

[REDACTED]

Ref: H201900746

Dear [REDACTED]

Response to your request for official information

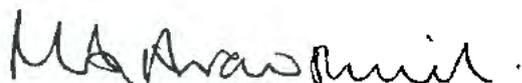
I refer to your request of 20 February 2019 under the Official Information Act 1982 (the Act) for:

"Please may I request that Pynenburg report under the OIA?"

The requested report is attached. Please note that while the attached report is a draft, it was considered when the subsequent detailed design was conducted in late 2015/early 2016.

I trust this information fulfils your request. You have the right, under section 28 of the Act, to ask the Ombudsman to review my decision to withhold information under this request.

Yours sincerely



Michelle Arrowsmith
Deputy Director-General
DHB Performance Support and Infrastructure

2 September 2015

Charlotte Goguel
CCM Architects
PO Box 2182
WELLINGTON



BY EMAIL

Dear Charlotte

Grey Base Hospital & Integrated Family Health Centre Developed Design issue Accessibility report

Introduction

This report provides an accessibility audit of this project that focuses on Building Act and building code compliance with respect to access and facilities for people with disabilities by reference to the relevant acceptable solutions and NZS 4121. The audit focuses on the higher level configuration, features and facilities (e.g. stair layout) so that the detail of the features (e.g. compliant handrails and nosings for stairs) can readily be addressed and properly provided at later stages of this project. It identifies specific areas that require comment (either for non-compliance or for further consideration) but does not report on those aspects of the building that do comply.

In addition to any aspects of non-compliance I have been asked to report on any items of 'best practice' that could be considered for inclusion.

The features and facilities reviewed include:

- Car parking and route to the entrance
- Entrances
- Reception and other counters
- Stairs
- Lifts
- Horizontal circulation, including corridors and doors
- Toilet and shower facilities
- Other specialist or general facilities

Intended Use

I met with Adam Flowers and Charlotte Goguel of CCM Architects and Samantha Beveridge of Johnstaff on Friday 7 August and from my discussion with them I understand that the intended use of this building is to house two organisations and functions –

- Grey Base Hospital
- Integrated Family Health Centre (IFHC)

From my discussion and review of the plans I also noted the following –

- Main entrance is at the south end on the ground floor but there is also a second entrance on the western side on the lower ground floor.

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- public access is limited within the building, with the plans using colour coding to identify the areas of public use and travel.

My review will therefore consider compliance in terms of people with disabilities who could visit and use the building in the following ways –

- The public who choose to visit the building to either visit patients in the Base Hospital or to utilise the services in the IFHC
- Patients who are required to be in the building
- Staff within both the Base Hospital or the IFHC

Documentation for Review

This initial audit is based on the following files downloaded from CCM Architects' FTP Site on 20 August –

- 150814 WCDHB Site + Renders – sheets 0101, 0102, 0401 - 0403
- 150814 WCDHB Civil Levels – sheets C0200 – C0207, C0210 – C0212
- 150814 WCDHB Medical Planning – selected sheets, including 0001, 1050, 1051, 1501, 1511 – 1519, 1521 – 1528, 1531 – 1533, 1543 – 1548, 1611 – 1619, 1621 – 1628, 1631 – 1633, 1641-1646.

Further to my requests additional documents were provided on 28 and 31 August -

- Sheets 6101 – 6105, 6110, 6111, and 6120 being 1:25 and 1:50 scale plans and sections for the stairs
- Partial plans at 1:100 scale of the southern entrance area and the western entrance area

Audit comments

1. Car parking and route to the entrance:

The Building Act and building code do not require car parks to be provided. However, once other legislation requires, or the building owner chooses, to provide car parks, then accessible car parks must also be provided. Drawing 0101 notes 294 car parks being provided, with 12 being accessible. It is not clear from the drawings where these car parks are to be provided, and they should be identified on the plans with the symbol of access. In addition to the configuration of the accessible car parks, it is the accessible route from these car parks to the entry points of the building that also needs to be assessed.

1.1 Southern Entrance, Ground (C206):

Based on their size and configuration, which comply with figure 7 NZS 4121, I have assumed the five car parks closest to the entrance are accessible car parks and have commented on these together with the route to the entrance.

Compliance matters:

- The car parks are surrounded by a 'kerb & nib' but there is no indication of the relative level from the carpark to the footpath. If there is a change in level then a kerb ramp is required and should be shown where the access route between the car parks meets the kerb & nib.

- If a kerb ramp is required, then the 2m wide footpath across the head of the carpark has to be checked to see if 800mm minimum clear width is still provided for the footpath (refer figure 46 NZS 4121).
- Either side of the road crossing has a 'kerb & nib' but there is no indication of the relative level from the road to the footpath. If there is a change in level then a kerb ramp is required and should be shown for the width of the crossing on each side.
- If a kerb ramp is required, then the footpath both sides of the crossing must be checked to see if 800mm minimum clear width is still provided for the footpath (refer figure 46 NZS 4121), especially at the point closest to the ramp.
- With the road crossing levels indicated at 9.37/9.39m and the closest point of the western ramp at 9.57m, this suggests a footpath slope in the order of 190mm over 2.7m or about 1:14. While that is acceptable for a ramp slope, it is too great for the crossfall on a footpath, especially for anyone moving north – south along that footpath. The crossfall should be no more than 1:50 (refer 6.1 and figure 10 NZS 4121).
- With the western ramp having a very shallow slope (250mm over about 9.8m, or 1:39) it is not actually considered as a ramp (ramps are 1:20 or steeper) but I will refer to it as a ramp for simplicity. This ramp could be steepened and the footpath levels reduced to create a satisfactory cross fall from the road crossing.
- The western ramp is also very shallow with a 330mm fall over 10m, or 1:30. Again, although it is not actually considered as a ramp, I will refer to it as a ramp for simplicity.
- While both 'ramps' are not required to have handrails, given their shallow slope, they both provide the accessible route for wheelchairs to approach the building's entrance. Clause D1.3.4(e) of the building code requires the accessible route to "have means to prevent the wheel of a wheelchair dropping over the side of the accessible route". Consideration must be given to how that will be achieved, especially for the eastern ramp where the stairs appear to blend into the ramp causing a conflict between stair and ramp requirements and compliance; stairs and ramps cannot blend in this manner.
- For the entrance stairs, four treads are shown and they scale off in the order of 300mm in plan, so it appears that the treads can be provided to comply with the accessible stair requirement of a 310mm tread (refer table 8 D1/AS1). However, the top of the stair is at 9.85m while the bottom of the stair is at 9.48m, producing a riser height of 74mm. While it is good to see risers less than the maximum of 180mm for an accessible stair, I believe a 74mm rise is too low for a safe and easily used accessible stair.
- These stairs require handrails both sides, with those handrails projecting 300mm at the top of the flight and one tread plus 300mm (610mm) at the bottom of the flight. These handrail extensions will intrude into circulation space and thought is required to mitigate such intrusions, especially into the wheelchair routes. The alignment of the handrails on the stairs also has to be resolved and shown.

Best Practice matters:

- Provide level access from carparks to adjacent footpaths, and from the footpaths to the road crossing.
- Where kerb ramps are provided, provide a minimum of 1200mm clear width at the top rather than the minimum 800mm.
- Provide kerb ramps to facilitate side access from the two end carparks onto the side footpaths. This would require the carparks to be widened, but would not be necessary if level access was provide instead. If side access is provided, the southern footpath should be widened from 1m to 1.2m minimum.
- Provide handrails both sides of the ramps for support and guidance for ambulant people with disabilities who prefer the ramp to stairs.
- Make the drop-off carparks accessible, with level access to the footpath.

1.2 Western Entrance, Lower Ground (C0205):

Although people will be delivered to this entrance by bus, the accessible route exists from the vehicle to the entrance.

Compliance matters:

- I do not know what size bus will be used, nor how people in wheelchairs within it may get to the ground. Information should be sought regarding these matters so that it can be confirmed that the bus park is of adequate size to accommodate the bus, any means of transfer (such as a platform hoist) and manoeuvring space around the bus to get to and from the kerb ramp to the footpath.
- The bus park is surrounded by a 'kerb & nib' but there is no indication of the relative level from the park to the footpath. If there is a change in level then a kerb ramp is required and should be shown where the person in a wheelchair is expected to transition from the park to the footpath.
- If a kerb ramp is required, and dependent on its location, then the 2m wide footpath across the head of the bus park and/or the 1.36m wide footpath to the west have to be checked to see if 800mm minimum clear width is still provided for the footpath (refer figure 46 NZS 4121).
- The ramps rising up to the entrance level have very shallow slopes (770mm over about 18m, or 1:24; and 380mm over 20.3m or 1:53) so are not actually considered as ramps (ramps are 1:20 or steeper) but I will refer to them as ramps for simplicity.
- While both 'ramps' are not required to have handrails for accessibility compliance, given their shallow slope, they both provide the accessible route for wheelchairs to approach the building's entrance. Clause D1.3.4(e) requires the accessible route to "have means to prevent the wheel of a wheelchair dropping over the side of the accessible route". Consideration must be given to how that will be achieved, although I do not think that will be a challenge.

- For the stairs, nine treads are shown and they scale off in the order of 310mm in plan, which meets the accessible stair requirement. However, the top of the stair is at 5.50m while the bottom of the stair is at 4.43m, producing a riser height of 107mm. While it is good to see risers less than the maximum of 180mm for an accessible stair, I believe a 107mm rise is too low for a safe and easily used accessible stair.
- These stairs require handrails both sides, with those handrails projecting 300mm at the top of the flight and one tread plus 300mm (610mm) at the bottom of the flight. These handrail extensions will intrude into circulation space and thought is required to mitigate such intrusions, especially into the wheelchair routes.

Best Practice matters:

- Provide level access from bus park to adjacent footpaths.
- Where kerb ramps are provided, provide a minimum of 1200mm clear width at the top rather than the minimum 800mm.
- Provide handrails both sides of the ramps for support and guidance for ambulant people with disabilities who prefer the ramp to stairs.

2. Entry points of building:**2.1 Western Entrance, Lower Ground (1515):****Best Practice matters:**

- The Lower Ground floor level is 5.4m and the external landing is 5.38m, creating a 20mm threshold at the door. While this is compliant, a level threshold is preferable.
- These doors could be made automatic opening

2.2 Southern Entrance, Ground (1533):**Best Practice matters:**

- The Ground floor level is 9.9m and the external landing is 9.88m, creating a 20mm threshold at the door. While this is compliant, a level threshold is preferable.

3. Reception and other counters:**3.1 Western Entrance, Lower Ground (1515):****Compliance matters:**

- It is not clear from the drawing whether a lowered section for wheelchair use is provided. However, there is ample room within which such space can be provided in subsequent stages of the design to address the usability needs at this counter.

3.2 Southern Entrance, Ground (1533):

Compliance matters:

- It is not clear from the drawing whether a lowered section for wheelchair use is provided. However, there is ample room within which such space can be provided in subsequent stages of the design to address the usability needs at this counter.

3.3 Other counters:

There are various other reception or other counters throughout the building such as staff stations, staff bases, Radiation, Triage, Retail and the like.

Compliance matters:

- Consideration should be given to the detail of the activities that occur at these counters and the necessary provision to enable a person with a disability to carry out the required functions. For example, where filling in forms is required, lowered sections and knee space are likely to be required, but if the only activity is to be the provision of verbal information then a lowered section may not be required as long as the counter is configured for ease of use, communication and eye contact. Consideration should also include the requirements for staff with disabilities who may be carrying out their duties at these counters.

4. Horizontal circulation, including corridors and doors:

In general, doors require a 300mm return wall on the inward opening side at the handle edge to enable a person in a wheelchair to be able to operate and open the door when opening it towards them (refer to 7.0.1 and figure 27 D1/AS1).

Compliance matters:

- Some doors (e.g. to KIT-004-G, TRA-005, POP-002-G, UHF-012-G) do not provide this either because the return wall is too small or there is an obstacle in the way. I have not looked for or identified all such doors.
- Review the use of all rooms served by doors without a 300mm return wall and identify if that room is likely to be accessed or used by a person in a wheelchair. If so, then provide the necessary return wall where required.

Best Practice matters:

- All doors in main circulation routes to be auto openers or, if smoke or fire doors, on hold-open devices.

5. Toilet and shower facilities:

There are a number of toilet and toilet/shower facilities provided throughout the building that are identified as accessible and for the use of the public (e.g. toilet POP-019-G (1513)), patients (e.g. toilet POP-042 (1515) and toilet/shower POP-042 (1515)) and staff (e.g. toilet STA-113-G ((1525) and toilet/shower POP-083-G (1513)).

Compliance matters:

I have not identified or reviewed every accessible facility as there are common themes across them all as follows –

Public toilets:

- The toilet pan and wash hand basin are not configured correctly relative to each other (refer fig 27, NZS4121 or fig 6, G1/AS1)
- Public toilets should be reviewed and layouts revised to ensure that a compliant layout can be provided within the cubicles.

Patient toilets and toilet/showers:

- If the toilet or toilet/shower is intended for independent use by a patient in a wheelchair then the toilet pan and wash hand basin are not configured correctly relative to each other (refer fig 27, NZS4121 or fig 6, G1/AS1).
- However, it is quite likely that many patients will be using commodes or may require staff assistance, in which case the 'standard' accessible toilet or toilet/shower layout may not be appropriate.
- All patient toilets and toilet/showers should be reviewed and the likely use in terms of the level of patient independence or assistance established. From that the internal layout can be configured and the types of toilets or toilet/showers effectively distributed to provide the necessary facilities in the required locations.

Staff toilets and toilet/showers:

- The toilet pan and wash hand basin are not configured correctly relative to each other (refer fig 27 & 35, NZS4121 or fig 5 & 6, G1/AS1)
- Staff toilets and toilet/showers should be reviewed and layouts revised to ensure that a compliant layout can be provided within the cubicles.

Best Practice matters:

- The compliance documents provide for people in manual wheelchairs. Consideration could be given to the needs of those in powered wheelchairs, scooters and the like, which would require larger manoeuvring spaces and wider doors than those within the acceptable solutions and NZS 4121.
- Provide a low level urinal in some of the public toilets to facilitate the emptying of urine leg bags.
- Ensure all cubicles are larger than the minimum required by the G1/AS1 and NZS 4121 – I believe this is the case with all cubicles provided.

6. Other specialist or general facilities:

There are a number of rooms that provide specialist or general facilities and it is unclear to me the extent to which these facilities will be or may be used by people with disabilities. I have not identified every such room, but note three examples below with attendant issues –

- Interview rooms (e.g. POP-045-G, POP-046-G, POP-060-G (1515)) – all three interview rooms are very tight for use by anyone in a wheelchair once any other furniture, such as a chair for the interviewer, is added.

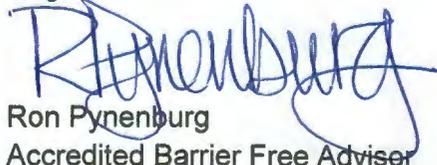
- Patient change cubicles – some (e.g. POP-051-g (1515)) are identified as being accessible but in some areas the available change room (e.g. UHF-009-G (1521)) is too small for use by a person in a wheelchair.
- Parenting room (e.g. AFH-029 (1525)) The location of the bench makes the room very difficult to use by a parent in a wheelchair.

It is not necessary that all such facilities are accessible, but some should be and it may be that providing a minimum number adequately distributed and appropriate scheduling can ensure that an accessible facility will always be available when required.

- My expectation is that these rooms are all likely to be used independently (i.e. without assistance) by people with disabilities. In that case the size, number, distribution and location of them should be reviewed to ensure that there is sufficient available throughout the building to provide sufficient accessible facilities for all operational areas where they are required. This can include common facilities shared between two operational areas.
- Where the intended use is for people with disabilities to be assisted in some way, the nature and extent of that assistance should be identified and the layout of the room could well be different to enable that assistance to occur.

If you wish to discuss any of this report or require additional information please give me a call or send me an email.

Regards



Ron Pynenburg

Accredited Barrier Free Adviser

Registered Architect

Director

Pynenburg and Collins Architects Ltd