

Project ICA Form (Trial)

Form Preview

Section 1: Project Details

* indicates a required field

Section 1.1: Health Service Details

Applicant Organisation Name *

Select your Health Service name from the dropdown list

Applicant ICA Locality *

Select the locality of your Intensive Care Area (ICA) from the dropdown list

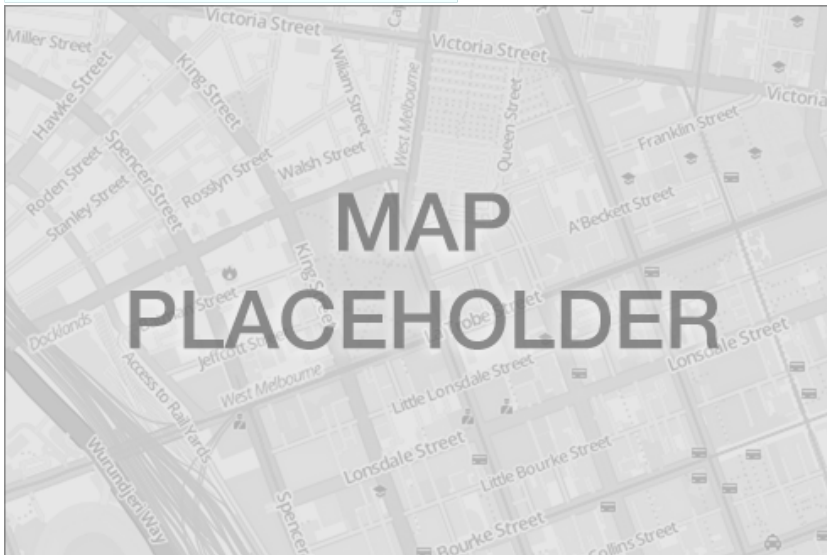
Applicant ICA Type *

- Acute Adolescent
- Acute Child
- Acute Adult
- Acute Aged

Select the type of your Intensive Care Area (ICA) from the dropdown list

Address *

Address



Please enter the Full Address of your Intensive Care Area

Applicant Primary Contact *

Title First Name Last Name

Project ICA Form (Trial)

Form Preview

Please confirm details of your key primary contact who have completed this form and will be responsible for coordinating communications with your Health Service for this program.

Primary Contact Position *

Primary Contact Phone Number *

Must be an Australian phone number.

Primary Contact Email *

Must be an email address.

Applicant Secondary Contact *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Please confirm details of your key secondary contact who have completed this form and will be responsible for coordinating communications with your Health Service for this program.

Secondary Contact Position *

Secondary Contact Phone Number *

Must be an Australian phone number.

Secondary Contact Email *

Must be an email address.

Section 1.2: Project Details

Please select the appropriate **Project Phase** you would like to submit this Form for (Concept Design, Schematic Design, Detailed Design or Tender Documentation)

Project Phase *

- Concept Design
- Schematic Design
- Detailed Design
- Tender Documentation

Please note that all stages will be applicable for small packages of work.

Section 2: Project Design Solution and Considerations

* indicates a required field

Section 2.1: Appropriateness of the Indicative Solution

Following the initial consultation with your Health Service, please **confirm the appropriateness of the indicative solution** as presented during the initial consultation meeting and subsequent email with the presentation pack.

Appropriateness of the indicative solution: *

- The proposed design/concept solution is appropriate
- The proposed design/concept solution is partially appropriate and requires some amendments
- The proposed design/concept solution is not appropriate, and a new solution needs to be developed
- There is no appropriate solution (e.g., recently completed separate infrastructure works)

Section 2.1: Solution is partially or not appropriate

Please explain why the proposed design/concept solution **was partially or not appropriate**.

Please also advise what specific aspects of the proposed design/concept solution were not appropriate.

Description *

Section 2.1: Solution is partially appropriate

Where the indicative design solution is **partially appropriate and requires some amendments** please provide:

- a **description** of alternate proposed solution; and
- a **concept design drawing** of the alternate proposed solution where relevant (i.e., if the solution only proposes the addition of access control to rooms, then a concept design drawing is not required).

Description of the alternate proposed solution *

Word count:

Attach Supporting Documentation *

Attach a file:

Please upload a concept design drawing of the alternate proposed solution where relevant (i.e., if the solution only proposes the addition of access control to rooms, then a concept design drawing is not required). Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB

Project ICA Form (Trial)

Form Preview

Section 2.1: Solution is not appropriate

Where the indicative design solution is **not appropriate, and requires a new solution to be developed**, please provide:

- a **description** of alternate proposed solution; and
- a **concept design drawing** of the alternate proposed solution where relevant (i.e., if the solution only proposes the addition of access control to rooms, then a concept design drawing is not required).

Description of the alternate proposed solution *

Attach Supporting Documentation *

Attach a file:

Please upload a concept design drawing of the alternate proposed solution where relevant (i.e., if the solution only proposes the addition of access control to rooms, then a concept design drawing is not required). Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Section 2.1: No appropriate solution

Please explain the other scenario applicable to your ICA *

For example, you may have recently completed infrastructure works as part of a separate program of work (i.e., grant funding program) which already achieves the objectives of this program.

Section 2.2: Design Objectives

Please describe **the extent to which the proposed works will achieve the design objectives**. The Department acknowledges that in some instances, not all objectives can be achieved. This may be due to site constraints and/or that any changes will create unintended outcomes for the ICA facility.

Where **no further infrastructure works** can be undertaken at your Health Service, **please confirm if/how your current ICA achieves the design objective(s)**.

Please refer to the below design objectives.

No.

Design Objective

1.

Single bedrooms with dedicated ensuite and consumer-controlled access to the bedroom (e.g., swipe cards).

2.

High visibility between staff and consumer areas.

Project ICA Form (Trial)

Form Preview

3.

Dedicated corridor/sub-zone with consumer-controlled access to the sub-zone (e.g., swipe cards).

4.

Dedicated sub-lounge/dining space accessible only from the specific sub-zone.

5.

Dedicated outdoor space accessible only from the specific sub-zone

Design Objective 1: Single bedrooms with dedicated ensuite and consumer-controlled access to the bedroom (e.g., swipe cards). *

- Yes
- No
- Partially

Please confirm if Design Objective 1 can be achieved as part of your concept design solution

Please describe how the design solution achieves or does not achieve Design Objective 1 *

Design Objective 2: High visibility between staff and consumer areas. *

- Yes
- No
- Partially
- Subject to further development

Please confirm if Design Objective 2 can be achieved as part of your concept design solution. Guidance Note: 'Subject to further development' can be selected if you are at early stage of design.

Please describe how the design solution achieves or does not achieve Design Objective 2 *

Design Objective 3: Dedicated corridor/sub-zone with consumer-controlled access to the sub-zone (e.g., swipe cards). *

- Yes
- No
- Partially
- Subject to further development

Please confirm if Design Objective 3 can be achieved as part of your concept design solution. Guidance Note: 'Subject to further development' can be selected if you are at early stage of design.

Please describe how the design solution achieves or does not achieve Design Objective 3 *

Design Objective 4: Dedicated sub-lounge/dining space accessible only from the specific sub-zone. *

- Yes
- No

Project ICA Form (Trial)

Form Preview

- Partially
- Subject to further development

Please confirm if Design Objective 4 can be achieved as part of your concept design solution. Guidance Note: 'Subject to further development' can be selected if you are at early stage of design.

Please describe how the design solution achieves or does not achieve Design Objective 4 *

Design Objective 5: Dedicated outdoor space accessible only from the specific sub-zone *

- Yes
- No
- Partially
- Subject to further development

Please confirm if Design Objective 5 can be achieved as part of your concept design solution. Guidance Note: 'Subject to further development' can be selected if you are at early stage of design.

Please confirm if Design Objective 5 can be achieved as part of your concept design solution *

Section 2.3: Other Design Consideration

Please nominate whether **additional design considerations** have been taken into account during the development of the proposed solution. The Department may be in contact with you to request further information on any of the responses provided.

1. Does the solution change the bed numbers in your ICA and/or for the broader facility overall? *

- Yes
- No

2. Does the design solution reduce the number and/or size of seclusion rooms? *

- Yes
- No

3. The Building Code of Australia (BCA) declares that an alteration of a building is substantial if it makes up more than 50% of the volume of the original building, which therefore will require the entire building to be brought into compliance with the BCA. Does the solution trigger the 50% rule? *

- Yes
- No
- Subject to further development

4. Has the solution been considered with reference to the Australasian Health Facility Guidelines (AusHFG)? *

- Yes
- No
- Subject to further development

Project ICA Form (Trial)

Form Preview

5. Are there any other features that can contribute to the separation of vulnerable consumers, that is included in the design? *

- Yes
- No
- Subject to further development

Section 2.3: Solution reduce the number and/or size of seclusion rooms

Please explain why and number of beds affected by your solution

Section 2.3: Consideration of de-escalation spaces

Have appropriate de-escalation spaces been considered

- Yes
- No

Please explain how your design solution reduce the number and/or size of seclusion rooms

Section 2.3: Other features included to separate vulnerable consumers

Please describe these other features

Section 2.4: Other Factor for consideration by Health Service(s)

Safer Care Victoria and the Office of the Chief Psychiatrist are interested in the operational consequences that may arise from the infrastructure upgrades as part of this program of works.

As such, please confirm whether you have **engaged with Safer Care Victoria and/or the Office of the Chief Psychiatrist** as part of developing the proposed design solution and please **respond to the below questions on operational consequences**.

Have you engaged with Safer Care Victoria and/or the Office of the Chief Psychiatrist as part of developing the proposed design solution?

- Yes
- No

We recommend that you engage with Safer Care Victoria and/or the Office of the Chief Psychiatrist as part of developing the proposed design solution. The Department notes that operational changes are not included within the scope of this program, however Safer Care Victoria is available to provide support to your Health Service in planning for and implementing operational changes to your ICA, should this be required.

1. Will the proposed infrastructure solution in each ICA impact your operations or elements of your service model?

- Yes
- No

Project ICA Form (Trial)

Form Preview

2. Will the proposed infrastructure solution create workforce implications?

- Yes
- No

3. Has the proposed solution been co-designed with people with lived experience, and clinical and non-clinical staff?

- Yes
- No

4. Will the proposed infrastructure solution minimise existing risk?

- Yes
- No

5. By implementing the proposed infrastructure solution, will seclusion areas be generated, creating outcomes that are contrary to other Royal Commission recommendations?

- Yes
- No

6. Do you gain or lose any shared operational spaces, including communal bathrooms, laundry and staffing or storage areas as a result of the proposed design solution?

- Yes
- No
- Partially

Section 2.4: Solution will impact operations and/or service model in ICA

Please explain the plans in place to respond to these changes in your operations

Section 2.4: Solution will create workforce implication

Please explain the workforce implication of your proposed infrastructure solution

Conditional Section 2.4: Solution has been co-designed with lived experience staff

Please detail how the proposed solution has been co-designed as well as people and groups that have been engaged as part of the co-designed solution

Section 2.4: Solution minimises existing risk

Is this reflected on the facilities risk register?

- Yes
- No

Project ICA Form (Trial)

Form Preview

Attach Supporting Documentation

Attach a file:

Please provide supporting evidence where available and ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Section 2.4: Solution will generate seclusion room generated areas

Please explain how this will be managed. Where possible, alternate design solutions should be considered to avoid this.

Section 2.4: Shared area are gained or lost from solution

Please explain which area(s) you gain and/or loose

Section 2.5: Overall Program Objectives

Please provide details of overall program objectives which you consider may be achieved as a result of the infrastructure works for your ICA.

1. How does the proposed design solution increase the safety of vulnerable consumers in the ICA? *

Guidance Note: for example, the proposed solution may achieved some or all of the design objectives, reduce stimulation, unintended consequences ect...)

2. Will the proposed design result in a reduction of aggressive behaviours within the ICA? *

3. Does the proposed design solution create flexibility within the ICAs to accommodate differing consumer requirements? *

Section 3: Deliverability

Project ICA Form (Trial)

Form Preview

* indicates a required field

Section 3.1: Program

Following the recent communication indicating the timeframes for completion of the works in your ICA, please confirm the following:

- Can deliver the works within the program timeframe
- Cannot deliver the works within the program timeframe

Please provide a high-level program setting out when detailing how your Health Service considers it will complete the works.

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

In regards to the program, please include reference to the approximate design duration, tendering processes and construction works and any key assumption regarding the program.

Section 3.1: Cannot deliver the works within the program timeframe

If you do not consider that you can deliver the works within the program timeframe, **please explain why and indicate when completion for your scope of works can be achieved.**

Response *

Anticipated Date of Design Solution Finalisation *

Must be a date.

Please ensure this is in line with your category of works (minor or heavy & extension)

Anticipated Date of Works Package Completion

Must be a date.

Please ensure this is in line with your category of works (minor or heavy & extension)

Section 3.2: Procurement Arrangements and Delivery Model

Please detail the **procurement model and plan** to carry out the required works as part of implementing this infrastructure solution. This includes **details of consultants and contractors** that your Health Service will engage to carry out the works.

Project ICA Form (Trial)

Form Preview

Procurement Arrangements

Please explain, including reference to procurement / contract model that will be used to engaged consultants, contractors and/or suppliers, if required.

Section 3.2: Procurement Arrangements and Delivery Model

Please detail the **procurement model and plan** to carry out the required works as part of implementing this infrastructure solution. This includes **details of consultants and contractors** that your Health Service will engage to carry out the works.

Procurement Arrangements *

Section 3.2: Procurement Arrangements and Delivery Model

Please provide **details of consultants and contractors** that your Health Service will engage to carry out the works.

Consultant Name *

Individual Organisation
Organisation Name

Title First Name Last Name

| | | |
|--|--|--|
| | | |
|--|--|--|

Contractor Name *

Individual Organisation
Organisation Name

Title First Name Last Name

| | | |
|--|--|--|
| | | |
|--|--|--|

Section 3.3: Resourcing, roles and responsibilities

Please include details of **how you intend to resource the project**, including the **details of the Project Manager** (in-house or external) if any.

If there is an in-house Project Manager, please provide **details of experience** that is relevant to the management of this submission (e.g. successful management of like projects - details, dates, duration, budgets, scope, etc.)

Project Management resourcing, roles and responsibilities

Section 3.3: Resourcing, roles and responsibilities

Please include details of **how you intend to resource the project**, including the **details of the Project Manager** (in-house or external) if any.

If there is an in-house Project Manager, please provide **details of experience** that is relevant to the management of this submission (e.g. successful management of like projects - details, dates, duration, budgets, scope, etc.)

Project Management resourcing, roles and responsibilities *

Section 3.4: Staging and bed closure

1. Will staging of works will be required at the ICA site as part of delivering the proposed infrastructure solution?

- Yes
- No

2. Have staging requirements been considered as part of the proposed infrastructure solution?

- Yes
- No

3. As part the proposed staging strategy, will bed closures will be required at your facility?

- Yes
- No

Section 3.4: Staging and bed closure

1. Will staging of works will be required at the ICA site as part of delivering the proposed infrastructure solution? *

- Yes
- No

2. Have staging requirements been considered as part of the proposed infrastructure solution? *

- Yes
- No

Project ICA Form (Trial)

Form Preview

3. As part the proposed staging strategy, will bed closures will be required at your facility? *

- Yes
- No

Section 3.4: Staging of works is required

Please explain the staging strategy and approach for these works.

Section 3.4: Staging requirements have been considered

Please explain how staging requirements have been considered.

Section 3.4: Bed closure is required

Please provide more detail on your strategy and approach to manage bed closures.

Section 3.5: Decanting

1. Will decanting be required at the ICA site as part of delivering the proposed infrastructure solution?

- Yes
- No

2. Have decanting requirements been considered as part of the proposed infrastructure solution?

- Yes
- No

Section 3.5: Decanting

1. Will decanting be required at the ICA site as part of delivering the proposed infrastructure solution? *

- Yes
- No

2. Have decanting requirements been considered as part of the proposed infrastructure solution? *

- Yes
- No

Section 3.5: Decanting is required

Please explain strategy and approach to how decanting will take place.

Section 3.5: Decanting requirements have been considered

Please explain how decanting requirements have been considered

Section 3.6: Buildability Features for Health Service consideration

1. Has the disruption which will be caused by carrying out the works, which may include having beds offline, been considered in proposing the solution? *

- Yes
- No
- Not Applicable
- Subject to further development

In regards to question 1, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

2. Have essential services such as fire safety, emergency lighting and ventilation been considered in the design? *

- Yes
- No
- Not Applicable

Please note, this include but are not limited to any of the following: fire detection, fire sprinkler coverage, occupant warning system, occupant egress and/or fire separation.

In regards to question 2, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

3. Have infection prevention and dust control barrier types and locations been considered? *

- Yes
- No
- Not Applicable

In regards to question 3, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

4. Where relevant, has there been considerations on where the builder's office, amenities, bins and secure store locations should be during construction? *

- Yes
- No
- Not Applicable

Project ICA Form (Trial)

Form Preview

In regards to question 4, please explain and provide any key risks/issues/ improvements from the proposed solution. If not applicable, please explain why. *

5. Has there been consideration on possible builder access routes? If so, do they maintain security of the unit? *

- Yes
- No
- Not Applicable

In regards to question 5, please explain and provide any key risks/issues/ improvements from the proposed solution. If not applicable, please explain why. *

6. Has there been consideration on mechanical air flow flows? Are there any foreseeable mechanical impacts on air flow paths from construction or other barriers? *

- Yes
- No
- Not Applicable

In regards to question 6, please explain and provide any key risks/issues/ improvements from the proposed solution. If not applicable, please explain why. *

7. Does you (including the Facilities Managers) require access to critical services in this ICA during construction (DBs, Isolation valves, other equipment inside works area)? *

- Yes
- No
- Not Applicable

In regards to question 7, please explain and provide any key risks/issues/ improvements from the proposed solution. If not applicable, please explain why. *

8. Where underslung plumbing on below floors exists, have you considered how access will be provided to this area? *

- Yes
- No
- Not Applicable

In regards to question 8, please explain and provide any key risks/issues/ improvements from the proposed solution. If not applicable, please explain why. *

9. Have existing services connection points been verified on site or has the risk if inaccuracies been accepted? *

- Yes

Project ICA Form (Trial)

Form Preview

- No
- Not Applicable

In regards to question 9, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

10. Have load bearing columns and walls been confirmed? *

- Yes
- No
- Not Applicable

In regards to question 10, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

11. Have Materials availability been considered? *

- Yes
- No
- Not Applicable

In regards to question 11, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

12. Has there been consideration on the appropriate and / or preferred working hours for builders? *

- Yes
- No
- Not Applicable

In regards to question 12, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

13. As part of the tender documents, have you or will you consider identifying minimum builder requirements for the facility? *

- Yes
- No
- Not Applicable

Please note that this include: police checks, working with children checks, contractor management processes for addressing worker conduct, security, patient and worker safety dust and noise control and/or services isolations

In regards to question 13, please explain and provide any key risks/issues/improvements from the proposed solution. If not applicable, please explain why. *

Section 4: Project Cost

Section 4.1: Project Cost

Following the **recent communication indicating the nominal budget** for your Health Service, please provide a **cost plan with a cost breakdown** detailing all costs associated with the construction activities, such as materials, labour and any consultant fees.

Please provide **independent quotes and/or Cost Plan** to support the financial information provided above.

For projects **less than \$1m**, at least **one** cost plan and a **supplier/contractor price** must be provided.

For Projects **more than \$1m**, at least **two** Cost Plans are required to be submitted in addition to the final supplier/contractor price. This is subject to the extent of your proposed solution.

Project Phase

Cost Plan Type

Concept Design

Cost Plan A

Schematic Design

Cost Plan B

Detailed Design

Cost Plan C

Tender Documentation

Cost Plan D

Attach Supporting Documentation

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Cost Plan A (Concept Design)

Attach supporting independent quotes and/or Cost Plan

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Cost Plan B (Schematic Design)

Attach supporting independent quotes and/or Cost Plan

Attach a file:

Project ICA Form (Trial)

Form Preview

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Cost Plan C (Detailed Design)

Attach supporting independent quotes and/or Cost Plan

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

Cost Plan D (Tender Documentation)

Attach supporting independent quotes and/or Cost Plan

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.