Inquiry into Clean Indoor Air

Hearing – 11/06/2026

Questions on Notice

QUESTION 1 – page 21

The CHAIR: The timing is notable for this Committee. The media release from the Minister's office says that there has been $400 million allocated in the upcoming budget for modernising hospital equipment and facilities. It doesn't have a breakdown of what funding is allocated to what, but one of the items on the list is delivering rectification works to mitigate and minimise moisture-related risks, including roof or facade replacements. This is obviously relevant to the air quality issues that this Committee has been looking at. Are you aware of which hospitals this funding is being allocated to, or what works are proposed to be done?

NICKY SEABY: No, I think it would be looking at the broader priority list across the State, but I'm happy to take any particular questions on notice and come back to the Committee.

The CHAIR: The first question for notice is which hospitals are having rectification works funded under this program.

NICKY SEABY: Sure.

ANSWER

The $400 million program will undertake a prioritisation process to ensure funding is directed in the most effective way to deliver optimal outcomes.

QUESTION 2 – page 22

The CHAIR: I had some questions in a previous hearing that were outside the scope of Dr Dempsey's expertise because it was all to do with infrastructure and buildings. In particular, we had some evidence from I think the doctors' union around poor ventilation in non-clinical spaces in hospitals — for example, crowded meeting rooms and that sort of thing. What are the relevant standards that apply in that case when you're building or upgrading or maintaining a hospital?

NICKY SEABY: I don't know the exact name, which standards apply to which rooms. We can get that for you. But that would be very similar. It would be very standard for all non-clinical spaces. I'm sorry, I'm not sure of the exact question, though.

KATHY DEMPSEY: I think I can add probably a little bit to that. Certainly since COVID there are some additional design considerations that improve the air exchange rates in non-clinical areas as well as clinical areas. There's an attempt now to look at how those areas are being utilised and the total number of staff that may be frequenting those areas to try to improve the ventilation based on those considerations. But that would be, I guess, the last five years, or three, four years of consideration for building and upgrades from then.

The CHAIR: I think this is getting to what I'm interested in. I appreciate it may need to be taken on notice, but those specific policies or standards or guidelines — could you point the Committee in the direction of that work you've said has just happened in the last five years?

KATHY DEMPSEY: Yes. There are some national guidelines around the Australasian Health Facility Guidelines and then there's improving ventilation considerations around COVID that are appendices to those guidelines, but I'm happy to provide those for you.

ANSWER

NSW Health facilities are required to comply with the National Construction Code (NCC) and AS/NZS 1668.2 – Mechanical Ventilation in Buildings, which establish the baseline regulatory framework for ventilation system design. These standards provide guidance on key parameters, including minimum outdoor (fresh) air ventilation rates, air filtration performance requirements, airflow direction and pressure relationships between spaces, and the control of contaminants and indoor air quality.

For healthcare environments, these baseline requirements are further enhanced by NSW-specific and industry guidance, including:

- NSW Health Engineering Services Guide
- Australasian Health Facility Guidelines (Part B)
- Australasian Health Facility Guidelines (Infection Prevention and Control)

They extend beyond standard building requirements to address infection prevention and control, room pressurisation strategies (including positive and negative pressure), higher air change rates for critical spaces, enhanced filtration (such as HEPA systems), and system redundancy, monitoring, and commissioning.

NSW Health policy mandates the use of Australasian Health Facility Guidelines as the primary reference for planning and designing healthcare facilities, ensuring consistent and contemporary standards across all jurisdictions.

Some of the additional work and guides completed to support additional considerations in response to learnings from COVID-19 include:

- Pandemic Preparedness - Health Infrastructure Planning & Design Guidance, AUSHFG
- Optimising ventilation for infection prevention and control in healthcare settings, Australian Commission on Safety and Quality in Health Care
- Indoor Air Quality, Australian Centre for Disease Control

Inquiry into Clean Indoor Air

Hearing – 11/06/2026

Supplementary questions

QUESTION 1

(1) In relation to the NSW Government announcement on 11 June 2026 to invest $400 million in hospital maintenance:
   (a) What is the allocated expenditure for the Building Integrity & Waterproofing Program?
   (b) What assessment or evaluation process will inform prioritisation of works under the Building Integrity & Waterproofing Program?
   (c) What is the allocated expenditure for the Building Mechanical Systems Upgrades Program?
   (d) What assessment or evaluation process will inform prioritisation of works under the Building Mechanical Systems Upgrades Program?

ANSWER

The $400 million Health Asset and Equipment Replacement program will undertake a prioritisation process to ensure funding is directed in the most effective way to deliver optimal outcomes.

The prioritisation process will use data provided by hospitals through NSW Health's asset management system and decisions will be made through a formal governance process.