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PARLIAMENT OF TASMANIA

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

# Burnie Ambulance Station

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*Presented to Her Excellency the Governor pursuant to the provisions of the  
Public Works Committee Act 1914.*

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Legislative Council

Mr Valentine (Chair)  
Ms Rattray (Deputy Chair)

House of Assembly

Ms Butler  
Mr Ellis  
Mr Tucker

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## 1 INTRODUCTION

To Her Excellency the Honourable Barbara Baker AC, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

### **Burnie Ambulance Station**

and now has the honour to present the Report to Your Excellency in accordance with the Public Works Committee Act 1914 (the Act).

## 2 BACKGROUND

- 2.1 This reference recommended that the Committee approve the Burnie Ambulance Station to meet operational and functional requirements for multiple ambulance services in the North Western Tasmanian community.
- 2.2 It was submitted by the Department of Health (the Department) that the development is required to meet the primary operational needs of the ambulance service including the safe garaging of vehicles, storage and provision of medical supplies, facilities to wash and decontaminate vehicles and paramedics, administration, paramedic training, paramedic recreational areas and paramedic rest and recline areas. There is also a requirement for secure personal vehicle parking, landscaped external areas and ambulance vehicle circulation that improves security and efficiency of access to and egress from the garage.<sup>1</sup>

## 3 EXISTING FACILITY

- 3.1 The existing Burnie Ambulance Station is currently located centrally in Burnie on Strahan Street. The Department submitted that the facility does not have sufficient garaging space and ambulances are kept in an external parking area, which is not standard practice in Australia and contributes to excessive ambulance vehicle deterioration and maintenance requirements.

During the preliminary project stages, an expansion of the existing station site was investigated however it was found to have insufficient space available to increase the station capacity to the requirements set out in the rapid report as, currently, there is no room to expand in a Northern or Western direction on the site. Any expansion or redeveloped station on this site would also require a two-storey facility, as per the existing premises, and stairs are not preferred due to the risk they pose from an Occupational Health & Safety (OH&S) point of view. Redeveloping this site whilst maintaining ambulance operations also presents clinical risk to patients. Currently, at the existing Burnie Ambulance Station, there

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<sup>1</sup> Submission to the Parliamentary Standing Committee on Public Works for Department of Health, Morrison & Breytenbach Architects, 14 September 2021, p. 4.

is insufficient garage space to accommodate the vehicle fleet that services the region. At the time of a site visit by the consultants for the Rapid Review report in September 2020, it was noted that 9 vehicles did not have garage space available and were parked in the external car parking lot, highlighting the need for a new facility.<sup>2</sup>

## **4 PRIMARY OBJECTIVES**

- 4.1 The Department submitted that “the Burnie Ambulance Station project is being developed to provide improved service to the North Western Tasmanian community through the provision of a single large scale ambulance station on a new greenfield site. The development of this station is an opportunity to provide a facility that provides sufficient garaging facilities, improved station amenity for paramedics and has capacity to expand and meet the expectations of future demand in the region.”<sup>3</sup>
- 4.2 It was submitted that the development “will provide a contemporary and best-practice ambulance station facility for the Department of Health and Ambulance Tasmania that:
- Meets current and projected needs for the provision of the ambulance service to the North West Region including provision of non-emergency patient transport (NEPT) and alternative response vehicles;
  - Is consistent with the most current DoH Strategic Asset Management Plan and DoH Strategic Objectives;
  - Meets the requirements set out in the initial project design brief and accommodation schedule for the project provided by the Department of Health and Ambulance Tasmania for this type of facility;
  - Addresses the needs outlined in the KPH Rapid Review of Glenorchy and Burnie Ambulance Infrastructure Proposals 2020;
  - Delivers a purpose-built facility that is developed around the priorities and needs of Ambulance Tasmania and the Department of Health;
  - Meets all statutory development requirements for approval;
  - Has an efficient and functional spatial arrangement that optimises the ambulance service delivery;
  - Provides a high level of user amenity;
  - Enables supervision, safety and security in a positive work environment;
  - Reduces incidents of personal injury through safety in design;
  - Maximises opportunities for flexibility and adaptability;
  - Uses natural light and ventilation to habitable areas;
  - Develops a desirable aesthetic for the service;
  - Incorporates universal accessibility;
  - Reduces opportunity for vandalism;
  - Provides acoustic treatment to sensitive areas;
  - Provides opportunities for ongoing paramedic training and research;

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<sup>2</sup> Ibid. p. 8.

<sup>3</sup> Ibid. p. 6.

- Provides required infrastructure and building services including an emergency generator for continuous operation;
- Incorporates effective lifecycle costing;
- Manages building risk and complies with applicable standards and regulations including the Australasian Facility Guideline standards, Work Place Health and Safety Standards, Universal Access Standards, the National Construction Code (NCC), Relevant Australian Standards and the DoH-specific building standards;
- Is an efficient asset that supports effective services and is responsive to change with the evolving requirements of the service;
- Incorporates appropriate design and detailing, selection and use of materials and provision of fit-out and furnishings;
- Facilitates flexibility and adaptability of internal living spaces, allowing reconfiguration of future internal layouts while incorporating acoustic privacy as required; and
- Provides standards of accommodation that promote the recruitment and retention of staff and recognises that the physical environment plays a disproportionately large part in the public perception of the quality of service provided.”<sup>4</sup>

4.3 The Department submitted that the following principles were developed to form part of the project brief for the station typology and initial design concepts. The key principles are expanded upon in the written submission of the Department to define the vision and priorities, and guide decision making during the project development. These principles address the specific needs of the ambulance service, respond to past issues where identified and look for opportunities within the design of the station that can improve the provision of the service and wellbeing of the paramedics that provide it.

PRINCIPLE 1: Improve response time performance

PRINCIPLE 2: Support improved workplace satisfaction

PRINCIPLE 3: Promote community pride & confidence in our AT [Ambulance Tasmania] emergency services

PRINCIPLE 4: Deliver a safe and secure facility and environs addressing WHS [workplace health and safety] and community safety

PRINCIPLE 5: Incorporate security features for safety of users in the facility

PRINCIPLE 6: Incorporate Environmentally Sustainable Design (ESD)

PRINCIPLE 7: Reduce operating costs

PRINCIPLE 8: Utilise timber where appropriate for structural and interior application

PRINCIPLE 9: Best use of the site for best project outcomes

PRINCIPLE 10: Address budget and incorporate value management

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<sup>4</sup> Ibid. pp. 4.

## 5 PROJECT COSTS

- 5.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is \$11.64 million.

The following table details the current \$11.64 million construction cost estimates for the project:

### **Construction Breakdown (ex. GST)**

Construction costs	\$8,804,813
Design contingency (10%)	\$895,187
Market loading (20%)	\$1,940,000
<b>CONSTRUCTION COSTS</b>	<b>\$11,640,000</b>

The following table details the current \$12.281 million construction cost estimates for the project:

### **Construction, Furnishing & Fit Out (ex. GST)**

Construction	\$11,640,000
Post-occupancy allowance	\$110,000
Tasmanian Government Site Art Scheme	\$80,000
ICT Infrastructure (inc. 20% contingency)	\$225,000
Furniture and Equipment (inc. 20% contingency)	\$226,000
<b>TOTAL COSTS</b>	<b>\$12,281,000</b>

The Department drew the attention of the Committee to the inclusion of a 20% market loading to account for the industry being under pressure and generally receiving high prices across the state.

## 6 EVIDENCE

- 6.1 The Committee commenced its inquiry on Monday, 24 January last with an inspection of the site of the proposed works. The Committee then returned to the Function Room of the Cradle Coast Authority, Burnie, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

### Witnesses for the Department:-

- Andrew Hargrave, Director, Infrastructure Services – Programming and Delivery, Department of Health;
- Adam Garrigan, Project Manager, Infrastructure Services – Programming and Delivery, Department of Health;
- David Johnson, Associate, Morrison and Breytenbach Architects;
- Alistair Shephard, Assistant-Director - Operations, Emergency Management Services (EMS)– Regional Operations North, Ambulance Tasmania; and
- Lara Jedyn, Operations Manager, EMS - Regional Operations North, Ambulance Tasmania.

### Public Witnesses:-

- Shane Jago;
- Colin Blacklow;
- Scott Knight; and
- Robert Clarke.

The following Committee Members were present:

- Hon Rob Valentine MLC (Chair);
- Hon Tania Rattray MLC (Deputy Chair);
- Mr Felix Ellis MP; and
- Mr John Tucker MP.

### **Overview**

- 6.2 Messrs Hargrave and Shephard provided a brief overview of the proposed works:

**Mr HARGRAVE** - ... The purpose of the project is for a replacement of the ageing infrastructure which Ambulance Tasmania currently resides in. The intent of the project is also to provide capacity at the new station for the expected growth, particularly in responses that Ambulance Tasmania will see... One of the key functions of the project is to provide that opportunity for growth and capacity in a new station, which the current station doesn't have, as we saw today.

**Mr SHEPHARD** - ... The mission for Ambulance Tasmania is obviously to provide excellence in ambulance and health transport care. Building a high-quality and safe health care system responsible for best patient outcomes is a number one priority to Ambulance Tasmania. As we've seen today and you've had an opportunity to visit the existing facility at the Burnie station, you can see what the actual existing facility offers and what the proposed new station will be able to deliver in terms of response to the community.

### **Adequacy of current facility**

- 6.3 The Committee questioned the witnesses as to whether the current station was fit for purpose and, if not, would the proposed facility 'future proof' service delivery. Messrs Johnson and Shephard responded:

**Mr JOHNSON** - ... certainly the new station has been designed with every aspect thought through to try to cater for current ambulance station usage, and then future increasing capacity and also flexibility for changes in operation.

**Mr SHEPHARD** - As you saw, it was a multi-level facility so there are significant challenges in terms of response times. The future of Ambulance Tasmania is to primarily have single level facilities and enhanced infection control.

... due to the limitations primarily from impacts on COVID-19 through 2020 we have been forced to segregate our staff. Our operational support staff work at a separate site in the area at this point in time. So, we have a number of impacts around the capacity to both store equipment and supplies that are necessary in meeting the requirements of the pandemic, as well as the operational impacts of providing administrative and managerial support to our staff who are onsite at the current location.

[the accommodation of transportable units onsite will] be an ongoing requirement in terms of enhanced infection control based on whether it's COVID-19 or something into the future.

- 6.4 The Committee questioned the witnesses regarding the management of 'Schedule 8' medications on site. Mr Shephard responded:

... We hold Schedule 8s on site currently but that is a requirement of the crews to travel back from the hospital to restock, which has an impact on their availability to respond to a second case.

[restocking would need to occur] probably once or twice per duty shift per crew. The impact of that is from each individual case that they attend, which is governed by the nature of that case. So is it a case where they've used that particular medication or piece of equipment that they need to restock, or is it that they have adequate supplies available to them.

- 6.5 The Committee questioned the witnesses regarding the level of supervision, safety and security necessary on site and how the proposed works would improve these factors of care:

**Mr SHEPHARD** - ... Currently our management of our staff is limited to daily immediate supervision of staff operating from our Burnie site due to the impact and number of people in that facility. The regional operational management team... are currently housed in a separate building, which is leased, and it is separate to the Burnie station, so we have a disconnect between the direct supervisor and the next level management. The new site will house us all in to one location which will bring connectivity and operational efficiency together.

**Mr JOHNSON** - We have specially placed the office ... which we saw this morning and which was completely removed from the rest of the station. That one is essentially central and will see the living quarters. It will see the operational wing. It will see the garage. So, from one position they will be able to keep an eye on proceedings throughout the station, and have an awareness of where paramedics are and who is in the station, and who is out of the station, which will be an advantage.

- 6.6 The Committee questioned the witnesses as to how the proposed works would help exceed the level of workplace satisfaction experienced by those who work at the current station:

**Mr SHEPHARD** - ... As we know, a comfortable, safe workplace is attractive for anybody to operate in as their working environment on a day-to-day basis. We certainly recognised this morning the limitations on that existing building, which was opened in 1973, that doesn't necessarily offer that



same degree of experience to our staff on a day-to-day basis. They've been dealing with that site for many, many years and obviously the limitations and the enhanced staffing we now have has put greater pressures on that facility at the same time. Certainly, there are benefits to workplace health and safety, fatigue and mental health and wellbeing, with the opportunity to provide an enhanced facility.

**Mr ELLIS** - And potentially workforce retention and attraction as well?

**Mr SHEPHARD** - Yes.

### **Garage facilities**

- 6.7 The Committee questioned the witnesses regarding the adequacy of the garage facilities at the current site and what, if any, improvement is proposed in the new station. Mr Shephard responded:

... The limitations on that existing site mean that our day/night operational crews are required to actually switch their ambulances from inside the building to operate their shift to outside when they finish their shift. That has some work health and safety implications in terms of changing of the vehicles that is required outside of the station. They are obviously out in weather. There are impacts from the weather as well as the work health and safety implications in reversing, and additional and unnecessary vehicle movements throughout the course of the shift, with the number of staff moving in that area.

Ms RATTRAY - There is no opportunity for expansion for the existing site?

Mr SHEPHARD - ... That is correct.

- 6.8 The Committee sought further information regarding the exact increase in garage capacity offered by the proposed works. Mr Shephard responded:

**Mr SHEPHARD** - ... garaging for 20 ambulances.

**CHAIR** - How many ambulances do you have at the moment that are garaged where you are?

**Mr SHEPHARD** - We have four internally and we have up to nine or 10 outside, depending on day-to-day requirements.

**CHAIR** - So, on this site you would be expecting to have more housed inside as you currently stand, not projected?

**Mr SHEPHARD** - All of our operational vehicles would be garaged inside the building currently, including light fleet operational vehicles as single responder cars as well as the type one ambulances.

**CHAIR** - Okay, so that would bring those being handled on site, inside on site, up to how many on the new site?

**Mr SHEPHARD** - Up to 20 on the new site.

**CHAIR** - As we go forward and things expand, how is that likely to change? You will be then putting certain vehicles outside and just having immediately operational vehicles inside? Is that the way it works?

**Mr SHEPHARD** - The requirement is to have our type one ambulance vehicles, which as you identified earlier, need to be plugged into electric power at all times when they are not operational. They are the priority to have housed inside at any given time. This proposed station

will give us the facility to undertake that which allows for future growth in that type one ambulance fleet and move into the 2030s.

### Site Selection and Access

- 6.9 The Committee questioned the witnesses as to the factors considered for the selection of the site for the new station. Messrs Garrigan and Johnson responded:

**Mr GARRIGAN** - The site that was chosen is already government-owned land and it is in close proximity to the hospital. The area of land we viewed today was surveyed to find the best location for the station. Obviously, if we build it out towards the flat area, which was option 1, it will have a bigger amenity on the local residents, so, we chose to move it back into site 2, which tucks it up into the back corner.

... It would have a bigger amenity impact to the local residents because the station would be elevated and would impede their view. More residents would look at it every day in direct line through the subdivision there. We chose to tuck the station back as far west as we could and lower the station as much as we could to help give eyesight over the top of the station and also help with ingress and egress of the site.

**Mr JOHNSON** - Operationally, having the station close to Brickport Road helps reduce ambulance exit times, which is critical to responding to patients as promptly as possible. The first site, as mentioned, meant a longer driveway across the front of Brickport Road to access the main road.

... We spent a lot of time looking at the site and being conscious of the residences there, and also looking at how the traffic flow works. The ingress of traffic into the site [is] along the higher side of the site off Brickport Road and the ambulances only ever exit further down the road, directly to Brickport Road, quite a bit further away from the residences themselves. Further to that, site 1 would have traffic crossing right across the current vacant lot.

... The primary design driver for us was really the efficient circulation of vehicles to and from the ambulance station itself. We wanted to make sure that it was delivering an efficient service.

... The ambulances will exit the site almost all the time without lights or sirens, as is current practice. They will leave the site, drive. It is only when ambulances meet traffic that they require to put on lights and sirens.

- 6.10 The Committee questioned the witnesses as to the projected extent of benefit offered by the proposed location of the works:

**Mr ELLIS** - ... I might return quickly to the co-location question. Would it be fair to say that by co-locating towards the hospital, and the less need to travel backwards and forwards for supply, we are going to have potentially better response times, that we are going to have a better ability for ambulance drivers to be on the road going to a job, rather than doing some of this back-up administration logistic sort of stuff?

**Mr SHEPHARD** - Absolutely. It brings about an enhanced operational efficiency which results in those crews being available to the community without that reduced impact of the lost time travelling between locations after delivering a patient to the North West Regional Hospital and then travelling back to Burnie to undertake restocking and cleaning activities.

- 6.11 The Committee questioned the witnesses regarding the adequacy of access for ambulances at the current station and how the proposed Station is to improve access standards. Mr Johnson responded:

At the existing site... the ambulances are required to drive off the street and through a car park that has non-ambulance vehicles as well. There is a lot of onsite car parking in the area, which comes down to there being a lot of opportunity for delay caused by vehicles manoeuvring in the area and other potential hazards. Pedestrians are in the area.

What we have proposed is to address that by having a direct ambulance-only access to the main arterial road.

### **The role of consultation in the proposed works**

6.12 The Committee questioned the witnesses regarding the process of consultation undertaken in relation to the proposed works:

**CHAIR** - ... .. can you run us through the consultation that's taken place in relation to this particular development, for the record, as to exactly how that has been approached and who you have and haven't consulted with?

**Mr GARRIGAN** - Yes. A stakeholder and community engagement plan was put together. Obviously, we wanted to consult with all the local residents up there, so Pitt & Sherry was engaged to conduct that. They put a plan together and they had mail-outs as well as door-to-door conversations with a lot of residents and took a lot of feedback. We took that feedback and helped in the preliminary stages of design to adapt this design to try to accommodate as much of that feedback as possible.

**CHAIR** - Can you give us an understanding of the sorts of things that were a concern?

**Mr GARRIGAN** - Mainly the visual aspect of the station and where it was to be located and could we move it to the western end of the site, and could we lower it. They were all issues that we looked at and agreed to, and that's what we've put into the design.

...

**CHAIR** - ... .. Was there any significant concern about egress and ingress?

**Mr GARRIGAN** - Yes, there was concern in relation to line of sight and traffic movements and all that sort of stuff. That was put in with our traffic impact assessment to be managed.

6.13 Mr Shephard also detailed the level of staff consultation sought for the proposed works:

... Ambulance Tasmania has provided opportunity for consultation with the user groups that will be working within that new station, and that's included. Again, our operational support administration staff, volunteers and all of our operational paramedics who will be using the site potentially.

### **Staff occupancy levels**

6.14 The Committee sought clarification regarding the number of Full-time Equivalent (FTE) staff and volunteers who would fulfil their duties at the site of the proposed works:

**Ms RATTRAY** - ... I also asked about the number of FTEs that were part of the Burnie Ambulance Station, so you might place it on the record as well.

**Mr SHEPHARD** - Yes, the north-west region currently has an FTE of 164.

**Ms RATTRAY** - At any one time, how many people are at the station?

**Mr SHEPHARD** - At any one time on an operational shift, there could be up to 25 people on site currently on any given day.

...

**Ms RATTRAY** - ... How many volunteers do you have, or is that included in the 25? They are not full-time employees but they're volunteers.

**Mr SHEPHARD** - That's included in the number of staff who are working on shift. Our volunteers are on-shift with a salaried officer. They are at our branch stations so there are no volunteers who work from the actual Burnie station directly on a daily basis but they come in and out to restock from our branch stations.

**CHAIR** - How many volunteers would you have per full-time employees?

**Mr SHEPHARD** - We've got close to 120 volunteers in the north-west region in total.

**CHAIR** - Of the 25 on site at any time, how many of those would be volunteers?

**Mr SHEPHARD** - Usually, at any one time there would probably only be two to three likely to be on that site at the same time together, as a maximum.

### **Staff amenities**

- 6.15 The Committee understood that staff amenities were a key consideration in the proposed works, given the high demand and unusual nature of shifts for Ambulance Tasmania staff members. The Committee questioned the witnesses regarding the nature of amenities in the proposed works set to meet the needs of staff members:

**CHAIR** - In terms of staff amenity: obviously when you have split shifts and the like, staff need an area to be able to relax and or feed themselves. Can you explain how that may or may not have been improved from what you currently have?

**Mr JOHNSON** - We have designed this to have a lot of natural daylight as mentioned before. The one space for, I don't know what the term is, when you're on shift but you're not on call. So, you are at the station and there are certain areas within that that we have designed that allow you to watch TV or be reading or cooking in the kitchen or making a coffee or a snack. There are certain areas without impacting on other people. We wanted to design this in a way that allows the paramedics to go about their business while at the station. As we heard before, there are 20 people on site. This will accommodate that in various ways and comfortably. We want the paramedics to feel like it is somewhere they can relax when they get the opportunity.

**CHAIR** - It accommodates for the split shift arrangement where you have four hours on, four hours off.

**Mr JOHNSON** - Correct.

### **Clinical considerations**

- 6.16 The Committee questioned the witnesses regarding infection and contamination control management processes in the proposed works:

**CHAIR** - ... Just a question on infection control and contamination. You talk about:

*'An external vehicle wash base provided to minimise risk of contamination to this area and proper vehicle and personnel decontamination required to have occurred prior to entering the garage after a call out.'*

We covered generally the issue of the need to sanitise everything and the like, but what sort of level of contamination are we talking about when it comes to an ambulance station like this? Are we talking about having to design it in the event that there's some nuclear medicine issue

and some officer comes in having been exposed? Can you give us an understanding as to how critical this aspect is and what the upper end of contamination might be - whether it's chemical, or exposure, those sorts of things?

**Mr JOHNSON** - I guess what's been dealt with is probably best for these guys but, as I said before, we've designed it so it's compartmentalised and air-locked between compartments. If a paramedic returns, regardless of what they've been exposed to, they can completely decontaminate and get washed down. We've got a facility for scrubs, like they have in hospital, so they can get changed before going into the locker rooms to put their uniform back on. It's completely separate. Everything that you've been out on the road with gets left there. You wash yourself down and you can enter the station clean.

**CHAIR** - It could be chemical spills. It could be a B-double that's carrying -

**Mr JOHNSON** - The wash bay itself is designed with special traps to capture any contaminants that might be washed out of the ambulance.

...

**Mr SHEPHARD** - ... ..What we're primarily talking about at the station itself is infection control and elimination of any cross-contamination. If an ambulance has responded to a particular patient, or an incident, which has then been deemed as being contaminated and that can be by any level of bacterial, viral infection or any other contaminant, then that vehicle can be returned with its associated equipment and can be appropriately cleaned. Staff can flow through to decontaminate, wash down and change clothes. There's a considerable amount of operational impact of what they are required to do and some very strict guidelines and procedures that they follow in decontaminating both their uniform and their vehicle and equipment.

**Mr JOHNSON** - The hot zone, as it is called, the areas where contamination might exist, has a complete separation from the station itself. So, the garage, and the operational part of the station will remain - there's a break, a disconnect to allow that decontamination.

6.17 The Committee also questioned the witnesses regarding the design of drug cupboards on site. Mr Johnson responded:

... We have designed it so that the placement of the drugs, it is a bit more than a cupboard, it is a room which is secured behind a lockable door. It is sized so that two people can be in there at the same time as per the current procedures and we have designed it in accordance with Ambulance Tasmania's procedural guidelines which were provided.

### **Research and training**

6.18 The Committee understood the proposed works would offer opportunities for ongoing paramedic training and research. Mr Shephard discussed the potential for these opportunities:

... The new facility offers a training room facility, and that will have accommodation during the day. It is office space for our regional training unit staff to work from. They will be able to undertake staff training and professional development at that site.

...

... Ambulance Tasmania is currently undertaking a number of projects. There is also individual staff research; so, staff who are undertaking enhancements to their graduate qualifications undertake research projects.

### **Additional functions of the station**

- 6.19 The Committee understood the proposed works would operate as the central station in the North West region. The witnesses were asked to detail the additional services the Station would offer other services in the region:

**CHAIR** - ... In terms of other stations outside this central station in the region, what sort of services are you providing for them on this site that you may not be able to provide currently because of lack of space or whatever reason? Are there any particular services that you will be providing for other stations in the region?

**Mr SHEPHARD** - Yes, certainly. As the regional headquarters building, it will bring that operational support. The operational support is essentially administration and day-to-day operational support incorporating management and training facilities as well. That will create that hub of staff in one consolidated location, rather than the current central Burnie location, where our administrative and operational support staff are located.

### **Disability access**

- 6.20 The Committee asked the witnesses to detail the level of disability compliance projected for the proposed works:

**Mr JOHNSON** - With these stations, we have designed full disabled access to the training, the front of house, office administration areas, and everywhere else, including the provision of disabled access toilets as per the statutory requirements.

With the ambulance operational side, we have been informed that to be a paramedic, to be operational personnel, you must be able bodied. With that we have some dispensation. It doesn't mean we have designed it not to have disabled access. It generally has. It just means we have been able to reduce the number of disabled access toilets and other specific things.

If someone is required to go through those areas they will be able to and it is linked. They can use the bathroom in the other areas. It is such an unlikely occurrence that we were able to get an exemption.

### **Power supply**

- 6.21 Access to an uninterrupted power supply is a key requirement for ambulance stations which operate on a 24-hour basis. This assurance of access to power demands foresight in the design process, for the provision of appropriate back-up options, including generators. The Committee questioned the witnesses as to the extent of such planning for the proposed works:

**Mr JOHNSON** - ... we've sized the generator to accommodate the current station at full operation and, based on future projections, for future requirements as well.

...

**CHAIR** - I'm interested to know how much you might be expanding that to cater for the future.

**Mr SHEPHARD** - I would envisage it would be a very similar size to the one that we currently have onsite at Strahan Street, but it will need to meet the future needs of the larger station as well.

**Mr JOHNSON** - I've got a feeling it's a little bit bigger, because we are looking at the future capacity and it being a larger station.

**CHAIR** - Perhaps you could outline the need for that. A lot of people probably think it's just an ambulance, it needs its truck battery kept functional and those sorts of things. Quite clearly an ambulance has a lot more than that on board and this is the reason why you have to charge them.

**Mr SHEPHARD** - All of the ambulances are equipped with in-vehicle information systems as well as critical medical equipment that needs to have its charge maintained. One draw on the power supply is keeping the vehicles at operational response readiness. Additionally, you need to be able to exit through electric roller doors; you need heating, cooling, lighting, all of the associated elements that are part and parcel of the operational requirements for Ambulance Tasmania.

**CHAIR** - For minimal electrical requirements, in the event of a shutdown of the electricity system, to be able to charge-up your trucks, you've got quite a number of pieces of equipment in them that you have to cater for?

**Mr SHEPHARD** - Yes. Additionally, medications are stored onsite in those buildings, so temperature control is quite important in terms of the holding [of] medications and the ability to control it.

### **Sustainable design**

6.22 The Committee sought information to understand the aspects of energy efficiency and environmentally sustainable design in the proposed works:

**Mr JOHNSON** - ... One of the main things we've looked at for this particular one is the use of natural ventilation. We've got high- and low-level windows, which allow the building to expel hot air and bring in cool air. We've designed it so that it will get quite a substantial amount of winter sun but then keep the summer sun out.

The garage uses naturally-opening windows as a supplement to the mechanical ventilation for garage exhaust fumes and also for climate control. Again, high and low windows, cross ventilation, all-natural daylighting, narrow floor plates so that there's not many deep rooms within the station, meaning that we don't need to be running lights as often. So, there are a number of principles that we've taken into account.

**Ms RATTRAY** - Right. What about solar energy?

**Mr JOHNSON** - We've designed the roof structurally to accommodate solar panels but they're not part of the project scope at this stage.

### **ICT infrastructure**

6.23 The Committee questioned the witnesses regarding the provision of Information and Communications Technology (ICT) infrastructure in the proposed works:

**Ms RATTRAY** - In regard to the ICT infrastructure - we know it is extremely important to have that type of infrastructure in place - are there any foreseen upgrades to the current infrastructure arrangements around ICT that are going to be required, should this receive approval?

**Mr GARRIGAN** - There is a template that is established for these stations in relation to IT rooms and IT facilities. ICT have had this project logged with them. We have had a review meeting in the new year when we came back after Christmas. I detailed what was required in the station. There is currently a pro forma being prepared for Ambulance Tasmania to give it to Ambulance Tasmania's IT section to go through and correlate and make sure the station is covered for current usage and future usage in relation to racks and things like that. That is all built into the design.

...

**Mr HARGRAVE** - ... there is an ICT specification, basically, ... that outlines what a station of this size and capacity requires in its ICT infrastructure.

**CHAIR** - That is something that is internal to DHHS (Department of Health and Human Services)?

**Mr HARGRAVE** - Correct. That's a specification that's owned and managed and updated by the Department of Health, or Health ICT, as they now call themselves.

### **Project timeline**

6.24 The Committee understood a development application regarding the proposed works had already been made to the Burnie City Council. The witnesses were asked to confirm the status of this application process:

**CHAIR** - ... The question of a development application that's been made to council. Can you, for the record, update us as to where that's at in relation to this development?

**Mr HARGRAVE** - The development application with council is still pending. We understand that it will be put before the next meeting of council. I understand that's February.

**CHAIR** - Okay. Is there a reason that's crept out a bit?

**Mr HARGRAVE** - I'm not aware.

**Mr GARRIGAN** - ... There was an issue. The council was cyber-attacked leading into Christmas. That postponed us getting the planning up and going in advance. The DA was advertised prior to Christmas and finished its public advertising on 22 December. Since that, the council was asking for some extra information from TasWater. That was a bit slow in forthcoming. We've now got that information but, as a result, it meant we missed this month's council meeting because the report couldn't be completed by the council on time and they've asked for an extension to add it in to next month's meeting.

**CHAIR** - ... The tender documents, scheduled for completion at the end of November to be advertised in December. Has that occurred?

**Mr GARRIGAN** - No.

6.25 The Committee questioned the witnesses regarding the status of the project schedule of the proposed works, querying if the schedule would be met:

**Ms RATTRAY** - That will change now that we have not met some time frames. Is that correct?

**Mr GARRIGAN** - Yes.

**Ms RATTRAY** - Should this receive favour of course, is the final completion date still around December 2024?

**Mr GARRIGAN** - It should just be set back the number of months of time we have lost. The program should stay the same. It is just going to be moved back. All the dates will be moved back.

**CHAIR** - You have lost a couple of months. Is it possible it might be February 2025.



**Mr GARRIGAN** - Yes.

**CHAIR** - Or March 2025.

**Mr JOHNSON** - I might just note if it is okay that the practical completion of construction is the point where the building can actually be occupied. So, the final completion is when the builder's defects liability period finishes. It is actually December 2023.

- 6.26 The Committee subsequently enquired if the adapted project schedule would influence the budget allocation of the proposed works:

**Ms RATTRAY** - ... So, given that there has been a loss of a couple of months, are your project costs, given that we know building products have increased in price considerably, do you still see the budget allocation still firm?

...

**Mr HARGRAVE** - That is the case, and we are aware. We are in quite a unique space at the moment with the building and construction sector. We are seeing tendered prices significantly higher for many of our projects that are above pre-tender estimate. We have factored that into our cost estimate for this project.

**CHAIR** - Twenty per cent.

**Mr HARGRAVE** - Yes.

**Ms RATTRAY** - So that's the market loading of 20 per cent.

**Mr HARGRAVE** - Correct.

### **Other witnesses**

- 6.27 The public hearing for the proposed works attracted a significant amount of public interest. At the hearing, the Committee was addressed by community members who raised some concerns regarding the proposed works. Each public witness supported the necessity of a new ambulance station, whilst opposing elements of the submission. The selection of the proposed site and its residential location were the focus of public evidence given at the Committee hearing.

### **Selection process for the proposed location**

- 6.28 Mr Shane Jago informed the Committee of community reservations surrounding the proposed site:

... but we are concerned about the location right next door to what was always thought to be a residential area. The people from the committee who went out today and had a look saw what the outlook is from that place out towards Bass Strait and Table Cape. It is a lovely view and that is the reason why that area became popular. We never expected this sort of development was going to happen.

...

**Ms RATTRAY** - I did notice when I was at the site today, my first time to the site, being a north-eastern representative predominantly, that it looked like there was a house being built. Is there subdivision going in up there, which might mean that there's more traffic in that area?

**Mr JAGO** - Yes, there is. The other side of the road is being developed at the moment. As a matter of fact, one of the developers is here today.

**Ms RATTRAY** - So there is a subdivision planned that would be exiting and entering on the other side of the road opposite.

**Mr JAGO** - Yes, there will

- 6.29 Public witnesses, Mr Jago and Mr Colin Blacklow, both suggested that an alternate site on Cooe Point had been offered to the Department, which would locate the Station further away from local residents. Mr Jago summarises this notation:

**Mr JAGO**- ... As far as alternative sites go, I was also of the understanding that a site at Cooe Point was offered which is just down the road over the Bass Highway, still close to the hospital, flat land, and it won't impact on residents.

**Mr JAGO** -... It is down the end of Brickport Road across the Bass Highway and there is empty land out there.

**Ms RATTRAY** - But that's privately owned, is that correct?

**Mr JAGO** - I think the council owned it. My understanding is that this was offered by the council as a potential site but again that is only hearsay. I am not 100 per cent sure of that.

- 6.30 Mr Scott Knight raised concerns surrounding the proposed site, suggesting to the Committee that the site and its surrounding residential properties are frequently exposed to strong winds which could present a danger to operational capacity as well as potential safety concerns for the Station:

**Mr KNIGHT** - ... The other one was the fast action roller door. It faces due south-west. Where we live, if we get very high winds, the owner of the house we live in, they've had tiles ripped off their roof, with winds that strong. If you're opening a 5.1 metre rapid door, and you've got 80-odd kilometre very strong winds, just what impact would that have on the ambulance station? It's a very exposed area. There's no protection at all from the line of sight. They're about the only two things I just wanted to mention.

...

**Ms RATTRAY** - In regards to the garage doors, are you suggesting that they'd be better located on another side?

**Mr KNIGHT** - I think the direction is a bad choice. Its south-west, it's the worst - when we get the strong winds that's the direction it comes from. The house I'm in, it ripped off about half a dozen tiles off the roof, just blew off into the next door neighbour. That was about six or seven years ago, so it's not seasonal winds you'll get once every 10 years or - and the damage. If you're opening that ambulance door, that wind coming through in that direction.

... because they're rapid opening doors, they don't open slowly. So there was just a concern, because it is a very windy area.

### **Residential location**

- 6.31 The Committee heard from multiple witnesses that the site location of the proposed Station could pose potential traffic risks and hazards to those that live on, and use, roads surrounding the area. Mr Jago, a local resident, noted that the proposed entry/exit point for the station on Brickport Road proposed potential risks:

*... I have lived there for 15 years and I see the cars come flying up around that corner every day. We have a circular driveway and we are too frightened to back out of our driveway without being cleaned up and we are five houses up round past that corner. I am saying to the committee: don't underestimate the danger of that road. In my opinion it is a real problem.*

...

**CHAIR** - That is sight line issues?

**Mr JAGO** - *It is on the middle of a bend. Where we are it has straightened up a little bit but we still have problems trying to back out from a driveway. You are stuck there if someone flies around the corner so we drive out frontwards.*

- 6.32 Mr Blacklow raised concerns with the Committee regarding the industrial nature of the proposed works and the potential effects this may place upon residents:

*... I am also not happy with the height of the ambulance garage at the moment. I believe in the south-west corner it is 10.38 metres off the ground, partly due to a suspended concrete floor, which occupies the western half of the floor area of the ambulance garage. When viewed from the roadway and from the footpath either side of Brickport Rd, it's going to be a terrible eyesore for a number of years. That subsoil will not support growth very readily. It may be helped along if they cart good topsoil in at points where they're going to plant shrubs or low groundcover.*

Mr Blacklow further noted the potential infiltration of excess light from vehicle headlights emerging or entering the Station throughout the night, a point of personal interest given the close proximity of his home to the proposed site:

**Mr BLACKLOW** - *I'm interested in, from the parking allotments that cater for 13 and 17 cars, during darkness, can he estimate how many employees may leave the premises, because those vehicles' headlights will sweep our bedroom on exit?*

**CHAIR** - So, this is after-hours you're talking about?

**Mr BLACKLOW** - *We're only concerned mainly with that during the night time, yes, because I think with a fence on top of the retaining wall, which we've been offered, I don't think we'll see them. But it's the lights. They come up a ramp and the lights will be shining higher and they'll come over their fence as well as ours, I think, and hit the top of our windows.*

### **Departmental response**

- 6.33 Following the contributions of public witnesses, the Committee again heard from the Department's representatives, in response to the verbal submissions received at the hearing.

- 6.34 When again questioned on the status of alternative site locations, specifically the Cooee Point site, Messrs Garrigan and Hargrave from the Department stated to the Committee that:

**Mr GARRIGAN** - *I have never been offered the Cooee site at all and have under my time in the contract never been told about that site, that it was available.*

...

**Mr HARGRAVE** - Yes, I'm not aware either that the Cooe site was formally offered by council to the department.

- 6.35 The Committee asked the witnesses to respond to Mr Blacklow's concern regarding the height of the garage space at the Station:

**CHAIR** - There was a comment made with regard to the height of the garages, and why couldn't they be lower? Apparently, 3.8 metres minimum is something that would be required. If the height of the garage is reduced then the bulk of the building would come down accordingly. Do you have any comment to make on that observation?

**Mr JOHNSON** - I can comment on that. Essentially, it is due to the scale of the building in terms of its length and its width. When you reduce the ceiling down to 3.8 metres in a building that size, which is required for the ambulance thoroughfare and turn-in movement, it squashes the space effectively and it feels very heavy inside, and it's not a good space to be in. From a workplace point of view, we've increased that height, not a huge amount, but we have increased it by an extra metre or so.

I will just note that in response to the resident's initial feedback, we have actually reduced that roof by half a metre.

### **Night traffic**

- 6.36 The witnesses were questioned regarding the possibility of night traffic exiting the Station. Mr Shephard answered on behalf of the Department:

...I can certainly say that there would be very minimal traffic moving out overnight. We currently have all of our shift changeovers take place between 5 pm and 6 pm at night, and then 7 am and 8 am in the morning. There are no current shifts that do a changeover where staff are exiting overnight.

Saying that, notwithstanding that we introduce an afternoon shift or there is the single officer working until 10 o'clock at night, or a delayed shift - people called back for mass-casualty incidents and those sort of things, overall the night-time private vehicle movement is almost non-existent.

### **Wind speed considerations**

- 6.37 In response to concerns surrounding wind speed and the roller door at the Station, Mr Johnson asserted that this potential issue had been accounted for:

... It is a roller shutter. It is specifically designed to withstand very high wind loads and the product supplier provide their guarantee that it is okay and it is engineered to confirm that. Our building loads have all been engineered by a structural engineer as well.

### **Does the Project Meet Identified Needs and Provide Value for Money?**

- 6.38 In assessing any proposed public work, the Committee seeks assurance that each project is a good use of public funds such that it meets identified needs and provides a public benefit. The Chair sought and received an assurance from the witnesses that the proposed works were addressing an identified need in a cost effective manner and were a good use of public funds:

**CHAIR** - Do the proposed works meet an identified need or needs or solve a recognised problem?

**Mr HARGRAVE** - Yes.

**CHAIR** - Are the proposed works the best solution to meet identified needs or solve a recognised problem within the allocated budget?

**Mr HARGRAVE** - Yes, we believe so.

**CHAIR** - Are the proposed works fit for purpose?

**Mr HARGRAVE** - Yes.

**CHAIR** - Do the proposed works provide value for money?

**Mr HARGRAVE** - Yes.

**CHAIR** - Are the proposed works a good use of public funds.

**Mr HARGRAVE** - Yes, I believe so.

## **7 DOCUMENTS TAKEN INTO EVIDENCE**

7.1 The following documents were taken into evidence and considered by the Committee:

- *Burnie Ambulance Station 2021*, Submission to the Parliamentary Standing Committee on Public Works, Department of Health, 14 September 2021.

## **8 CONCLUSION AND RECOMMENDATION**

- 8.1 The Committee is satisfied that the need for the proposed works has been established. The existing Burnie Ambulance Station is clearly inadequate to support the provision of contemporary expectations for ambulance and health transport care.
- 8.2 Once completed, the proposed new ambulance station will undoubtedly meet the future operational and functional requirements to support the community in the North West. The development will meet the primary operational needs of the ambulance service including: the safe garaging of vehicles; storage and provision of medical supplies; facilities to wash and decontaminate vehicles and paramedics; administration; paramedic training; paramedic recreational areas; and paramedic rest and recline areas
- 8.3 Accordingly, the Committee recommends Burnie Ambulance Station, at an estimated cost of \$12.281 million, in accordance with the documentation submitted.

**Parliament House  
Hobart  
16 February 2022**

**Hon Rob Valentine MLC  
Chair**