

*Parliamentary Standing Committee on Public Works*

## REPORT

relating to the

# DEVELOPMENT OF 7TH CAMP HOSPITAL

Kapooka,  
N.S.W.

(Fourth Report of 1984)

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THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA  
PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

R E P O R T  
relating to the  
DEVELOPMENT OF  
7TH CAMP HOSPITAL  
KAPOOKA, N.S.W.

(Fourth Report of 1984)

Australian Government Publishing Service  
Canberra 1984

MEMBERS OF THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

(Twenty-Seventh Committee)

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Eamon John Lindsay, Esq., M.P.

John Saunderson, Esq., M.P.

PUBLIC WORKS COMMITTEE ACT 1969  
ORDER UNDER SUB-SECTION 18(4)

I, Sir Ninian Martin Stephen, the Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, in pursuance of Sub-Section 18(4) of the Public Works Committee Act 1969, hereby, by this order, declare that the public work described in the schedule be referred to the Parliamentary Standing Committee on Public Works for consideration and report.

SCHEDULE

DEVELOPMENT OF 7TH CAMP HOSPITAL, KAPOOKA, N.S.W.

L.S.

Given under my Hand and the  
Great Seal of Australia  
on 21 December 1983

N.M. STEPHEN

Governor-General

By His Excellency's Command,

C.J. HURFORD.

Minister of State for  
Housing and Construction

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

DEVELOPMENT OF 7TH CAMP HOSPITAL, KAPOOKA, N.S.W.

R E P O R T

On 21 December 1983, His Excellency the Governor-General in Council referred to the Parliamentary Standing Committee on Public Works for consideration and report to Parliament the proposal for the development of 7th Camp Hospital, Kapooka, N.S.W.

The Committee has the honour to report as follows:

THE REFERENCE

1. The proposal is for the construction of a new building for the 7th Camp Hospital to serve the medical needs of units and recruits stationed at the Kapooka Army Camp.
2. The estimated cost of the proposed work when referred to the Committee was \$2.5 million at October 1983 prices.

THE COMMITTEE'S INVESTIGATION

3. The Committee received written submissions and drawings from the Department of Defence (Defence) and the Department of Housing and Construction (DHC), and took evidence from their representatives at a public hearing in the Wagga Wagga City Council Chambers on 9 February 1984. The Committee gratefully acknowledges the assistance of Wagga Wagga City Council in providing the Council Chambers for the public hearing.

4. Written submissions were received from the N.S.W. Department of Health and the Department of Finance.

5. On 2 March the Committee wrote to Defence seeking further information and clarification of a number of matters relevant to the proposed work. The Defence reply was received on 6 April and was accepted as evidence. Further written information was received from Defence on 26 April 1984.

6. A list of witnesses and the organisations which they represented is at Appendix A.

7. The Committee's proceedings will be printed as Minutes of Evidence.

#### BACKGROUND

8. Kapooka is an Army controlled property of approximately 1300 hectares, located 11.6 kilometres South-West of Wagga Wagga. (See location plan No. 1 page B-1.) The camp was established by the Army during the Second World War and was handed over to the Department of Immigration in 1947 for use as a migrant hostel. The property was returned to Army control in 1951 and was subsequently redeveloped as a recruit training centre.

9. The facilities at Kapooka were largely replaced by new permanent buildings in the early 1960s. The Camp Hospital was one of the few major facilities retained.

10. Kapooka provides for the centralised training of recruits into the regular army. Recruits undergo an 84-day course of intense training which aims to produce soldiers with the necessary skills, knowledge and physical and mental attributes to fit them for Army service.

11. The following Army units are located at Kapooka to undertake or support the Army's recruit training:

- 1st Recruit Training Battalion (1 RTB);
- 1st Recruit Training Battalion Band;
- 7th Camp Hospital;
- 12th Dental Unit;
- 17th Psychology Unit;
- Garrison Engineer, Southern New South Wales;
- elements of Military Police, Signals and the Movement Control Organisation.

12. During 1984 the Female Recruit Training Wing of the Women's Royal Australian Army Corps School, currently located at Georges Heights, Sydney, will also transfer to Kapooka.

13. Organisation of Health Services at Kapooka Health services at Kapooka are provided by a Regimental Aid Post (RAP), 12th Dental Unit and 7th Camp Hospital. The RAP and Dental Unit are located centrally to the main working and accommodation areas of the camp.

14. The RAP is part of the Recruit Training Battalion and provides first-line medical services to the Battalion and other units supporting the RTB. In essence, soldiers who would normally return to work after treatment would be treated at the RAP - others requiring extended treatment or hospitalisation would be treated at the camp hospital. The RAP maintains the medical records of all personnel and the medical officer also has responsibilities for camp hygiene and advising the Commanding Officer on health matters.

15. 12th Dental Unit functions at a similar level to the RAP although it normally only refers those dental patients who require surgery under anaesthetic to the camp hospital. The unit has a considerable workload of corrective treatment for recruits,

and the number of recruits requiring dental treatment in the camp hospital is a significant proportion of work performed in the camp hospital's operating facility. Both the RAP and 12th Dental Unit have a substantial role in programs which bring recruits up to the level of health and fitness required before they move on to army units.

16. 7th Camp Hospital is a unit in its own right, supporting LRTB and other units at the camp. It has one Medical Officer, who is also the Commanding Officer, a small staff of qualified nurses and other technical specialists who conduct the services provided at the hospital, together with orderlies and administrative personnel.

17. The organisation of health services at Kapooka reflects, to a considerable extent, that which exists throughout the army and in operations. This is considered to be an important aspect of preparing the recruit for his army service. As the hospital is somewhat removed from camp operations, both by organisation and location, it provides an appropriate atmosphere for recruits to recover from illnesses and injuries normal to the environment of recruit training, whilst still permitting access by unit staff and friends.

#### THE NEED

18. Camp Population Over the last three years the average recruit population has been about 500 with an annual output of approximately 2800. These figures will increase to approximately 540 and 3100 respectively when female recruit training is incorporated into the activities at Kapooka. The military staff is currently 400, increasing by 15 when female recruit training staff are transferred to Kapooka. The RAAF Base at Wagga also relies on Kapooka for the provision of X-ray services for approximately 1800 personnel.

19. Health Needs Recruit training involves demanding physical activity, an education program, confidence building and character development. The program can generate considerable physical and mental stress in recruits exposed for the first time to the unfamiliar military environment. These conditions contribute to a relatively high incidence of minor physical injuries and infectious illnesses. While these are of a nature which generally would be nursed at home in a normal domestic environment, this is not practicable in communal barracks and short periods of hospitalisation are required. Recruits also undergo an immunisation program and dental restoration procedures.

20. The Army seeks to provide a health service at the camp to effectively manage health programs, minimising disruptions to training and encouraging the confidence of the recruit. This is best provided by a professionally staffed military hospital, its organisation and equipment tailored to the specific needs of the camp. More seriously ill or injured patients are evacuated to the Wagga Wagga Base Hospital which has more sophisticated services and facilities.

21. Availability of Services in the Local Area The Committee sought to establish that efficient use was made of health services already available in the Wagga Wagga area and that this factor was taken into account when determining the level of facilities provided at 7th Camp Hospital.

22. The Committee was informed by Defence that patients requiring other than minor surgery or who require specialist medical attention are evacuated to a hospital having the appropriate staff and facilities - normally the Wagga Wagga Base Hospital. The New South Wales Department of Health submitted that a good relationship existed between 7th Camp Hospital and Wagga Wagga Base Hospital and had no objections to the proposal.

23. With regard to the particular services proposed for the hospital, it was pointed out that most of the illnesses and injuries were of a nature appropriate in normal circumstances for out-patient treatment and home nursing. Handling recruits through the normal Base Hospital routine for such patients results in unacceptable delays, lost time and administrative overheads and additional stresses for recruits. Those patients who are presently treated in the camp hospital operating theatre would normally be accorded a low priority for attention in the more sophisticated facilities at the Base Hospital. The function of the theatre at the Camp Hospital is to provide a sterile environment for the efficient performance of the minor surgical work required in the camp.

24. Injuries classified as sport-related form a relatively high proportion of those requiring hospitalisation, due to the intense physical activity required in recruit training and are dealt with efficiently in the camp hospital. The proximity and ready availability of the X-ray facility is a significant element in these arrangements. The radiological facilities are also extensively used for RAAF personnel from RAAF Base Forest Hill. Dependence on Wagga Base Hospital for the level of physiotherapy, radiology, surgery and pathology services currently carried out at 7th Camp Hospital would be at considerable expense to the Army.

25. Statistical Data relating to bed occupancy rates is as follows:

| <u>In-Patient Statistics</u><br><u>7 Camp Hospital 1980-83</u> |                                |                                    |      |                        |
|----------------------------------------------------------------|--------------------------------|------------------------------------|------|------------------------|
| Patient Category                                               | Average Admissions per Quarter | Bed Occupancy High - Daily Average |      | Average Length of Stay |
| Recruits                                                       | 246                            |                                    |      |                        |
| Staff                                                          | 55                             |                                    |      |                        |
| Others (In transit etc.)                                       | 2                              |                                    |      |                        |
| TOTAL                                                          | 303                            | 29.7                               | 16.4 | 5 days                 |

26. Committee's Conclusion The services provided at 7th Camp Hospital are appropriate to the role of the Army units based at Kapooka.

27. Present Facilities 7th Camp Hospital presently occupies a collection of World War II vintage galvanised iron and timber buildings to the north of the main building area. The buildings have deteriorated structurally with some sagging of roof structures and floors being readily visible. Damage from white ant infestation is also evident. The majority of medical services are provided in the main building but the radiology unit is located in a separate building some 40 metres distance. There is no protection against weather for patients being moved from the main building to be X-rayed. There is only a limited waiting area and no protective shielding around the X-ray room.



28. The main building is poorly lit and poorly ventilated. Most functions are hampered by the building layout. The building cannot be kept to the required level of cleanliness due to the design and to standards of finish and fitting. Part of the physiotherapy area is accommodated in a tent. Conditions in the kitchen are also of concern from the point of view of working conditions, safety and hygiene.

29. The Committee acknowledges the loyal efforts of the staff in continuing to provide medical services in such inadequate facilities, but is concerned that this situation has been permitted to continue for so long. Some aspects of the facility, in its history of use as a hospital, would never have met recognised medical standards. In addition, the main building has been allowed to deteriorate further as evidenced by the low level of repairs and maintenance in recent years. The Committee recognises that the building is beyond restoration and monies for that purpose would have been poorly spent. The Committee expresses its concern that priority has not been given to its replacement some years ago when its inadequacy would have been clearly evident.

30. The Department of Defence advised that a Committee of Inquiry into the Integration of the Medical Services of Armed Forces in 1971 had reaffirmed the need for such hospitals but that other works had taken priority until now.

31. Committee's Conclusion The present facilities of 7th Camp Hospital are most unsatisfactory and a new medical facility is required.

#### THE PROPOSAL

32. The Site The proposed facility will be located in accordance with the overall master plan for the camp, adjacent to the present facilities and away from the main area of camp activity. (See Plan B-2.)

33. Scope of Works The facility will provide ward accommodation for 30 beds, arranged in eight wards of various capacities to enable appropriate segregation of patients. The services and utilities to be provided for in the building consist of a Surgical procedures suite; Radiology; Pathology; a Laboratory; Physiotherapy; Dental Surgery; Patient recreation; Outpatient treatment; Casualty treatment; Dispensary; Dental treatment; Administration; Kitchen; Stores; Plant and Building services. (See Site Plan, page B-3 and ground floor plan, page B-4.)

34. External work includes an access road, car parking, street lighting and landscaping.

35. Building Design A traditional country building form has been chosen which should be appropriate for the area. The building can be constructed using simple building techniques. It has been designed to be thermally efficient with a view to achieving maximum benefit from natural lighting and ventilation.

36. Temperature Control The Committee noted that some areas, including the surgical procedures suite, a high dependency nursing ward, the dental surgery, the pharmacy store, the laboratories and the darkroom were to be air conditioned for medical and technical reasons. Also, the kitchen would be fitted with evaporative cooling. However, other areas, including the remaining wards will rely on natural ventilation assisted by ceiling fans. Since temperatures of the order of 35°C may be experienced in summer the Committee expressed concern that temperatures in the wards may become excessive during hot periods.

37. The Committee was also informed that new hospitals funded by the Commonwealth generally were fully air conditioned, although this was not the case with privately funded hospitals. In this case the design reflected a specific army requirement that the general wards not be air conditioned.

38. In support of the requirement that general ward areas be naturally ventilated, Army representatives stated that an open environment where patients were free to move in and out of the building was more appropriate to a camp hospital and was preferred by patients. Experience in Australian and overseas military hospitals indicated that fully air conditioned wards were less than satisfactory for nursing other than the very sick. Typically, camp hospital patients were young and undergoing a home-nursing level of treatment. Air conditioned wards tend to confine the movement of patients to indoor areas.

39. Following the public hearing the Committee was advised by Defence that present policy is that air conditioning should only be provided where:

- the comfort of patients and staff is a contributing factor to the success of critical and intensive medical procedures and treatment and/or
- relief from extreme conditions is warranted, or
- design of the building precludes natural ventilation.

40. To meet the Army's requirements the design seeks to achieve a high level of thermal efficiency. The roof structure and walls will be insulated and roof overhangs will protect external windows. The building was favoured by a particularly good site with a pleasant outlook and orientated to take advantage of prevailing summer breezes.

41. Following the public hearing the Committee was advised that the average maximum temperature in the Wagga area was 30.2°C; on 49 days per year it was 30°C; on 16 days 35°C average maximum and on 1 day it rose to 40°C.

42. DHC studies revealed that for outdoor ambient temperatures of 39°C and 35°C with single glazing in the building maximum internal ward temperatures were respectively 35.4°C and 34.3°C for the test temperatures, both of which occurred at 6pm. The use of double glazing showed an insignificant reduction in the temperature so single glazing was retained. There is a high diurnal temperature range in Kapooka so the night temperatures soon cool down. The hospital design enhances this characteristic to maximise air flow and summer temperature loss.

43. Construction Details The building will be of masonry veneer construction built on a reinforced concrete slab. The pitched corrugated metal roof will have a timber truss frame supported from load bearing walls. A metal stud frame will be used for the walls. Internal walls and ceilings will generally be of plasterboard and most floor areas carpeted. The internal walls of wet areas will be of masonry to provide for special load bearing capacity. Appropriate floor and wall finishes will be provided in the kitchen, shower areas, operating suite and soiled utility and pan room. Single glazed aluminium framed windows will be provided complete with insect screens.

44. Internal and external finishes have been selected to minimise maintenance and provide good internal acoustic performance. Attention has been given to inhibiting white ant infestation.

45. The building has been designed in accordance with Ordinance 70 of the N.S.W. Building Ordinance. Where items are not covered by this document, reference has been made to the Building Manual of the A.C.T.

46. External Services The new building will use the utility services provided for the existing hospital, which is to be demolished. The external services to be provided are summarised as follows:

- electrical power will be provided by underground cable from the existing substation approximately 100 metres to the East.
- natural gas will be provided for heating. Wagga Wagga City Council will extend the existing camp supply to this site.
- sewerage will be connected to the existing main.
- stormwater drainage will be generally overground with rubble dissipation.
- garbage collection will be by contractor. A medical incinerator will be provided for the disposal of infectious and theatre waste, plastics and expired pharmaceutical products.
- roadworks will consist of a paved approach road, a paved car park, and street lighting for the new roadworks.

47. Internal Services The building will, generally, be naturally ventilated, assisted by ceiling fans. Heating will be by water panel radiators using hot water from a central gas fired boiler. To enable this system to be shut down in summer, separate gas fired boilers are to be installed to cater for normal hot water requirements.

48. Fire Protection A thermal alarm system is to be fitted, connected to the Camp fire station. Manual fire-fighting equipment will provide first-line fire-fighting protection in the building.

49. Committee's Conclusion The siting and design of the proposed work is satisfactory.

#### ESTIMATED COST

50. The limit of cost estimate for the proposed work is \$2.5 million at October 1983 prices made up as follows:

|                |             |
|----------------|-------------|
| Building cost  | \$2,125,000 |
| External Works | \$ 375,000  |
| TOTAL          | \$2,500,000 |

#### PROGRAM

51. Subject to necessary approvals tender documentation could commence by mid-1984 with construction being completed by the end of 1985.

52. Committee's Recommendation The Committee recommends the construction of the work in this reference.

#### RECOMMENDATIONS AND CONCLUSIONS

53. The recommendations and conclusions of the Committee and the paragraph in the report to which each refers is set out below:

|                                                                                                                | <u>Paragraph</u> |
|----------------------------------------------------------------------------------------------------------------|------------------|
| 1. THE SERVICES PROVIDED AT 7TH CAMP HOSPITAL ARE APPROPRIATE TO THE ROLE OF THE ARMY UNITS BASED AT KAPOOKA.  | 26               |
| 2. THE PRESENT FACILITIES OF 7TH CAMP HOSPITAL ARE MOST UNSATISFACTORY AND A NEW MEDICAL FACILITY IS REQUIRED. | 31               |

Paragraph

3. THE SITING AND DESIGN OF THE WORK  
IS SATISFACTORY. 49
4. THE LIMIT OF COST ESTIMATE FOR  
THE PROPOSED WORK IS \$2.5 MILLION  
AT OCTOBER 1983 PRICES. 50
5. THE COMMITTEE RECOMMENDS THE  
CONSTRUCTION OF THE WORK IN THIS  
REFERENCE. 52

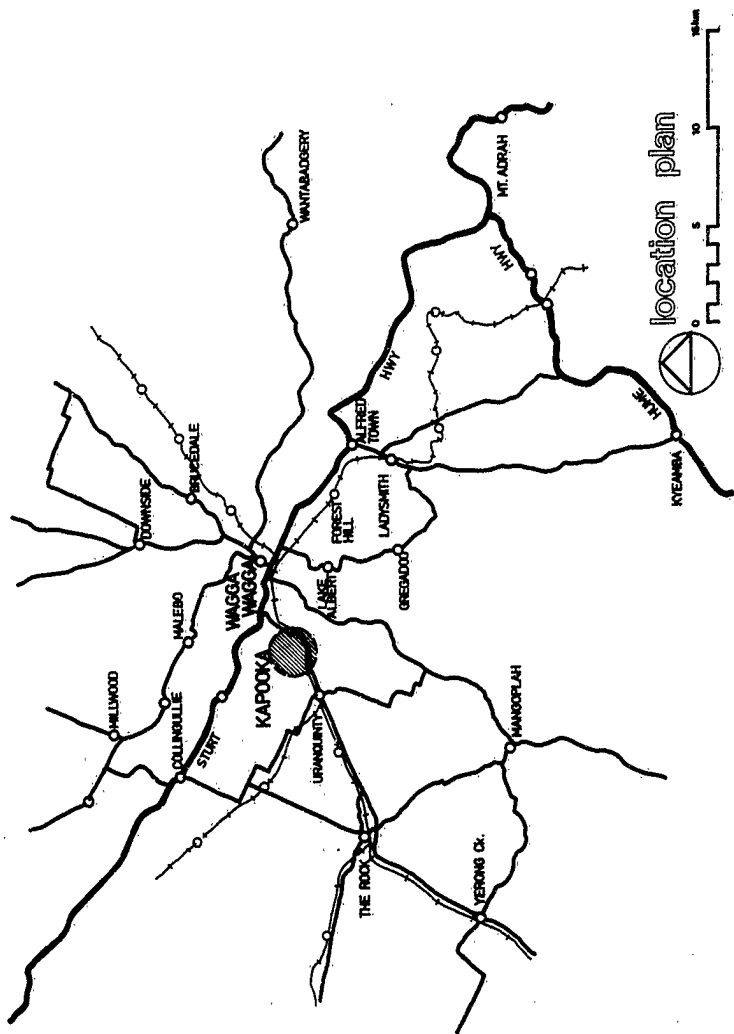
  
 (D J FOREMAN)  
 Chairman

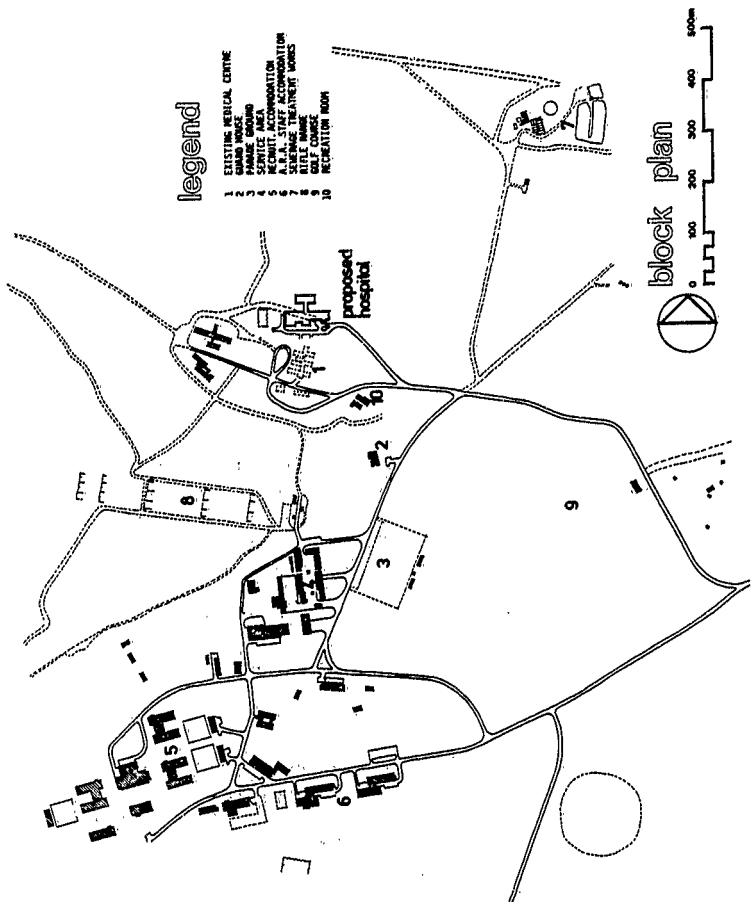
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 Parliament House,  
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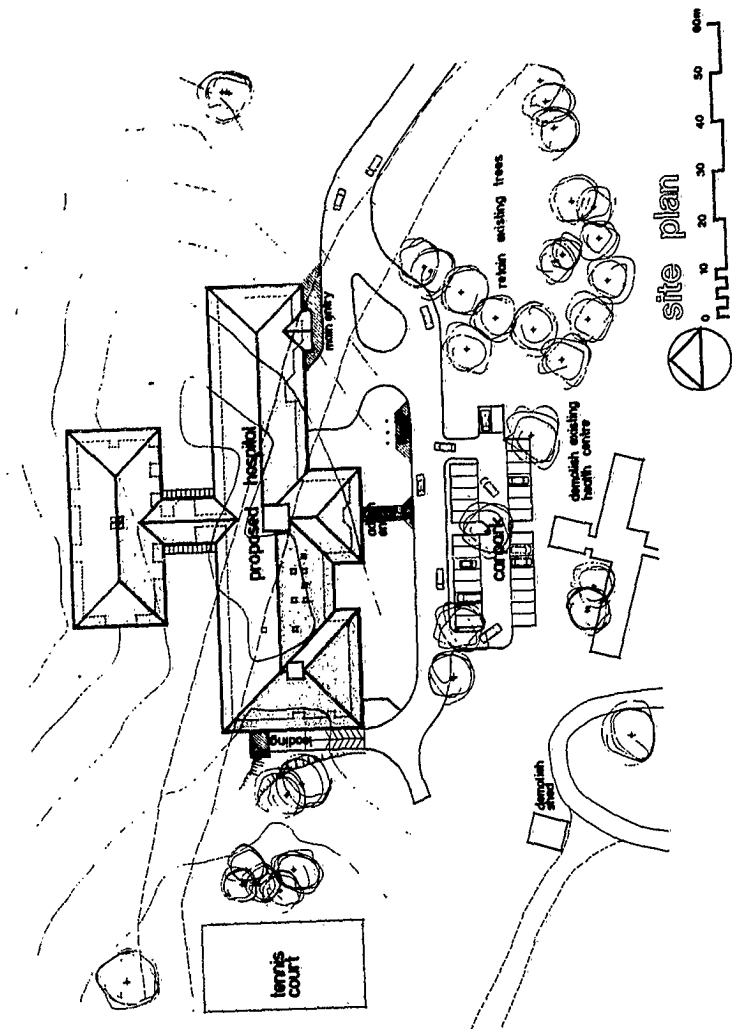
2 May 1984

WITNESSES

- Beynon, Colonel R.W.R., Director of Dental  
 Services, Army, Department of  
 Defence, Canberra, Australian  
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- Cross, Brigadier, F.J., Director-General of  
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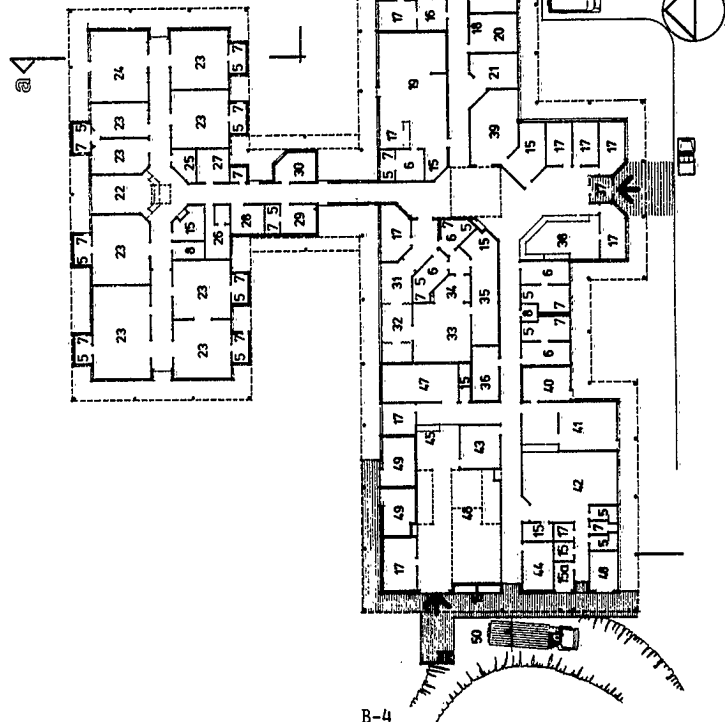






# legend

- 1 Entry lobby
- 2 Reception lobby
- 3 A & D Office
- 4 Waiting area
- 5 Shower
- 6 Change
- 7 Toilet/s
- 8 Dressing
- 9 Dressing
- 10 Consultation room
- 11 Rad. office
- 12 Dentroom
- 13 Radiology
- 14 Casualty treatment
- 15 Store, 134
- 16 Discharge
- 17 Office
- 18 Laboratory
- 19 Physio treatment
- 20 Dental surgery
- 21 Plaster room
- 22 Master's station
- 23 Waiting
- 24 Patient recreation
- 25 Lockers
- 26 Solid utility
- 27 Solid utility
- 28 Treatment
- 29 Duty shelter
- 30 Counseling
- 31 Trolley exchange
- 32 Recovery
- 33 Dressing
- 34 Dressing
- 35 Chain instr. & C&O
- 36 Duty instruments
- 37 Admin entry lobby
- 38 Orderly room
- 39 Classroom
- 40 Store, 134
- 41 R & F lounge
- 42 Kitchen
- 43 Clean linen
- 44 Recapt & issue
- 45 Q Store
- 46 Q Store
- 47 Q Store
- 48 Q Store
- 49 Q Store
- 50 Plant
- 51 Loading



ground floor plan

