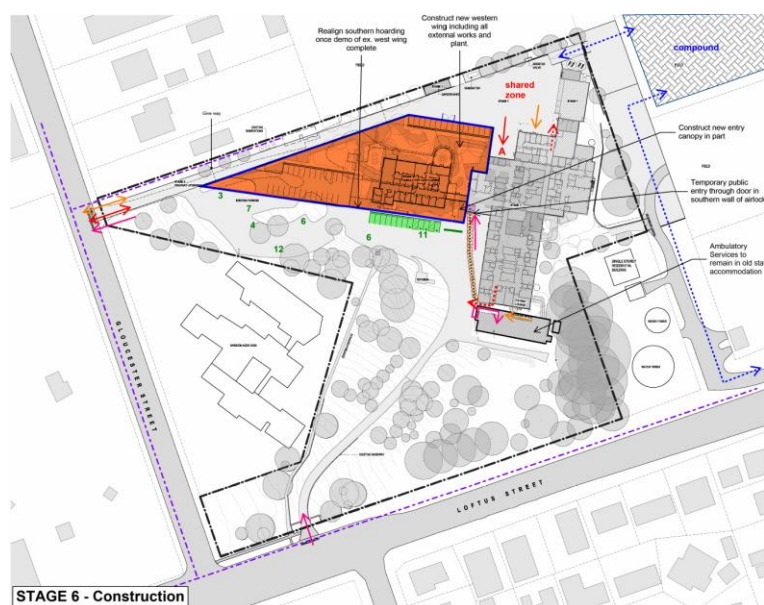
The new hospital is constructed and commissioned and the remainder of the old hospital will be demolished. The site compound will shift to the southern side of the old hospital. Traffic access will be split with ambulance, supply truck and construction access via Gloucester Street and staff, patient and visitor access via Loftus Street only. Protocols

will be enacted to ensure priority of emergency vehicles and coordination of construction and hospital delivery trucks. Management of pedestrian access to the old staff accommodation and new main entrance and ED will be clearly marked.



Stage 6 – Construction

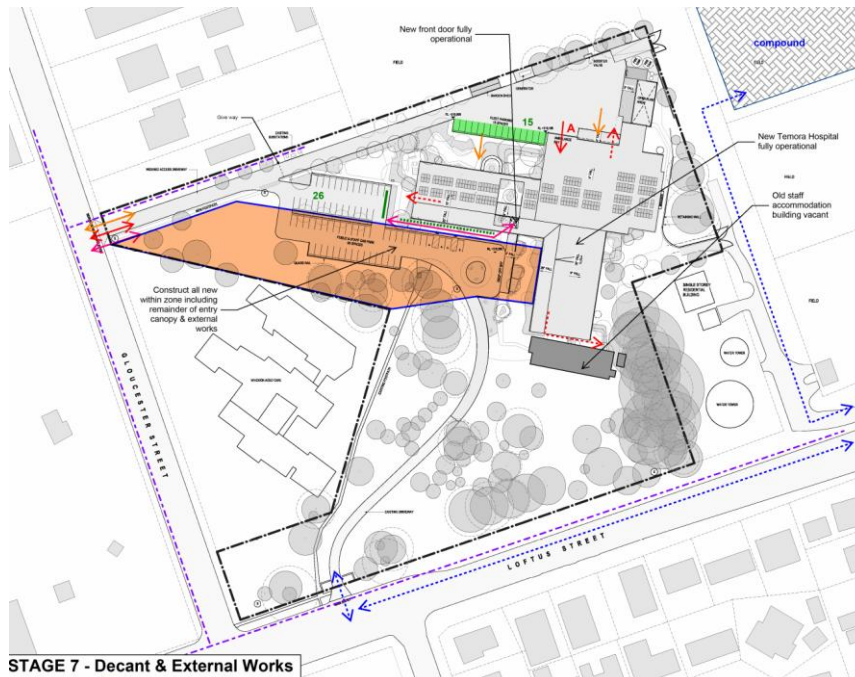
Construction of the new ambulatory care wing including gardens and parking. Limited staff and visitor parking will be available during this stage. Careful prioritisation will be made for patients to access the hospital safely. The back of the hospital will be as per stage 5 with a shared emergency, hospital delivery and construction traffic.



Stage 7 – Decant and External Works

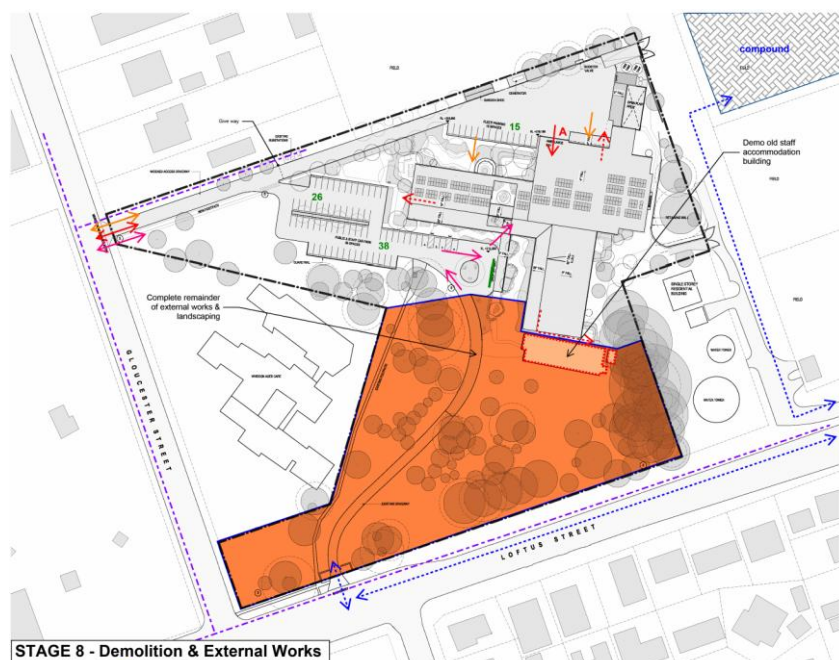
The services in the old staff accommodation will be decanted to their new locations. The back of house and main doors will now be operational. The works required are limited to the main car park and landscaping. Pedestrian access will safely managed through hoarding and signage. The Loftus Street entrance will only be used by construction traffic.

The Gloucester Street entrance will be used for emergency, hospital deliver, staff, patient and visitor access, with clear line marking and traffic management to support safe access.



Stage 8 – Demolition and External Works

Final works include the completion of all parking areas, landscaping and removal of remaining redundant structures in the southern section of the site. The Loftus Street entrance will only be used by construction traffic. The Gloucester Street entrance will be used for emergency, hospital deliver, staff, patient and visitor access, with clear line marking and traffic management to support safe access.



Environmental Management

The Principal Contractor undertaking the works will be required to provide an Environmental Management Plan (EMP) to ensure that all elements of the plan meet statutory requirements as well as NSW Health requirements. At a

minimum this plan will address each of the areas below. The environmental performance of the Contractor will be monitored throughout the works and formally reported on a monthly basis.

Noise and Vibration

Noise from any area of the site will not exceed the limits in the Noise Control Act 1975. No machine will operate outside the normal working hours described unless prior approval has been granted by the local consent authority.

Demolition and excavation works shall comply with Australian Standard 2436-1981 "Guide to Noise Control on Construction, Maintenance and Demolition Sites". As part of the noise mitigation strategy for the project, all trucks, excavating equipment and machinery will be inspected for defective or operationally noisy exhaust systems.

Prior to commencement to works, liaison will take place with occupants from neighbouring residences and occupants of the hospital.

Dust Mitigation

A dust prevention strategy will be detailed in the Construction Management Plan and agreed by the project stakeholders. Dust control, minimisation and mitigation will occur at the source of dust and where dust occurs. Transfer of dust to the operational hospital and neighbours will be prevented.

Odour Control

Any potential odour associated with the works will be identified and addressed in the Construction Management Plan.

Plant and machinery involved in the works will be serviced regularly and checked for emissions. The contractor will be required to implement safe works methods for the use and containment of solvent-based paints, adhesives and sealers.

Storage of Dangerous Goods

Works will require the use of flammable fuels such as petrol, diesel and oxyacetylene etc. Storage of such items will be in a secure, lockable compound with sufficient ventilation and appropriate signage in accordance with relevant codes of practice and standards. Material Safety Data Sheets for all flammable or potentially harmful liquids or gases will be provided by the contractor prior to works commencing on site.

If required, the contractor will be responsible for applying and obtaining any licences associated with the storage and transportation of dangerous goods.

Stormwater Run-off and Sediment Control

Drainage of surface water run-off will be allowed to flow along the existing contours of the site surface water infrastructure which includes kerbs, gutters, gully-pits and stormwater run-off drains.

The site areas associated with the project will be continually cleaned of rubble to minimise possible sediment flow during rainfall periods. Stormwater kerbs and drainage lines will have sediment controls in place. Stormwater grate inlets surrounding the demolition areas will be covered with a selected geotextile fabric to allow water to enter the drains and regain sediment generated by the works.

Sediment controls such as sediment fences, stabilised site access and inlet filters will be detailed in the Construction Management Plan and will be regularly checked, particularly during heavy rainfall periods.

Complaint Procedure

A procedure for dealing with complaints regarding dust, noise, odours or any other environmental nuisance will be established in the Construction Management Plan. A register of complaints will be maintained in the site office and the Project Management Consultant will be notified of all new complaints. The register will be made available to the consultant Project Manager and the Client.

Waste Management / Recycling Principles

The Contractor will be committed to achieving compliance with the Environmental Protection (EPA) guidelines and compliance with relevant sections of the Waste Management Plan.

Prior to commencement the contractor will be required to confirm the geotechnical investigations completed to date and to complete additional investigation if information is found to be inadequate or incomplete. All recommendations for treatment of hazardous wastes must be followed as per the relevant section of this document.

All waste materials generated from the works will be recycled or repurposed where possible, with the exception of soft demolition materials and hazardous materials. The Construction Management Plan will identify types of waste generated and the intended methods of recycle, reuse or disposal.

Hazardous Materials Management

Identification

The Contractor must develop and document strategies for finding, treating and removing of all types of hazardous materials potentially found. Any potentially hazardous materials that are discovered, but be immediately reported and application of strategies implemented to minimise exposure through safe contamination removal.

Any potential hazardous material that is discovered that has not been previously identified must be immediately reported to agree on a strategy to minimise exposure through safe containment or removal.

Air Monitoring

In accordance with all codes and standards, air monitoring will be undertaken by a registered occupational hygienist during asbestos removal.

The daily monitoring results will be assessed by a hygienist and the records will be provided to the Project Manager.

Removal

Removal of any hazardous materials will be carried out by a licensed subcontractor supervised by both the Contractor and a registered occupational hygienist. All works will occur and comply within the requirements of the relevant codes and standards. Required asbestos certification will be provided to the Project Manager prior to commencement of further works in the affected area.

Disposal

Hazardous materials are to be disposed of as per the strategy developed and as per codes and standards. All disposal should include accountability and traceability of transport and monitoring as required by the EPA. The Contractor will provide and maintain certificates and verification documents at all times.

Disruption Management

Disruption Notices will be supplied for any planned works that will cause disruption to the infrastructure or operations of the health service e.g. electricity cut overs, site investigations etc. A Disruption Notice will be provided at a minimum of two weeks prior to the planned disruption, in a format that has been agreed with the client in collaboration with the project manager. MLHD's communications team will be involved in dissemination of information regarding the disruption to the affected parties.

A communications tool and protocol will be deployed to all Contractor, MLHD and project management personnel involved in the execution of the disruption to enable real time management.

Work Health and Safety

As part of the Construction Management Plan (CMP) the Principal Contractor will develop specific management plans to meet their contractual and legal obligations as well as detailing specific control measure of known risks. The

Contractor will appoint a specific site WHS Supervisor and all construction personnel will be required to hold the Construction Industry Induction certification.

The Contractor will:

- Coordinate the implementation of the Construction Management Plan;
- Coordinate the monitoring and inspection of requirements within the CMP;
- Ensure personnel are trained and aware of their obligations – including one nominated GC21 expert aware of the WHS requirements of the Principal Contractor;
- Ensure that subcontractors are aware of their safety and environmental obligations;
- Oversee other day to day activities required by the CMP; and
- Hospital weekly WHS meetings / walkthroughs with the Principal (or Principal's representative).

Project WHS Management

It is imperative that the safety and well-being of all the project stakeholders, the general public and visitors to the site, the client, consultants, subcontractors and all site staff are addressed in planning, design and management decisions relating to safety.

It is the Contractor's responsibility to ensure that all persons carrying out the nominated work have the relevant training including Work Health and Safety (WHS) Induction Training. The minimum requirements are that workers complete:

- Industry Induction (White Card);
- Client Induction;
- Site Specific WHS induction.

All personnel and visitors to site will need to complete an induction prior to commencing on site. A record of all inducted personnel will be retained on site, including all relevant training certification. White Card training must be completed and a copy of the White Card kept.

Workers cannot commence on site until these are complete, and a record provided by the contractor.

Site specific Safe Work Method Statements will be submitted, with an accompanying Method of Procedure, for all medium-high risk works. The Disruption Notice requires the contractor to flag all required risks associated with the works, and rate them in accordance with the risk assessment table accompanying the Disruption Notice.

Emergency Management

An emergency response plan will be developed, with events categorised as those that can be dealt with locally and those that would require a full site evacuation.

First aid assistance must be provided on site during construction hours of operation, with a communication system to be established in each area of the site. There must be a nominated first aid officer on site at all times, and a designated point, such as a shed for First Aid treatment. All first aid materials are to be provided by the contractor.

All first aid incidents are to be formally reported to the Principal ASAP as required by the Contract.

Emergency Exits and Evacuation

Emergency exits will be provided from the building under construction and must remain unobstructed at all times. Emergency stairs and evacuation routes will be communicated to all personnel through the on-site induction prior to commencing any works on site. Changes to evacuation procedures and routes will be communicated to all personnel through daily pre-start meetings or weekly toolbox talks. Attendance of the Contractor's personnel will be recorded at these meetings and submitted to the Principal's Authorised Personnel (PAP).

Random emergency evacuation drills will also be undertaken to train and test the workforce during the unlikely event of an emergency evacuation. During an emergency evacuation, all personnel will be accounted for at the muster point by the contractor's safety representative which will include a reconciliation against the record of personnel on site.

Emergency Vehicle Access

Emergency vehicle access will be provided to the site and the safety coordinator or site supervisor will be responsible for escorting any emergency crew to the First Aid shed or point of emergency. The traffic controllers will be responsible for maintaining clear access for emergency vehicles.

Site Cleanliness and Rubbish Removal

Rubbish will be removed from the construction site into skip bins, or relevant recycling receptacle. The disposal subcontractor will recycle materials and aim to reduce waste going to landfill wherever possible. A record of types and volumes of waste will be recorded and managed in line with the Waste Management Plan (Appendix B for reporting). Management of waste will occur on an ongoing basis to ensure that workers have safe access to the site. The contractor is to provide bins for construction waste, and avoid using facility bins for the duration of the project.

Amenities

Site amenities will be provided that allow for a clean and safe break out space for site workers including access to a refrigerator, microwave, clean drinking water out of the elements. Ablution facilities will be provided with handwash facilities and rubbish bins that will be emptied regularly. Appropriate signage will be provided to promote personal and site wide hygiene.

Site Emergency Contacts

An emergency contracts list and escalation process will be established prior to works commencing.

A site board will display as a minimum the key site contacts and after-hours contacts relating to the site. Information regarding site safety will be displayed along the site boundary and throughout the site.

Communication and Stakeholder Engagement

The Contractor and Project Manager will have a key role in maintaining relationships with project stakeholders to ensure that the project objectives are met with minimal disruption to the operation hospital, adjoining owners, businesses, authorities and service providers the project will interact with.

The contractor will develop, implement and manage a Stakeholder Communication plan that will provide a framework for Stakeholder engagement during construction works.

The Contractor and Project Manager will work with the MLHD Communications team to detail proposed works and strategies to minimise any impact of access, amenity, staging and program as well as the impact on surrounding facilities and services. In particular, the contractor will communicate with the proposed traffic management controls to be implemented and which will be updated throughout the project to reflect current works.