

# North West Regional Hospital Upgrade - Emergency Department and Ambulance Drop Off Redevelopment

Submission to the Parliamentary Standing Committee  
on Public Works

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## Clearance Table

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# Introduction

## Project Name

North West Regional Hospital Upgrade – Emergency Department and Ambulance Drop Off Redevelopment

## Project Overview

The North West Regional Hospital (NWRH) Emergency Department and Ambulance Drop-Off Redevelopment (the Project) is proposed as part of the North West Hospitals Masterplan (Stage 1). The ultimate objective of the Project is to improve the safety and security for all users of the Emergency Department (ED), including ED staff, patients, carers and paramedics. The redevelopment aims to meet this objective through re-configuring the ED in a way which makes improvements and alterations to the utility and layout of the physical space.

The Project will include an expanded and reconfigured ED front-of-house, incorporating approximately 80m<sup>2</sup> of additional floor area, and a new ambulance entry and drop-off arrangement to replace the current configuration. In addition, it will provide enhanced triage, waiting, assessment and support spaces, as well as improved facilities for Ambulance Tasmania, staff and patients.

The Project has been co-designed with clinicians, Ambulance Tasmania, consumer representatives and key stakeholders. Contemporary healthcare facility design principles have been applied, with a focus on enabling the provision of safe, efficient and patient-centred care, improving security and operational flow, and enhancing accessibility, privacy and dignity, with a range of spaces for patients, families, carers and staff.

The Development Application for the project was submitted to the Burnie City Council on Friday, 27<sup>th</sup> February 2026.

The proposed NWRH ED and Ambulance Drop-Off Redevelopment is a significant initiative for communities across North West Tasmania. The Project forms part of a broader effort to address capacity, functionality and safety challenges within emergency departments, as identified in the North West Hospitals Masterplan and the Independent Review of Emergency Department Security.

The project budget is \$14.5 million, fully funded by the Tasmanian State Government.

## Site Selection

The Project site is within the municipality of Burnie, the Tasmanian Legislative Council electoral division of Murchison and the State and Federal Division of Braddon.



**Figure 1 – Site Plan**

The site, which is shown in Figure 1, comprises part of the North West Regional Hospital (NWRH) campus located at 23 Brickport Road, Burnie (CT 164516/1 and F.R. 125373/2). The Project is situated at the existing Emergency Department entry and ambulance interface, accessed via Hospital Street, within land owned by The Crown and administered by the Department of Health.

The site forms part of the operational hospital environment, bounded by key internal roadways and existing clinical infrastructure, including the Emergency Department, Ambulance Tasmania facilities, and adjacent hospital services. The Project footprint is located within a highly constrained and active clinical setting, requiring careful integration with existing buildings, services, and circulation networks.

The proposed works are contained within the existing hospital site boundaries, with frontage to Hospital Street, which provides primary public and ambulance access to the Emergency Department. The site interfaces directly with key pedestrian and vehicle movement corridors, necessitating a design response that balances safe access, operational continuity, and construction staging within a live hospital environment.

## Related Projects and Strategic Context

In recent years, a series of statewide reviews and strategic planning initiatives have identified the need to improve the safety, functionality and performance of Emergency Departments across Tasmania. In particular, the Independent Review of Tasmania's Major Hospital Emergency Departments, including the 2023 security incident at NWRH, highlighted critical issues relating to occupational violence and aggression, visibility, patient flow and environmental design, reinforcing the need for targeted infrastructure upgrades.

In parallel, the North West Hospitals Masterplan (2024) established a long-term vision for the redevelopment of health infrastructure across the region, identifying the Emergency Department and Ambulance Drop-Off Redevelopment at the North West Regional Hospital (NWRH) as a priority Stage 1 initiative to address immediate operational and safety risks. The Tasmanian Department of Health's strategic direction continues to emphasise improving access to care, patient flow, staff safety and the quality of healthcare environments, alongside investment in infrastructure to support future demand and service delivery.

As part of this response, the project has embedded specialist safety and security design guidance from the earliest stages of concept development, ensuring that the redevelopment moves beyond minimum compliance and actively addresses the unique risk profile of Emergency Department environments. This includes a deliberate focus on designing out environmental vulnerabilities, improving natural surveillance and lines of sight, implementing controlled access and zoning, and aligning spatial planning with clinical workflows and incident response capability.

This approach reflects a broader shift in healthcare design, where security is a design driver, supporting both safe clinical practice and a more controlled, therapeutic environment for patients, staff and visitors.

In response to these strategic drivers, the Tasmanian Government has committed funding to deliver targeted, Stage 1 upgrades to emergency care facilities, including the NWRH Emergency Department and Ambulance Drop-Off Redevelopment. This project represents an early and critical intervention under the North West Hospitals Masterplan, focused on addressing immediate safety, security and operational risks within the existing Emergency Department environment.

While this redevelopment delivers meaningful improvements to entry, triage, patient flow and the ambulance interface, it is recognised that broader Emergency Department expansion and reconfiguration initiatives are planned to be delivered as part of future stages of the Masterplan.

Accordingly, the current project has been deliberately scoped and designed to integrate with, and not preclude, future redevelopment opportunities, ensuring that immediate upgrades can be delivered efficiently while maintaining alignment with the long-term strategic vision for healthcare infrastructure in North West Tasmania.

## Project Cost

### Overall Project Cost Estimate

The project costs presented in the table below are based on the estimated value of the project provided by the Quantity Surveyor at the end of the Detailed Design stage, based on the Schematic Design suite of documents.

Slattery was engaged as Quantity Surveyors for the project. Slattery has significant experience and expertise in providing cost estimates for healthcare facilities, having completed several reviews on current medium to large-scale facilities.

Further cost savings are being addressed throughout Design Development and tender costs are expected to be below the \$14.5 million budget.

	<b>Budget</b>
Base Project Cost Estimate (Construction plus Consultants and Design costs)	\$11,075,000
Design and Construction Contingency	\$1,300,000
<b>Design and Construction Sub Total</b>	<b>\$12,375,000</b>
Furniture, Fittings and Equipment	\$350,000
Professional and Authority Permits, Fees and Charges	\$495,000
ICT Infrastructure and Equipment	\$335,000
Art in Public Buildings	\$80,000
<b>Client Cost and Fees Sub Total</b>	<b>\$1,260,000</b>
General Project Contingency	\$365,000
Decanting Allowance	\$500,000
<b>Total Project Cost Estimate</b>	<b>\$14,500,000</b>

# Project Benefits

## Expected Positive Outcomes and Benefits

The North West Regional Hospital (NWRH) Emergency Department and Ambulance Drop-Off Redevelopment will deliver a critical enhancement to the healthcare infrastructure in North West Tasmania. It will provide several key benefits, including improving safety, security and access to emergency care, while reducing environmental and operational pressures currently experienced within the Emergency Department.

The Project will:

- Develop a fit-for-purpose Emergency Department environment aligned with contemporary healthcare design standards, supporting safe, efficient and patient-centred care.
- Provide a purpose-built configuration that enables improved visibility, controlled access, and enhanced security, addressing risks associated with occupational violence and aggression through integrated design responses.
- Optimise the site for the delivery of emergency health services through the effective reconfiguration of existing infrastructure, improving patient flow, staff efficiency and operational resilience.
- Embed security as a core design principle, incorporating zoning, natural surveillance, and design strategies to create a safer and more controlled environment.

The Project will deliver the following benefits for the North West community and health service providers:

- Improve the safety and security of all users of the Emergency Department, including staff, patients, carers and paramedics.
- Deliver a modern and fit-for-purpose facility with:
  - A reconfigured triage, waiting and entry experience with improved line of sight and monitoring capability
  - Enhanced clinical assessment and mental health spaces to support a broader range of patient needs
  - Improved Ambulance Tasmania interface, including patient transfer, write-up and support areas
  - Upgraded staff and support facilities, contributing to workforce wellbeing and performance
  - Improved wayfinding, accessibility and patient flow, reducing congestion and conflict points
- Address key outcomes of the Emergency Department Review, including improving patient flow, enhancing the triage of mental health consumers, and providing better care for patients, including those with low acuity arriving by ambulance.

- Create an Emergency Department that is accessible and inclusive, supporting patients who are neurodiverse, experiencing mental health conditions, living with disabilities, or requiring sensitive care such as sexual assault services.
- Strengthen incident response capability, with layouts designed to support monitoring, intervention and safe egress where required.
- Contribute to the Department's strategic objectives for health infrastructure, as outlined in the North West Hospitals Masterplan (2024).
- Generate economic and employment opportunities within the local community during delivery.
- Deliver a facility that is adaptable and future-focused, capable of responding to evolving service demands, emerging risks and community needs.

## Health Planning and Clinical Design Principles

Key health planning and clinical design features of the NWRH ED and Ambulance Drop-Off Redevelopment focus on creating a safe, secure and highly functional emergency care environment, aligned with the Australasian Health Facility Guidelines (AusHFG) and enhanced through specialist safety and security design input.

The ED is designed to support clear zoning and separation of functions, enabling the distinction between public (front-of-house) and clinical (back-of-house) areas, as well as improving the separation of ambulance, patient, visitor and staff flows to enhance both operational efficiency and safety.

Clinical planning emphasises:

- Improved triage visibility and line of sight, allowing staff to safely monitor waiting areas, entry points and patient movement
- Defined circulation pathways, reducing congestion, crossflow and potential conflict between users
- Separation of patient cohorts where required, including provision for mental health presentations and low-stimulation environments
- Direct and efficient access between triage, assessment and treatment areas, supporting timely clinical care and improved patient flow

Security and safety have been embedded as core design drivers, with features including:

- Controlled access points and secure staff zones, limiting unauthorised movement into clinical areas
- Application of Crime Prevention Through Environmental Design (CPTED) principles, including open sightlines, minimisation of concealed spaces and enhanced natural surveillance
- Spatial layouts that support incident monitoring, response and safe egress, aligned with operational workflows

- Integration of CCTV coverage and security presence within key patient and public interface areas

Operational efficiency is supported through:

- Dedicated Ambulance Tasmania pathways and support spaces, including write-up, storage and decontamination facilities
- Clear service and support routes, minimising disruption to patient areas and maintaining clinical integrity
- Optimised staff workflows, reducing unnecessary movement and improving functional adjacencies

Staff amenities are designed to support wellbeing, safety and collaboration, incorporating improved access to natural light, visibility and intuitive circulation, contributing to a more supportive working environment.

Public and patient-facing areas are designed to be accessible, inclusive and adaptable, including:

- Flexible waiting environments that can respond to changing demand and patient acuity
- Consideration for neurodiverse patients, mental health presentations and vulnerable users
- Improved accessibility, wayfinding and spatial clarity to support a wide range of users

Overall, the design reflects a contemporary, evidence-based approach to emergency department planning, where clinical performance, safety, and patient experience are integrated through thoughtful spatial design and operational alignment.

## Architectural Statement

The NWRH ED and Ambulance Drop-Off Redevelopment delivers a targeted, highly resolved intervention within an existing, live clinical environment, transforming the ED entry, triage and ambulance interface to support safe, efficient and patient-centred models of care.

Rather than a standalone new build, the architectural response is defined by the careful reworking of existing infrastructure, including a minor extension to the ambulance bay and triage/waiting areas, combined with significant internal reconfiguration of clinical and support spaces. This approach ensures maximum value is extracted from the existing footprint while responding to operational pressures, site constraints and staging requirements.

The design prioritises safety, visibility, functionality and dignity, with a particular focus on addressing risks associated with occupational violence and aggression through spatial planning and environmental design. The architectural approach is grounded in clear lines of sight, intuitive movement, and controlled access, enabling staff to maintain visual

oversight across triage, waiting and entry zones, while supporting efficient clinical workflows.

The planning is underpinned by Crime Prevention Through Environmental Design (CPTED) principles, with open sightlines, reduced concealment, and clearly defined zones that balance accessibility with control. This is reinforced by the integration of security infrastructure, including controlled entry points, duress systems, monitored access to ambulance areas, and dedicated security presence within the plan.

Key design moves include:

- A reconfigured ED entry and triage interface, improving visibility, patient processing and operational control
- A new and upgraded ambulance arrival and transfer environment, including secure access, dedicated write-up and decontamination facilities, and improved separation between ambulance and public domains
- Zoned waiting environments, including low-stimulation and mental health areas, supporting a range of patient cohorts and behaviours
- The introduction of interview, assessment and hold spaces located to support both clinical care and safe management of higher-risk presentations
- Reconfigured staff, support and administrative areas, improving workflow efficiency, staff amenity and operational adjacency

The architectural response also recognises the complexity of construction within a fully operational Emergency Department, with the design developed in tandem with a multi-stage delivery strategy that maintains continuous clinical operation, ambulance access, and patient flow throughout all phases of work. This includes temporary pathways, staged decanting of functions, and carefully managed interfaces between construction and clinical environments.

Material and interior strategies are deliberately robust, durable and maintainable, while incorporating elements that soften the clinical environment through controlled lighting, acoustic treatment and spatial clarity, contributing to a calmer and more legible patient experience.

Externally, the redevelopment strengthens the arrival sequence to the ED, with improved pedestrian pathways, clearer delineation between public and ambulance movements, and enhanced integration with Hospital Road and the broader campus.

Overall, the architectural outcome is a highly functional and resilient environment, where security, clinical performance and patient experience are intrinsically linked, delivering a facility that is both fit-for-purpose today and adaptable to future demands.



Figure 1 – External View showing Ambulance Tasmania extension and new pedestrian path.



Figure 2 – External View looking towards Ambulance Tasmania vehicle bays with new Panel Lift Security Door and reconfigured Emergency entrance.



**Figure 3 – Internal view**



**Figure 4 – Internal view**

## Inclusive Access and Universal Design

Inclusive access is a key feature of the Project, with the design ensuring equitable, safe and dignified access for all users, including patients, carers, staff and paramedics.

The redevelopment improves arrival, entry and internal circulation, with clearly defined and accessible pathways from Hospital Road through to the ED entry and triage interface. This includes new and upgraded pedestrian walkways, step-free access points, and compliant gradients, ensuring safe and intuitive movement for all users, including those with mobility aids.

Accessible design features include:

- Accessible sanitary facilities, including ambulant and accessible WCs located within close proximity to waiting and clinical areas
  - Accessible ambulance transfer environments, designed to support safe and dignified patient movement between vehicles and clinical spaces
  - Compliant door widths, circulation spaces and turning zones, accommodating wheelchairs, stretchers and clinical equipment
  - Tactile Ground Surface Indicators at key decision points, thresholds and changes in level
  - Braille and tactile signage, supporting intuitive wayfinding throughout the department
  - Hearing augmentation systems at reception, triage and key consultation spaces
- Universal design principles are embedded throughout the planning, including:
- Clear and legible spatial organisation, reducing confusion and cognitive load for patients and visitors
  - Seating options within waiting areas, including chairs with backs and armrests, and spaces to accommodate wheelchairs and mobility devices
  - Provision of low-stimulation and mental health waiting areas, supporting neurodiverse patients and those experiencing distress
  - Luminance contrast to doors, walls, floors and signage, improving visibility and navigation
  - Family, interview and multipurpose rooms, providing flexible, private and supportive environments for a range of users and needs

The design also considers the needs of patients with varying levels of acuity, including those arriving by ambulance, walk-in presentations, and vulnerable cohorts requiring additional support, ensuring that the Emergency Department is accessible, inclusive and responsive across all points of care.

Furniture and fittings are selected to be robust, flexible and inclusive, enabling a range of users to occupy spaces comfortably and safely, while supporting the operational demands of a high-acuity clinical environment.

## Wayfinding and Signage

Wayfinding and signage have been carefully considered to support clear, intuitive and safe navigation for patients, carers, staff and paramedics within a high-pressure Emergency Department environment.

The design strengthens the arrival sequence to the ED, with clearer delineation between public entry, ambulance access and pedestrian pathways, supported by external identification signage and directional cues from Hospital Road through to the ED entry.

Externally, signage will include building identification, directional signage and key decision-point markers, assisting patients and visitors to easily locate the ED and associated entry points, while maintaining clear separation from ambulance circulation zones.

Internally, the wayfinding strategy is based on spatial clarity, line of sight and logical planning, reducing reliance on signage alone. This is supported by:

- Clearly defined triage, waiting and treatment zones, with intuitive progression through the department
- Directional and identification signage at key nodes, including entry points, triage, waiting areas, amenities and clinical spaces
- Consistent and legible signage systems, including room identifiers and functional zoning cues
- Visual connection between spaces, enabling users to orient themselves through natural observation rather than instruction
- Floor marking to support patient flow through to medical imaging

Accessibility features are integrated throughout, including:

- Braille and tactile signage
- High-contrast and luminance-consistent signage elements
- Vision strips to glazing, improving safety and visibility

Wayfinding is also closely aligned with the security and operational strategy, ensuring that public access is clearly guided while restricted areas remain controlled and legible, supporting both safe movement and incident response.

All signage within patient and consumer areas will be designed to meet relevant healthcare and anti-ligature requirements, ensuring safety without compromising clarity or usability.

## Geotechnical Considerations

In response to the project's scope and operational constraints, targeted geotechnical investigations and assessments have been undertaken to inform the design and delivery of the Project. These investigations support the safe and efficient execution of works within an existing, highly developed hospital site, where ground conditions have been influenced by historical construction, services installation and ongoing site modification.

The geotechnical response has focused on enabling the reconfiguration of the ED interface, minor extension works, and associated civil upgrades, including the ambulance drop-off area and pedestrian pathways. Particular attention has been given to understanding subgrade conditions, pavement performance, excavation requirements and the presence of existing fill or services, ensuring that the design is both constructible and responsive to site-specific conditions.

While the scale of the current redevelopment does not necessitate major structural interventions, it is recognised that ground conditions within brownfield hospital environments can be variable and locally inconsistent, presenting potential risks during excavation and construction. Accordingly, the project incorporates a risk-informed approach, balancing available site data with practical construction methodologies and allowances for unforeseen conditions.

In parallel, the geotechnical strategy has been developed with consideration of the live hospital environment, where excavation, services relocation and civil works must be carefully managed to avoid disruption to critical operations, including ambulance access and ED functionality. This has informed both the design approach and the staging of works, ensuring that ground-related risks are minimised and appropriately controlled.

## **Service Engineering**

The service engineering strategy has been developed to ensure resilient, safe, and efficient operation of the facility, consistent with the requirements of contemporary emergency health environments and the technical standards set out by JMG.

## **Design Methodology and Peer Review**

Robert Carroll & Associates (RCA) have been engaged as the Lead Design Consultant for the Project. The design has been developed in collaboration with clinical planning consultants, specialist sub-consultants, and safety and security advisors, ensuring a coordinated and operationally responsive outcome.

The design process has been highly collaborative and engagement-led, with ongoing consultation involving Department of Health representatives, hospital executives, clinicians, Ambulance Tasmania, facilities management teams, Tasmania Police, and key consumer advocate groups. This engagement has been fundamental in shaping a design that responds directly to the real-world operational, clinical and behavioural conditions of a high-acuity Emergency Department.

A key component of this engagement has been the direct involvement of consumer advocates, including neurodiverse representatives who have provided targeted input into the design of low-stimulation environments, sensory considerations, patient flow and spatial experience. This group's involvement reflects a broader commitment to ensuring that the Emergency Department is inclusive, accessible and responsive to diverse patient needs, particularly those experiencing heightened sensory sensitivity, distress, or mental health conditions.

Detailed briefings have been held with the Aboriginal Health Liaison Officer. A welcoming space will be designed through the use of imagery, display of cultural items and welcoming

signs with appropriate language. This will be augmented through use of the Art or Public buildings scheme.

This consumer-led engagement has been complemented by consultation with:

- Disability and vision impairment advocates
- Domestic and sexual violence support representatives (including Laurel House)
- Mental health advocacy groups
- Emergency Department staff and paramedics with lived operational experience

The Department of Health has engaged independent peer review processes at key stages of the design, including review of engagement strategies and design outcomes. Feedback from these reviews has been incorporated into the ongoing refinement of the project, ensuring alignment with best practice healthcare planning, stakeholder engagement principles, and operational performance requirements.

The design has also been developed with consideration of the need for a staged construction methodology to maintain full-service operations throughout delivery. This has required close coordination between the design team, client and stakeholders to ensure that temporary conditions, decant strategies, and patient and ambulance flows are safely maintained within a live hospital environment.

## Building Materials and Reference Images

Selecting appropriate building materials for the redevelopment is critical to ensuring the facility delivers safe, durable, and high-performing clinical environments within a high-use, high-risk Emergency Department setting and the need to minimise lifecycle costs and disruption.

## Cost Efficiency

Cost efficiency for the Redevelopment has been achieved through a targeted, intervention-based design approach, focused on maximising the value of existing infrastructure while delivering critical safety, functional and operational improvements.

Rather than introducing major structural systems, the project adopts a strategy of selective demolition, internal reconfiguration and minor extension works, reducing the need for extensive structural intervention and associated costs.

## Sound Control

Sound control is a critical component of the Redevelopment, with the design responding to the need to balance clinical communication, staff safety, patient privacy and environmental comfort within a high-acuity and often unpredictable setting.

Acoustic performance has been considered in conjunction with clinical workflows, security requirements and patient behaviour, particularly in areas such as triage, waiting, mental

health and staff work zones, where noise levels can directly impact both safety and experience.

Key acoustic design principles include speech privacy and clarity, control of reverberation and ambient noise, the requirement for low-stimulation environments, and staff operational areas.

Consideration has been given to external noise sources, including ambulance movements and public interfaces, with building fabric and glazing selections supporting appropriate levels of acoustic separation while maintaining visibility and safety.

## **Maintenance and Repair**

Maintenance and repair considerations are integral to the design, ensuring the facility can be safely operated, efficiently maintained, and resilient to the demands of a high-use clinical environment.

External modifications, including minor façade upgrades associated with the ambulance bay and entry, are designed to integrate with the existing hospital fabric while providing durable, low-maintenance solutions appropriate to the coastal Tasmanian environment.

The services infrastructure and plant are located and designed to allow safe and efficient maintenance access, with separation from primary patient and public zones wherever possible. This reduces operational disruption and minimises risk during routine servicing and reactive maintenance.

The design supports maintenance activities to be undertaken with minimal impact on clinical operations, with preference is given to materials, fixtures and systems with demonstrated performance in comparable healthcare environments, reducing lifecycle risk, improving reliability and minimising whole-of-life costs.

## **Patient Comfort**

Recognising that Emergency Departments are often high-stress, high-sensory environments for patients, carers and families, the design seeks to create a calm, legible and supportive environment. This balances the functional and safety requirements of a clinical setting with elements that reduce anxiety, support dignity and improve overall patient experience.

Interior finishes are selected using natural, muted colour palettes and controlled textures, reducing visual intensity and contributing to a more settled and less institutional environment.

Spatial planning and material selection work together to reduce noise, glare and visual clutter, particularly in waiting areas, triage zones and patient-facing spaces, where environmental stress can escalate behaviours and impact wellbeing.

Dedicated low-stimulation and mental health environments are incorporated to support patients experiencing distress, neurodiversity or heightened sensory sensitivity. These spaces are designed with controlled lighting, simplified materiality and reduced sensory input.

The design improves opportunities for patient privacy, including the provision of interview spaces, assessment areas and more considered waiting configurations, allowing sensitive conversations and care to occur in a more respectful and controlled manner.

All materials and fixtures meet anti-ligature and safety requirements, while being selected and detailed to avoid an overly institutional appearance. The intent is to create an environment that feels safe, respectful and welcoming, without compromising clinical or security performance.

### **Reference Images**

A suite of design drawings is provided at Appendix A.

## Finance and Procurement

### Preferred Procurement Method for the Project

An Open Tender will be advertised to secure the services of a lead contractor to undertake the construction of the NWRH Emergency Redevelopment. An Open Tender will result in a more competitive price, and diverse proposals and drive innovation and standards, mitigating the risk of monopolies and supply chain bottlenecks. Only Tenderers who are prequalified will be eligible to Tender, prequalification includes:

- Prequalification with Treasury and Finance in the 'Building Contractor – Institutional' Category to a value greater than \$10,000,000.

To ensure transparency and probity the procurement will adhere to the Department of Treasury and Finance's Treasurers Instructions and be guided by the Department of Health's Contract Service Team and the Procurement Review Committee. In addition, Crown Law will advise contract negotiations once a preferred tenderer is selected by the Tender Evaluation Panel.

### Project Timelines

Key Milestones/ Deliverables	Target Date	Achievement Date
Project brief		20/06/2023
Design consultant appointment	29/10/2024	29/10/2024
Scoping report approval	30/09/2025	25/09/2025
Briefing and schematic design completion	11/02/2026	4/02/2026
Planning application submitted	27/02/2026	27/02/2026
Construction request for tender advertised	25/04/2026	On Track
Planning permit obtained	14/04/2026	16/4/2026
Design and Contract Documentation Complete	22/04/2026	22/04/2026
Construction contractor appointment	28/07/2026	
Construction commencement	4/08/2026	
Construction finish	30/11/2027	
Construction practical completion	4/12/2027	
Operational readiness	23/12/2027	

# Risks and Sustainability

## Major Risks and Proposed Mitigation Strategies

Project risks have been identified and assessed by the Project Working Group (PWG) in accordance with the Department of Health's risk management framework. The Project Risk Register is actively maintained and regularly reviewed to reflect emerging risks, stakeholder feedback and evolving project conditions.

### **Key Project Risks:**

#### ***Community and Local Stakeholders***

Perceptions relating to the redevelopment—including construction impacts, access changes, traffic, noise, and disruption to hospital services—may generate concern among hospital users, adjacent stakeholders and the broader community.

Failure to effectively engage stakeholders may result in increased negative sentiment, reputational risk and reduced trust in the Department of Health.

This is being managed through early, active and responsive stakeholder engagement including targeted engagement with ED staff, Ambulance Tasmania, Tasmania Police, consumer advocates and local community representatives.

#### ***Operational and Clinical Continuity***

The Emergency Department must remain fully operational 24/7 throughout construction, creating significant risk in relation to patient safety, ambulance access, staff workflows and service continuity.

This is being managed through the development of a staged construction methodology, enabling works to be undertaken in controlled zones while maintaining clinical operations; implementation of temporary access arrangements, decant strategies, and clearly defined patient and ambulance flows; and advance communication with stakeholders.

#### ***Construction and Buildability***

Construction within a confined, operational hospital environment introduces risks related to site access, safety, staging complexity, and interaction between construction and clinical activities. The recent Middle East conflict does pose a risk to construction costs and material supply chains. An appropriate allowance has been made for this by the Quantity Surveyors estimate.

#### ***Budget***

Limited availability of experienced head contractors in a heated market could result in poor program and budget outcomes. This will be mitigated through response of programming and budget to early market sounding outcomes.

The project team is actively managing the budget in accordance with the Department of Health Infrastructure Project Delivery RASCI framework.

### ***Connectivity to the North West Regional Hospital Campus***

The Project is located within the existing North West Regional Hospital (NWRH) campus. As such, the redevelopment does not introduce separation from the main hospital; however, it does present challenges associated with integrating new works within an established and highly constrained operational environment.

Key considerations include maintaining efficient connectivity between the Emergency Department, Ambulance Tasmania interface, and adjacent clinical services, while ensuring that construction activities do not compromise access or operational performance. Ongoing coordination with hospital operations will be in place throughout construction to ensure continuity of service and access throughout all project stages.

### ***Construction Traffic and Parking***

Construction activities associated with the Project have the potential to impact traffic movement, parking availability and pedestrian access within and around the hospital campus, particularly along Hospital Street and key entry points to the Emergency Department.

Given the requirement to maintain a fully operational Emergency Department throughout construction, careful planning and management of traffic and access is critical. This will be managed through the provision of designated contractor access routes and site compounds, separating construction traffic from hospital users wherever possible. In addition, maintenance of clear and safe pedestrian pathways, including temporary access arrangements will be in place where required.

No significant long-term detrimental impacts on the surrounding road network are anticipated as a result of the redevelopment once operational, with improvements to pedestrian access and Emergency Department arrival conditions expected to deliver a net positive outcome.

## **Sustainability Strategies to be Adopted**

The Redevelopment has been designed to incorporate practical and targeted sustainability measures, aligned with the Tasmanian Government's objective to reduce energy consumption across all Departments by 60 per cent by 2050.

Given the nature of the project as a refurbishment and reconfiguration within an existing hospital facility, the sustainability approach focuses on optimising existing infrastructure, improving operational efficiency, and enhancing environmental performance where feasible.

The project incorporates sustainability strategies that prioritise energy efficiency, operational resilience and occupant wellbeing, while balancing the constraints of working within a live healthcare environment.

### ***Environmentally Sustainable Design (ESD) Principals***

Key ESD initiatives applied to the project include:

- High-Efficiency Lighting Systems

- Improved glazing where modified or replaced
- Façade adjustments associated with the ambulance bay and entry works
- Incorporation of shading elements and façade treatments to reduce heat gain
- Inclusion of water-efficient fixtures and fittings
- Retention and reuse of the existing building structure and services where possible

### ***Building Management System (BMS)***

The redevelopment will integrate with the hospital's existing Building Management System (BMS) and Facility Management and Engineering Services (FMES) platform, enabling real-time monitoring and control of building performance and critical systems.

This integrated approach enhances:

- Energy efficiency and system optimisation
- Preventative maintenance and fault detection
- Operational reliability within a critical healthcare environment

### ***Overall Sustainability Approach***

The sustainability strategy reflects a pragmatic, performance-based approach, where improvements are targeted to areas of highest impact.

While constrained by the nature of a refurbishment project, the design delivers meaningful improvements in energy efficiency, resource use and environmental performance, contributing to broader Government sustainability objectives while supporting a resilient and future-ready healthcare facility.

# Stakeholder Engagement

Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP). Jacobs has been appointed as the dedicated SCEP consultant for the duration of the Project.

Public and stakeholder participation and consultation were developed as part of the SCEP using the Public Participation Spectrum developed by the International Association for Public Participation (IAP2).


The IAP2 Spectrum demonstrates the possible types of engagement with stakeholders and communities and shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

With a commitment to effective community engagement as part of the Department of Health's core business through project planning, development, design, construction and completion, the engagement strategies and supporting documentation will reflect the spectrum below and the engagement levels nominated.

## IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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## Record of Stakeholder Consultation

Stakeholder and community consultation for the NWRH Emergency Department and Ambulance Drop-Off Redevelopment commenced during the concept design phase in 2025 and has continued through to the schematic design phase in 2026.

Early and ongoing consultation has been undertaken through a structured and multi-layered engagement approach, including the establishment of a Project Working Group (PWG) comprising Emergency Department clinicians, hospital representatives, Ambulance Tasmania, Department of Health personnel and key stakeholder groups. The PWG has provided strategic advice, operational insight and design input, ensuring alignment between clinical requirements and design outcomes.

Consultation has reinforced strong stakeholder support for the Project and highlighted key themes that have directly informed the design, including:

- Safety and security improvements, particularly in response to occupational violence and aggression
- Enhancements to triage, waiting areas and patient flow
- The need for low-stimulation environments and neurodiverse-sensitive design
- Improvements to privacy, dignity and trauma-informed care, particularly for vulnerable cohorts
- Functional improvements to the ambulance drop-off interface and staff facilities

Feedback from stakeholders has been systematically incorporated into the evolution of the design, ensuring that the project responds to both operational realities and lived experience.

Stakeholder consultation and engagement will continue throughout the project lifecycle, including pre-construction and delivery phases, with communication strategies aligned to key project milestones, construction impacts and operational changes.

The Stakeholder Engagement Summary is included as an attachment to this submission.

## Directly Affected Land Owners and Property Acquisition

The land is owned by Department of Health and no property acquisition is required for this project.

## Compliance

### List Commonwealth or State Legislation Triggered by the Project

The legislation triggered by the Project is limited to the Building Code of Australia.

### Planning Approval

A Development Approval application was submitted to Burnie City Council on 27 February 2026. Conditions applied to the development within this permit will be reviewed and incorporated into the design to ensure compliance is achieved.

Subsequently, a Building Application (BA) will be made to the building surveyor before the commencement of works.

### Heritage (Aboriginal and Historic)

The site does not form part of a listing to which the Local Historic Heritage Code in the State Planning Provisions (the “SPPs”) of the Planning Scheme apply. Additionally, it is not a place entered on the Tasmanian Heritage Register.

An Aboriginal Heritage Property Search has not identified any registered Aboriginal relics or apparent risk of impacting registered Aboriginal relics.

### Noise

Construction activities associated with the Project will occur within a highly sensitive, fully operational hospital environment. Noise generated by demolition, internal reconfiguration, services modifications and minor external works has the potential to impact clinical operations, staff concentration and patient comfort, particularly within a 24/7 emergency care setting.

To manage these impacts, a structured and controlled approach to construction noise will be implemented. Mitigation measures include:

- **Construction Management and Methodology**  
The Head Contractor will be required to prepare and submit a detailed Construction Environmental Management Plan (CEMP) and construction methodology, outlining how noise will be managed across all stages of the works. This will be subject to approval by the Department prior to commencement.
- **Staging and Sequencing of Works**  
Construction activities will be carefully staged and sequenced, with higher noise works programmed to minimise impact on critical clinical functions where possible, while maintaining Emergency Department operations at all times.
- **Physical Noise Controls**  
Use of temporary hoarding, acoustic barriers and isolation measures to contain and reduce the transmission of noise into adjacent clinical areas.

- **Operational Coordination**  
Close coordination with hospital staff to identify sensitive times, high-risk activities and critical care periods, enabling proactive management of disruptive works.
- **Communication and Notification**  
Advance communication of noisy works, timing and potential impacts to hospital staff and stakeholders in accordance with the Stakeholder and Community Engagement Plan (SCEP).
- **Monitoring and Responsive Management**  
Ongoing monitoring of construction impacts, with the ability to adjust work practices, sequencing or timing in response to operational needs and stakeholder feedback.
- **Compliance with Standards**  
All construction activities will comply with relevant environmental noise guidelines and regulatory requirements, ensuring impacts are minimised and appropriately managed.

## Traffic Management and Parking

The Project has been designed to ensure that both construction-phase and operational traffic impacts are effectively managed, with particular emphasis on maintaining safe access for patients, staff, ambulance services and the broader community.

Construction phase mitigations include:

- Implementation of a Traffic Management Plan (TMP) and Construction Environmental Management Plan (CEMP), detailing access routes, staging and control measures
- Provision of clear signage, site delineation and controlled access points to separate construction traffic from hospital users
- Maintenance of safe and continuous pedestrian pathways, including temporary wayfinding and protected crossings where required
- Coordination with hospital operations to minimise impacts on ambulance movements and Emergency Department access
- Ongoing communication of traffic changes and construction impacts to stakeholders
- Construction of a dedicated contractor parking area associated with the New Mental Health Precinct. Will ensure no contractors take over valuable public or staff parking areas.

The redevelopment is not expected to generate a material increase in traffic volumes, as it does not expand overall hospital capacity or introduce new service demand. The proposal is therefore able to be accommodated within the existing road network, as confirmed through planning assessment.

# Appendix A: Designs (Architecture)

## Drawing Register:

Site Location Plan	1:1000 @ A3
Existing Floor Plan	1:200 @ A3
Demolition Plan	1:200 @ A3
Floor Plan	1:200 @ A3
Elevations North West & South East	1:200 @ A3
Elevations South West	1:200 @ A3
Artist Impression View from South	
Artist Impression View from West	



# North West Regional Hospital New Ambulance Drop Off & Emergency Department Expansion Project

Brickport Road, Burnie, Tasmania

## Architectural Drawings

Issue DA

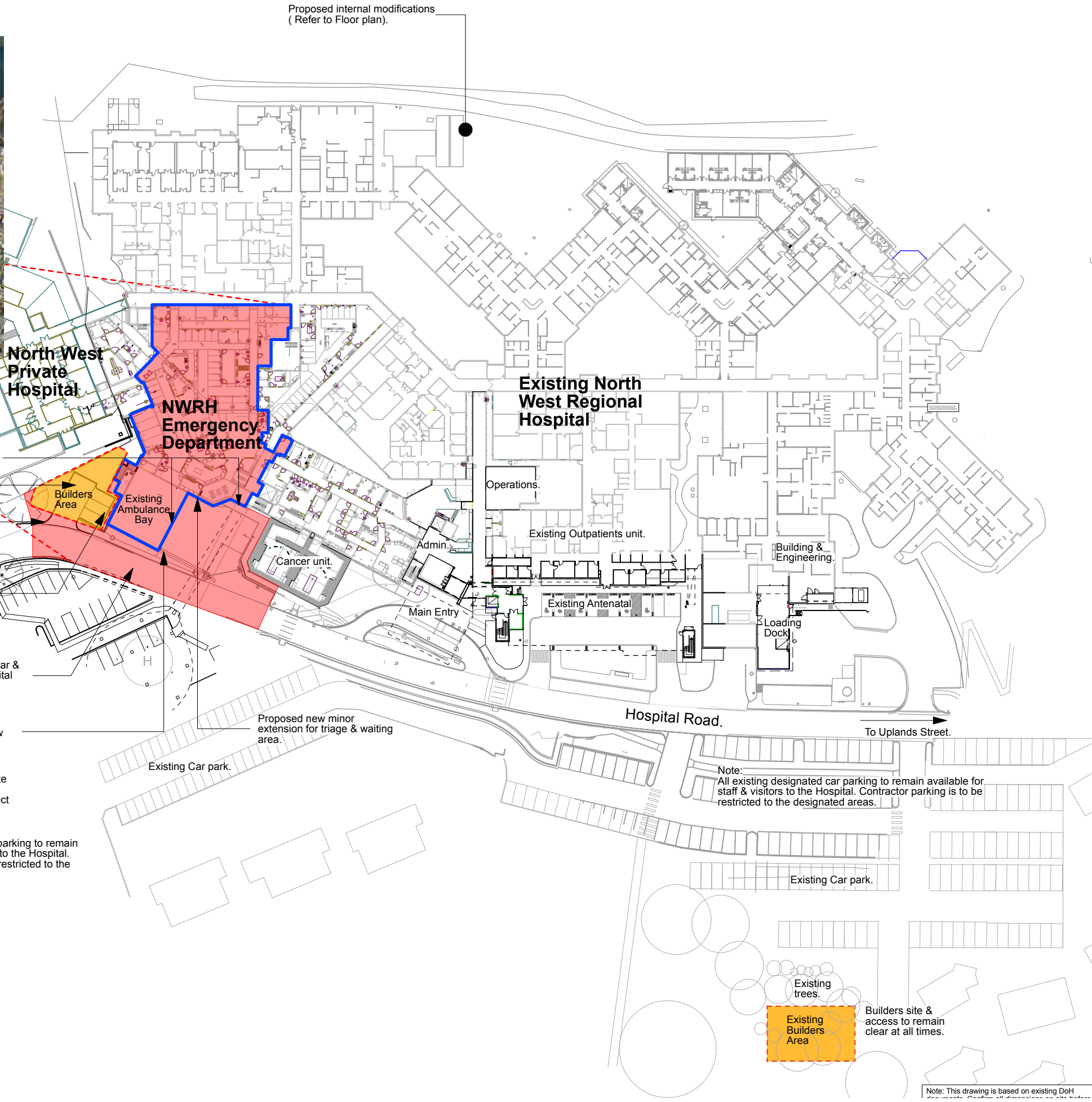
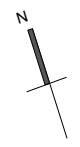
**ROBERT CARROLL  
& ASSOCIATES  
ARCHITECTS**

68 Elphin Road - East Launceston  
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rob@robertcarroll.com.au

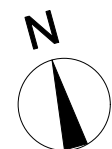
RCA PN: 2509



Site Location Plan - NTS

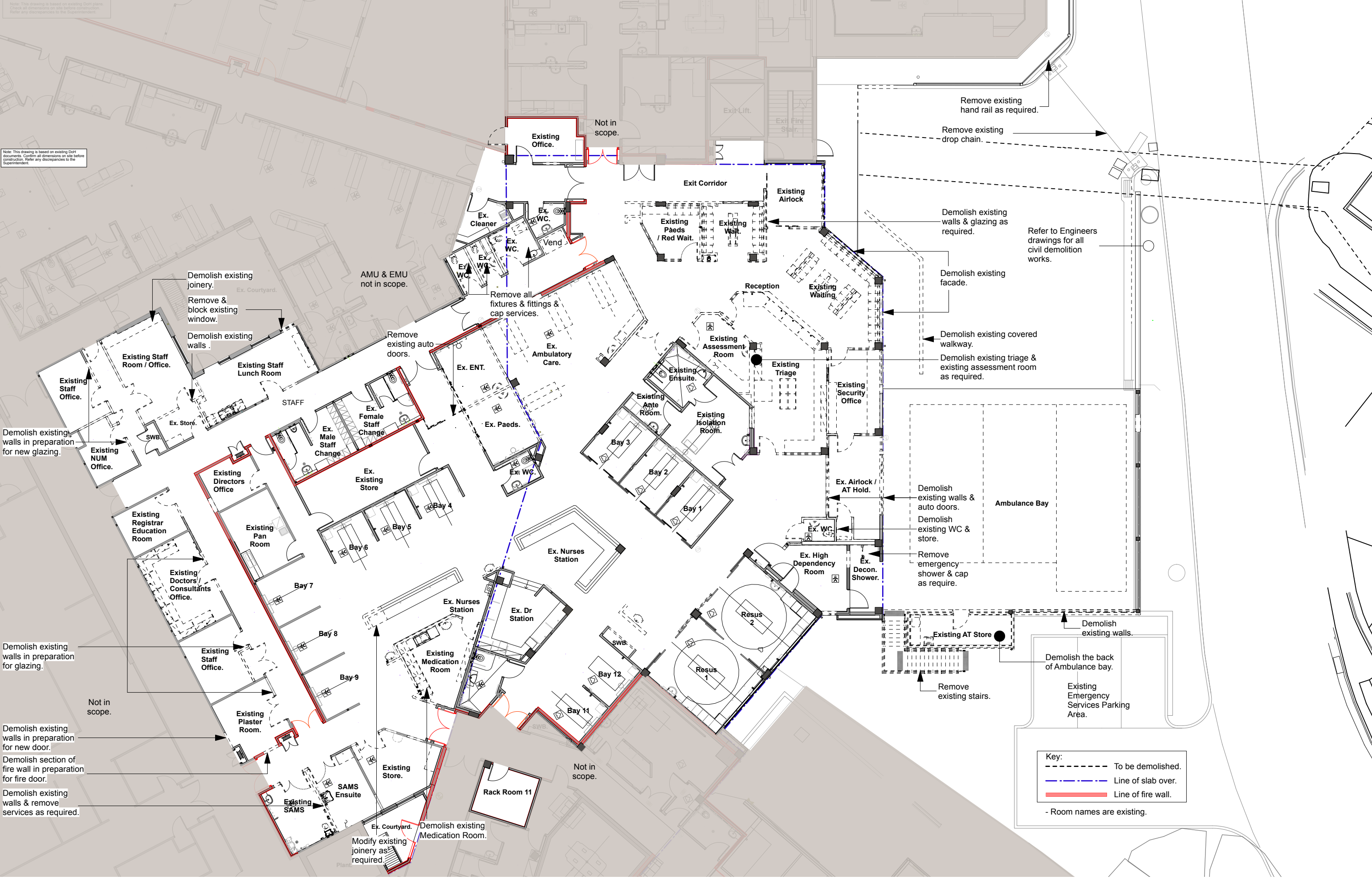


Site Plan 1:1000



Note: This drawing is based on existing DoH documents.





Note: This drawing is based on existing DAF documents. Confirm all dimensions on site before construction. Refer any discrepancies to the Superintendent.

Note: This drawing is based on existing DAF documents. Confirm all dimensions on site before construction. Refer any discrepancies to the Superintendent.

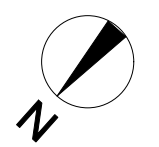
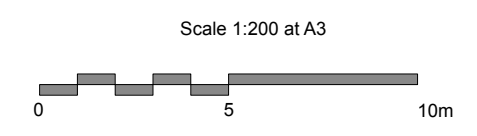


# North West Regional Hospital - New Ambulance Drop Off & Emergency Department Expansion Project

For Department of Health

## Demolition Plan

27th February 2026  
 RCA PN: 2509 Issue DA



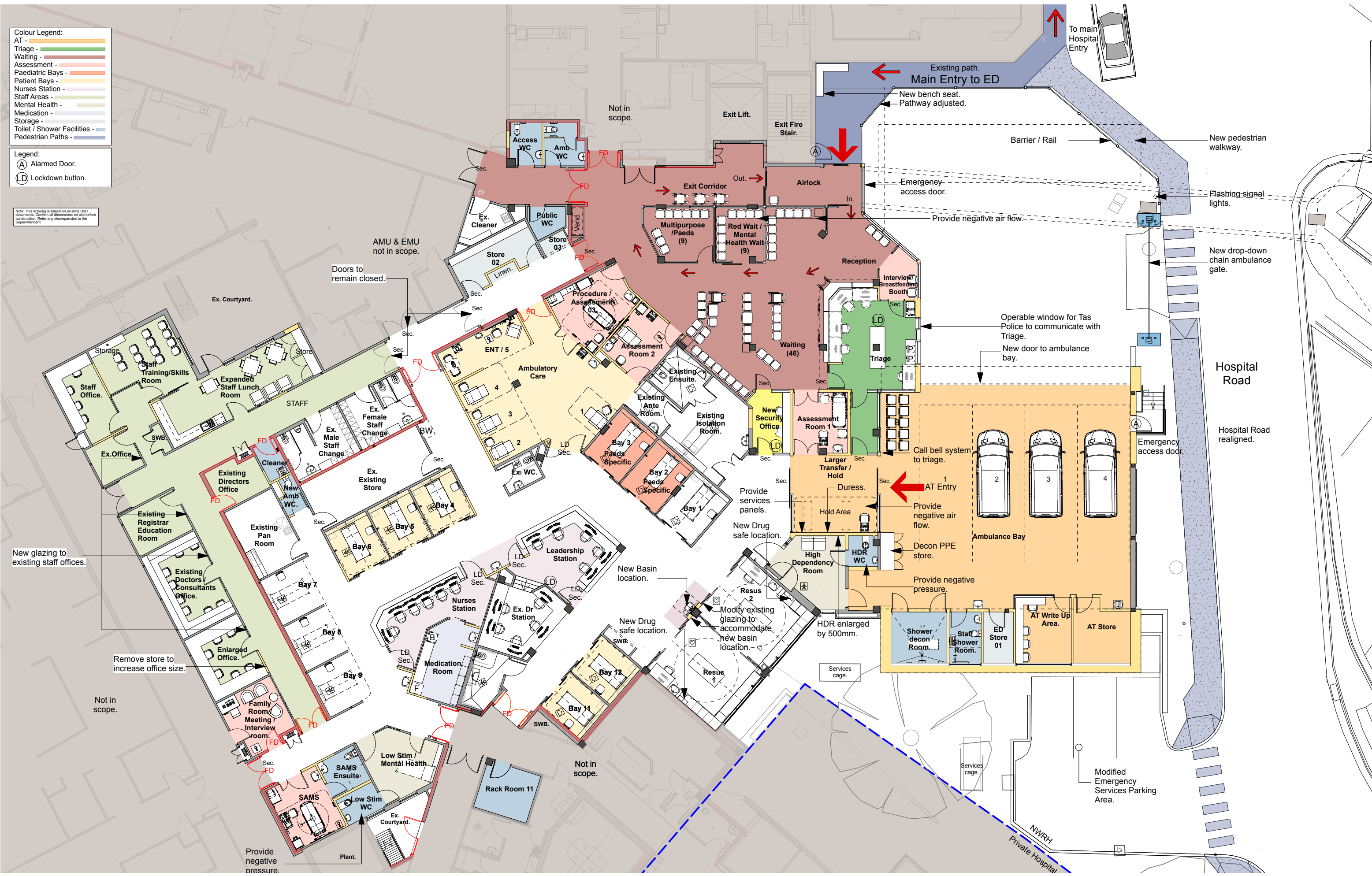
**ROBERT CARROLL & ASSOCIATES ARCHITECTS**

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 rob@robertcarroll.com.au

- Colour Legend:**
- AT -
  - Triage -
  - Waiting -
  - Assessment -
  - Paediatric Bays -
  - Patient Bays -
  - Nurses Station -
  - Staff Areas -
  - Mental Health -
  - Medication -
  - Storage -
  - Toilet / Shower Facilities -
  - Pedestrian Paths -

- Legend:**
- (A) Alarmed Door.
  - (LD) Lockdown button.

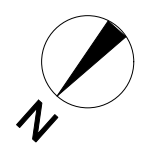
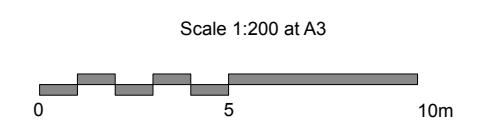
Note: This drawing is based on existing DAH documents. Confirm all dimensions on site before construction. Refer any discrepancies to the Superintendent.



## North West Regional Hospital - New Ambulance Drop Off & Emergency Department Expansion Project

For Department of Health

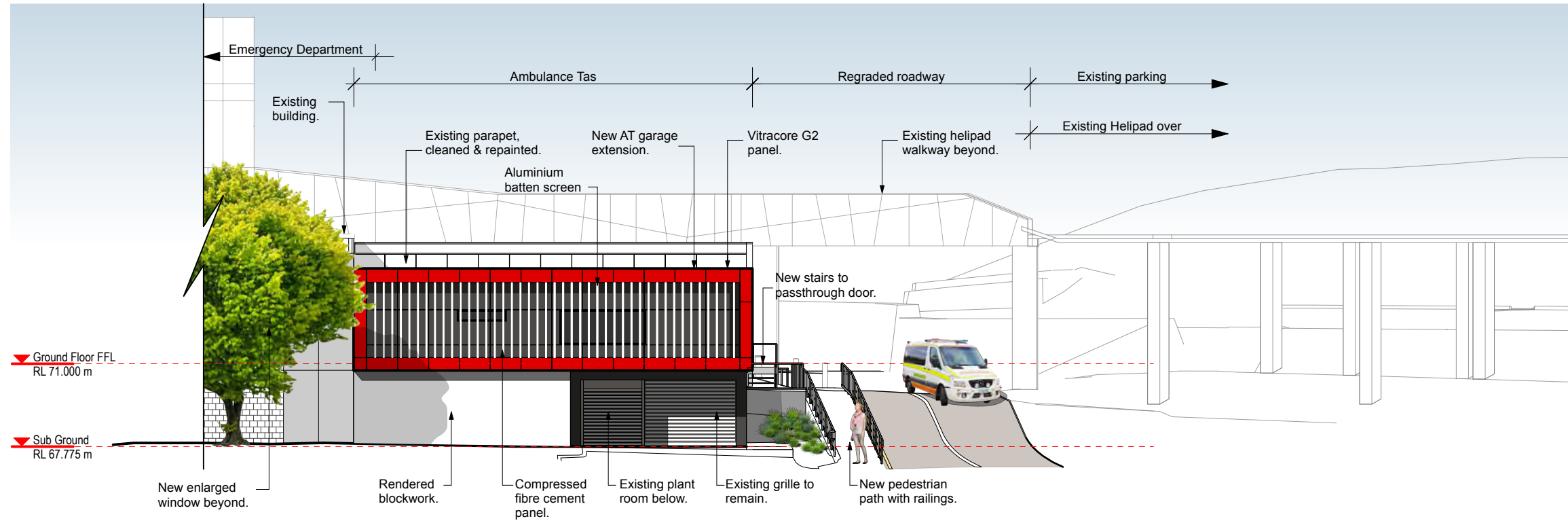
**Floor Plan**  
 27th February 2026  
 RCA PN: 2509 Issue DA



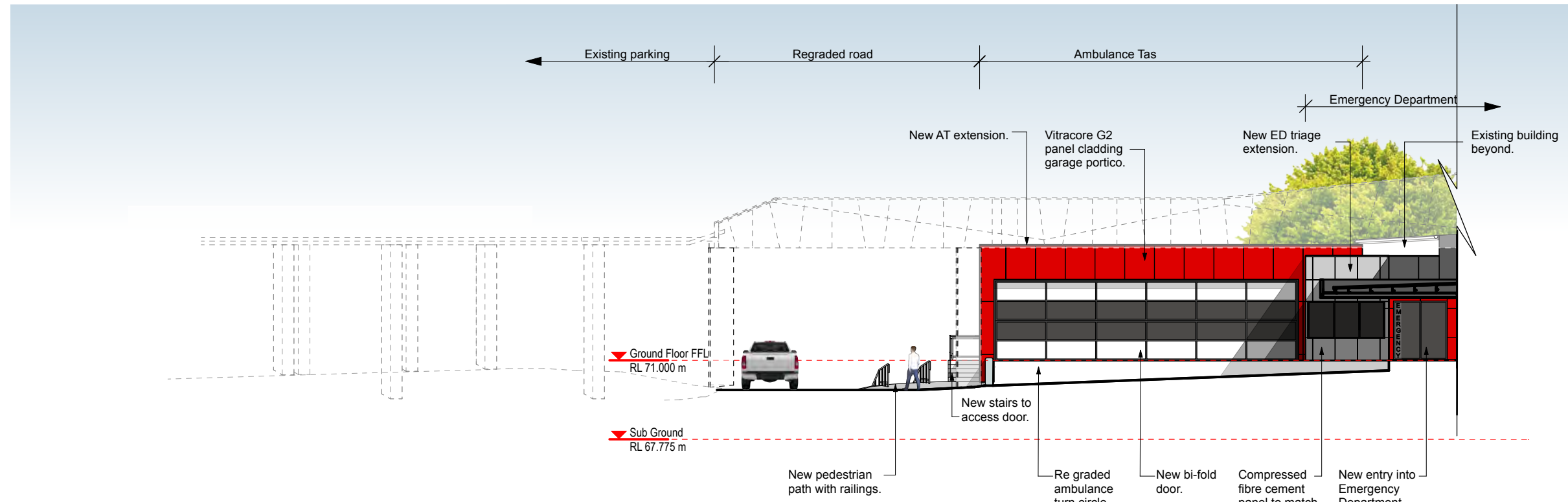
**ROBERT CARROLL & ASSOCIATES ARCHITECTS**

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Note: This drawing is based on existing DoH documents. Confirm all dimensions on site before construction. Refer any discrepancies to the Superintendent.



**North West Elevation**



**South East Elevation**

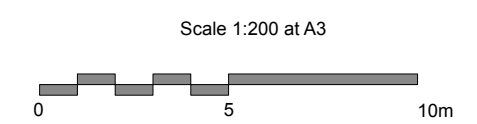


**North West Regional Hospital - New Ambulance Drop Off & Emergency Department Expansion Project**

For  
Department of Health

**North West Elevation & South East Elevation**

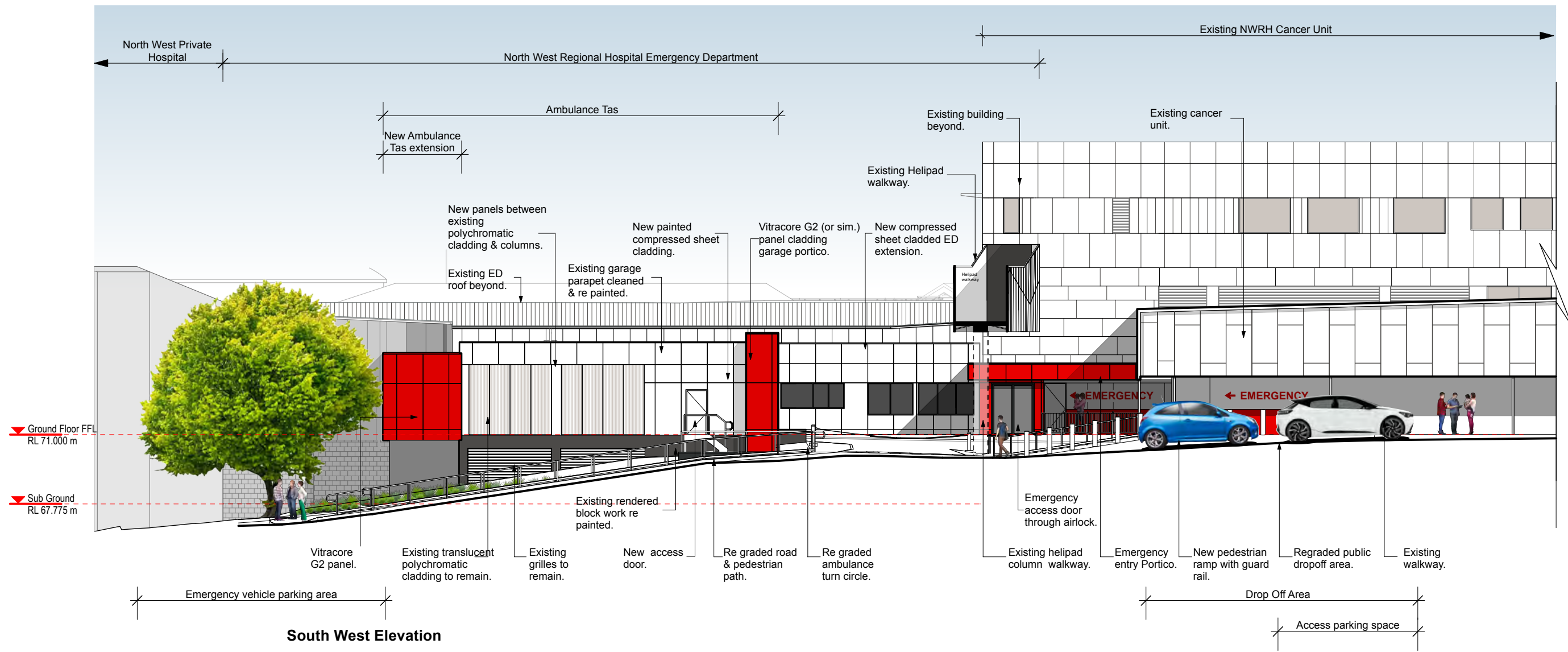
27th February 2026  
RCA PN: 2509 Issue DA



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Note: This drawing is based on existing DA documents. Confirm all dimensions on site before construction. Refer any discrepancies to the Superintendent.





# Appendix B: Consultation Summary

MARCH 2026

# Consultation Summary Report

North West Regional Hospital Upgrade – Emergency  
Department and Ambulance Drop Off Area  
Redevelopment

# Table of Contents

Version 1.6 – 2/04/2026

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## Introduction

This report provides a summary of the communication and engagement activities undertaken for the North West Regional Hospital Emergency Department and Ambulance Drop off Redevelopment. The feedback received was during the Schematic Design phase of the Project. Communication and engagement activities were completed during February 2026, where the Project team consulted with North West Regional Hospital staff, Ambulance Tasmania, Tasmania Police and consumer advocates. The aim was to seek targeted feedback on the schematic design and demonstrate how earlier feedback has been incorporated into the Project so far. The communication and engagement activities undertaken included:

- three drop-in sessions at the North West Regional Hospital
- two drop-in sessions at Burnie Ambulance Station
- six one-on-one and small group discussions
- Project Working Group meetings
- email notifications
- internal Department of Health Newsletter articles
- flyers and Frequently Asked Questions (FAQs)
- posters
- monitoring of a Project email address and phone number.

## Project background

The Department of Health (The Department) is delivering the North West Regional Hospital Emergency Department and Ambulance Drop Off Redevelopment.

The Project intends to improve the safety and security for all Emergency Department (ED) users including staff, paramedics, patients, carers and visitors. To do so, the Emergency Department will be updated and reconfigured to address major physical concerns and limitations, while also improving patient flow and access. The Ambulance Bay will also be extended and re-modelled to improve safety and functionality, and a new pedestrian path along Hospital Street will provide safer access to the Emergency Department.

This redevelopment is a result of the North West Regional Hospital experiencing consistently high demand for its ED services. The need for the redevelopment has also been reinforced by the findings of the Independent Review of Tasmania's Major Hospital Emergency Departments, which identified critical environmental and operational issues that need to be addressed to improve safety and security, in particular patient access and flow.

Stakeholder engagement was undertaken during the concept design phase in September 2025 in which feedback was received on the proposed changes to the layout, functionality and meeting the needs of the Emergency Department and its users. The feedback and key insights from the stakeholders including North West Regional Hospital Emergency Department staff, Ambulance Tasmania staff, Tasmania Police and consumer advocates has subsequently been incorporated into the schematic design. The main themes that arose from the first consultation phase related to the:

- location of the Sexual Assault Medical Services room

- security and privacy of staff facilities
- design and layout
- mental health patient safety
- ambulance drop off area design
- neurodiverse patient needs; and
- Tasmania Police safety and security.

## Project benefits

The North West Regional Hospital Ambulance Drop Off and Emergency Department Redevelopment will deliver the following benefits:

- Improve the safety and security of all users of the Emergency Department, including staff, patients, carers and paramedics.
- Improve the physical environment of the Emergency Department, resulting in a better working environment for staff, and an improved facility for patients to receive health care.
- Address outcomes of the Emergency Department Review including improving patient flow, the triage of mental health consumers and providing better care for patients including those with low acuity arriving by ambulance.
- Create an Emergency Department which is accessible and inclusive for patients who are neurodiverse, suffering from a mental health condition, have disabilities or have experienced sexual assault.
- Form part of the work needed to reach the strategic objectives for the North West Regional Hospital, as outlined in the North West Hospitals Masterplan.

## Communication and engagement objectives

The engagement objectives of this phase were to:

- Gain a clear understanding of stakeholder concerns, issues and potential impacts.
- Provide opportunities for stakeholders to contribute to the Project by clearly communicating expectations, changes and decision-making processes.
- Promote awareness of information channels so stakeholders know how to access updates, resources and support throughout the project lifecycle.

# Consultation summary

## Engagement methods

### Drop-in sessions

Three drop-in sessions were held in the Cancer Centre of the North West Regional Hospital on Monday, 16 February and Wednesday, 18 February 2026.

Sessions were dispersed across multiple days and times to account for shift patterns and activity in the Emergency Department. In total, 35 staff attended the drop-in sessions at the North West Regional Hospital sessions held on Monday. There were 19 attendees at the morning session and the remaining 16 in the afternoon session. There were no attendees at the Wednesday drop-in session. This was largely attributed to the higher activity levels within the Emergency Department and wider hospital on that day.

Notably these sessions received a variety of staff roles within the Emergency Department including Nurses, Doctors, Orderlies, ED Support Officers, Cleaners and Switchboard staff members.

Two drop-in sessions were held at the Burnie Ambulance Station. Similarly to the North West Regional Hospital drop-in sessions, sessions were arranged for both morning and afternoon time slots to account for shift times and the level of activity of Ambulance Tasmania. Six people attended the sessions at the ambulance station, all of which were at the morning session.

### Online feedback form

An online feedback form was available for staff and stakeholders who could not attend the drop-in sessions or wanted to provide additional feedback after attending.

Survey questions included overall satisfaction with the design, targeted question to key elements and aspects of the design, as well as opportunities to leave comments on what else can be added or changed. Additionally, for those who attended the drop-in sessions, respondents were also asked about how they were engaged with.

Two responses were collected from the online feedback form.

### One-on-one and small group stakeholder meetings

Separate one-on-one meetings were organised with key stakeholders and advisory groups who operate out of the North West Regional Hospital ED to receive their feedback on the new designs. These included meetings with:

- Tasmania Police
- neurodiverse patient consumer advocate
- Laurel House – sexual assault victim/survivor consumer advocate
- Staff Specialist, Emergency Medicine
- Women's Health Advisory Committee
- North West Quality and Patient Safety Service Consumer Engagement Committee

By holding these dedicated meetings, it ensured feedback was clearly delivered and gave stakeholders the opportunity to ask questions or have their concerns addressed in real time.

Furthermore, directly meeting with these stakeholders re-iterated their importance to the Project's progression and the overall functioning of the Emergency Department.

## Communication methods

To effectively target our stakeholders and receive a wide range of feedback we employed several communication and outreach methods.

North West Regional Hospital Emergency Department and Ambulance Tasmania staff were made aware of the drop-in sessions and received an outline of the updates to the design via email and their internal online newsletter. Tasmania Police, the consumer advocate and Laurel House were all in direct contact with the Project team to arrange a meeting suitable to their timeframe and needs.

Additionally, flyers, FAQ documents and A4 copies of the design were provided at the drop-in sessions and meetings. These materials shared information about the project and were available for stakeholders to distribute to colleagues who were unable to attend the sessions or who wished to provide feedback online. Posters showing the overall design and focus areas of the Emergency Department and Ambulance Bay, were also displayed at the sessions and during meetings to aid discussion and show the proposed changes.

## Feedback summary

Feedback received about the upgrades throughout the consultation was generally positive. North West Regional Hospital staff and Ambulance Tasmania paramedics welcomed the planned upgrades and expressed confidence that the changes will improve safety and security. Both staff and consumer groups further highlighted the need for the upgrades and the operational difference it will make to all users of the Emergency Department once in operation.

While most feedback received was positive, valuable insights, considerations and refinements were still obtained throughout the consultation process and will be considered as the detailed design is finalised. Some feedback received was outside the scope of the consultation, as it related to operational matters. This feedback has been passed on to the service for consideration.

## Key themes

### **Safety and security priorities**

Staff placed strong emphasis on strengthening overall safety and security throughout the Emergency Department. They supported the increased security measures and the new security room and highlighted the value of maintaining a guard in the airlock entrance area as an effective deterrent to anti-social behaviour.

Key priorities included enhanced CCTV and alarm systems, anti-ligature fixtures, and appropriate locking mechanisms, particularly for high-risk areas like the High Dependency Room. Emergency Department staff also noted the need for better control and communication with the ambulance bay, including remote roller door activation and an intercom from Triage.

Additional considerations included ensuring safe exit routes, maintaining negative pressure capacity, and protecting adjacent high value areas such as Radiology. The addition of the footpath

leading up to the Emergency Department was well received with staff support for safer entry into the hospital.

Overall, feedback reflected strong support for the upgrades while identifying practical improvements to further strengthen staff and patient safety.

### **Furnishings and fixtures for patients with additional needs**

Both staff and Tasmania Police emphasised the need for anti-ligature fixtures both in the High Dependency Room and low-stimulation room. Noise reducing materials were requested to create a calmer, less agitating environment to support not only de-escalation but comfort of other patients throughout the Emergency Department.

Staff suggested a dedicated smoking area for high dependency and low stimulation patients, noting that smoking restrictions frequently trigger security alerts.

The ability to play music was also suggested as further measures for patient comfort and security to assist in de-escalation and emotional regulation.

This feedback highlighted the importance of safety, controlled sensory stimulation, and furnishings that support patient comfort while minimising risk.

### **Staff facilities**

Overall, staff expressed a high level of satisfaction with the proposed changes to the staff area of the Emergency Department with appreciation for refreshed amenities and secured swipe access areas only areas to increase security.

Feedback indicated that different staff groups value having separate areas where they can take breaks and socialise with colleagues. Staff expressed that having more than one staff space allows groups to step away together in an environment that suits their needs, preferences and roles.

A parent room for both staff and patients were identified as important, along with improved storage solutions, including a dedicated space for crutches.

Staff emphasised the need for functional, private, and well-equipped facilities that support their workflow and wellbeing.

### **Triage and waiting area refinements**

Staff raised several considerations for the triage area, highlighting the need for better acoustics and positioning of staff. Nurses expressed that the glass makes it difficult to hear patients with background noise forcing patients to speak quite loudly often about sensitive information.

Concerns were raised about seating arrangements that position triage staff lower than patients within the reception space, which can enhance a power imbalance and feel unsafe. Suggestions were made for raised desks and chairs to mitigate this risk.

Furthermore, support was expressed for improvements to visibility and sight in the area as well as increased patient confidentiality with the addition of the assessment booth.

### **Storage, equipment and cleaning needs**

Staff highlighted the need for more practical storage solutions, including additional oxygen bottle storage, a dedicated space for crutches, and an extra cleaners' cupboard. They noted that the current storage room may be larger than required and could be partly repurposed.

Concerns were also raised about managing plaster sinks and ensuring clear processes for cleaning the High Dependency Room toilet. Raised on numerous occasions were recommendations for the future storage of wheelchairs. It was suggested that extra space could be utilised if chairs were stored in the new storeroom or outside the Emergency Department.

Overall, feedback focused on creating efficient, well-organised spaces that support smooth workflows and safe cleaning practices.

### **Neurodiverse patient needs**

The feedback received from consumer advocates and Emergency Department staff was highly positive, with strong support for the addition of showers in the High Dependency Room and Low Stimulation Room to help calm neurodiverse patients, as well as the new Family/Interview room and quieter hallway access to the Low Stimulation Room.

Concerns were raised about window fittings in the Low Stimulation Room, with a preference for durable, discreet mechanisms that can't be pulled down by patients. The inclusion of two exit doors in the Low Stimulation Room was well received, and it was recommended that the entire Emergency Department use swipe-card access to enable quick entry or exit for staff if a neurodiverse patient escalates.

It was recommended that spaces should include warm lighting that is dimmable, non-clinical, and not increase sensory load, while bathrooms should remain simple and minimal.

Feedback collected overall showed strong support for the new spaces as well as highlighting the important of finishes and amenities that support diverse needs come construction completion.

### **Safety, privacy and trauma-informed design for sexual assault victim survivors**

Representatives from Laurel House and the Women's Health Advisory Committee expressed appreciation for several aspects of the proposed Sexual Assault Medical Services spaces. These included the addition of an ensuite and interview room, the single entry and exit design which helps victim survivors feel secure and the removal of windows in the room.

In relation to the broader Emergency Department, design features enabling more privacy in the waiting area were well received. Stakeholders highlighted the need for calming interiors and finishes throughout the spaces as well as additional amenities including storage for clean clothes.

Additionally, blinds/ curtains placed in bays victim survivors need to walk past to reach the space would be needed as occasionally someone the victim may know could be in the ED or even the perpetrator. Laurel House also emphasised the need for safety considerations such as access to secure parking, reduced late night walking distances and temporary swipe-card access for support services staff.

Furthermore, timing of construction was identified as critical with a strong preference for the room to remain operational during the November – February period which is a high-demand period for cases of family and sexual violence.

Feedback received from Laurel house highlighted the difference this space and updated facilities will make for the comfort and dignity of victim survivors who are required to use it.

## **Ambulance Drop Off Area**

Overall, the feedback received about the proposed updates to the Ambulance drop off area was supportive with paramedics noting the schematic designs are more fit for purpose and improve safety for Emergency Department staff and patients. During consultation, paramedics also suggested including an air curtain between the area between the Ambulance Bay and the triage area.

## **Conclusion and next steps**

The feedback gathered throughout this consultation reflects strong support for the redevelopment and reinforces the need for a safer, more functional Emergency Department and Ambulance drop off.

Insights from staff, key stakeholders and consumer advocates have been incorporated into the detailed design, including the addition of a breastfeeding room, extra cleaning and linen cupboard space, two doors to the low-stimulation room and an extra bed in the ED.

A significant portion of the feedback also related to fixtures and furnishings which will be incorporated, including anti-ligature fixtures, effective security cameras and systems, and the addition of appropriate and updated furnishings in the sexual assault medical services room.

Feedback received will continue to inform the design ensuring the Project continues to respond to user needs and enhance safety, accessibility and overall experience for all ED users.

The Department of Health extends its sincere thanks to all participants for their valuable contributions and encourages ongoing engagement and dialogue as the project progresses towards delivery.

# Appendix C: Security Design Comments



# Alexander James and Partners

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## NWRH ED Redevelopment

### Summary of Safety and Security Design Guidance for the NWRH Emergency Department

#### 1. INTRODUCTION AND CONTEXT (August Design Phase)

The redevelopment of the NWRH Emergency Department (ED) provided an opportunity to embed safety and security considerations from the earliest stages of design. Recognising the ED as a high-risk environment for occupational violence and aggression (OVA), a proactive, evidence-based approach was adopted to integrate protective security measures into the built form and operational layout.

AJP's role was to provide expert safety and security design guidance during the concept design phase, ensuring that environmental vulnerabilities were designed out while supporting safe and efficient clinical operations. This guidance was informed by:

- Good practice in health facility security design
- Lessons learned from incident data across ED environments
- WHS legislative requirements
- AusHFG principles (enhanced to address identified gaps)
- Findings from the 2023 independent security incident review.

The objective was to move beyond minimum compliance and proactively mitigate risk, particularly relating to OVA, while maintaining a functional and therapeutic environment.

#### 2. APPROACH AND ENGAGEMENT (August Design Phase)

AJP engaged proactively in multidisciplinary project working group meetings to embed safety and security into the concept design process. This collaborative approach ensured:

- Early identification and agreement on safety and security requirements
- Alignment between clinical workflows and protective measures
- Strong stakeholder buy-in across clinical, operational, and security teams.

Key design principles established during this phase included:

- Improved zoning and separation of public and clinical areas
- Enhanced natural surveillance and clear lines of sight
- Controlled access to restricted areas
- Optimised layouts to support monitoring and incident response
- Application of CPTED principles to eliminate concealed or high-risk spaces.

These measures significantly improve the ED layout and enhance the ability to reduce risks to staff, patients, and visitors.

### 3. DESIGN DEVELOPMENT AND REFINEMENT (March – Schematic Design Phase)

As the project progressed into schematic design, AJP continued to provide guidance to ensure that safety and security principles were maintained and adapted to evolving clinical requirements. The updated design reflects:

- Seamless integration of safety and security measures
- Maintenance of a welcoming, accessible, and therapeutic environment
- Continued alignment with clinical operations and workflow efficiency.

Ongoing engagement ensured that design changes did not introduce new risks and that security measures remained practical and sustainable.

#### Key refinements during this phase included:

- Further enhancement of sightlines within the waiting area
- Improved protection of the nurses' station
- Strengthened CCTV coverage for behavioural monitoring and incident response.

### 4. DESIGN CHANGES AND RISK CONSIDERATIONS (MARCH)

#### *WC Relocation*

The introduction of WC facilities in place of the previously proposed family room was assessed and determined not to introduce additional safety or security risks due to effective CCTV monitoring.

#### *Increase in Clinical Bays*

The expansion of clinical bays was reviewed collaboratively and confirmed not to increase risk, demonstrating that safety and security considerations remained embedded despite design evolution.

#### *Increase in Ambulatory Care Area*

The expansion of the ambulatory care area maintained the ability for timely response to incidents, whilst maintaining a safe and secure zone. The reconfiguration does not impact on the ability for effective monitoring or increase safety risk to patrons, staff and visitors. In addition, it creates the ability to have an additional lockdown zone if required.

### 5. Outcomes and Benefits (August to March)

Across both design phases, the integration of safety and security has delivered measurable benefits:

#### Safety and Risk Reduction

Reduced exposure to OVA incidents

Improved staff safety through visibility, zoning, and controlled access

Faster and more effective incident response capability

#### Clinical and Operational Outcomes

Enhanced clinical efficiency through improved spatial layout

Separation of flows (staff, patients, visitors) reducing disruption and risk

Improved behavioural monitoring and communication

#### Patient Experience

Calmer, more organised environments

Improved perceptions of fairness, safety, and care quality

#### Design Performance

Compliance with AusHFG and legislative requirements  
Targeted enhancements addressing site-specific risks  
Future-proofed design adaptable to emerging threats  
6. Conclusion

From August through to March, the ED redevelopment demonstrates the value of embedding safety and security into healthcare design from concept through to schematic stages.

The project has consistently:

Designed out environmental vulnerabilities  
Integrated proportionate and practical security measures  
Maintained alignment with clinical operations  
Fostered strong stakeholder collaboration

This approach has resulted in a resilient, future-ready Emergency Department where safety, security, and clinical care are fully integrated. It reinforces that when security is treated as a core design requirement rather than a compliance exercise, the outcome is a safer, more effective healthcare environment.

**END.**