

24<sup>th</sup> October 2016

Ms Emma Barnett

Department of Planning and Environment

**Submission to NSW Department of Planning: Re  
Application number SSD 15\_7396 – Proposed Hazardous Waste Incinerator at  
129 Mitchell Avenue, Kurri Kurri.**

We object to the proposed construction and installation of a Hazardous Waste Incinerator at 129 Mitchell Avenue, Kurri Kurri for the following reasons:

1. The justification stated by the proponent that “NSW urgently needs treatment capacity to process these wastes locally” is not correct and is not based on fact. There is capacity within NSW and indeed Australia to treat current and future needs for processing of clinical and related wastes. Incineration is not the only approved means for the treatment of clinical wastes. The Department Of Health has several approved treatment methods that have been, and continue to be the dominant means of clinical waste treatment in NSW.
2. We have concerns regarding the pre-shredding of waste prior to treatment. This poses a significant health and safety risk to workers at the facility and neighbouring properties and the public. Shredding of untreated clinical and cytotoxic waste will result in aerosolisation of that waste. The proponent has not accounted for this significant risk and has not taken into consideration the need for a facility at negative pressure with appropriate air filtration.
3. The proponent has indicated that they will incinerate all clinical waste even the majority proportion that can be safely and efficiently treated by other means that does not have the same impact on air quality that incineration does.

The points above are detailed as follows:

1. **“NSW urgently needs treatment capacity” statement is not correct.  
There is no need for another Clinical Waste Treatment facility in NSW**

The statements made in the EIS include:

“Objectives and Project Need”

*“The thermal waste treatment plant would provide a disposal option for a variety of wastes that cannot be disposed of via other means and required destruction for environmental and community health reasons”.*

“Alternatives”

*“Thermal treatment is the accepted, and often the only, method for the disposal of medical and various other wastes within NSW”*

*“Few other suitable management options are available for some of these wastes (e.g. biomedical or quarantine)”.*

Section 1.5 states

*“NSW urgently needs treatment capacity to process these wastes locally”*

There is currently a surplus of treatment capacity in NSW and indeed in the Hunter New England region which is serviced by our company. Our facility operates an Autoclave facility at Kooragang which is operating at less than half its design capacity. Our facility seems to have been ignored by the proponent in justifying the need for another facility. The proponent has either ignored or is unaware that our company has in the past and is currently servicing the Department of Health Hunter New England Region for their clinical and related waste as well as a significant portion of the Central Coast Area Health’s’ wastes.

In addition to our facility at Kooragang, there are numerous clinical waste treatment facilities in the Sydney and Wollongong region including those operated by:

1. Redlam Waste Services
2. State Waste Services
3. Suez
4. Sterihealth/Daniels

All these facilities have autoclaves that are not operating at full capacity.

In addition to the autoclave facilities listed above, the Sterihealth/Daniels Company operates a high temperature incinerator at Silverwater that would not be at capacity for the cytotoxic, pharmaceutical and anatomical portion of the clinical waste stream requiring incineration.

In addition to the Silverwater incineration facility, our company also has the option of using Clinical waste incinerators, also not at full capacity, in

1. Willawong, Brisbane
2. Laverton, Vic
3. Dandenong, Vic

There are also incinerators in Adelaide and Perth. An incineration facility is also located in the ACT; the status of which we believe is that it has been “mothballed”.

A small proportion of the total clinical waste stream requires incineration and is estimated by us at 5.5%. The NSW Department of Health has stated that the total amount of clinical waste requiring incineration from all their healthcare facilities in NSW is approximately 500 tonnes per annum. The proponent has not adequately justified the need for additional incineration capacity of 8,000 tonnes per annum.

The proponent has included Quarantine waste in their proposal but has failed to understand that such wastes must be treated locally and at the closest possible treatment facility to ensure that transport of such material is minimised. Where does the proponent believe they will obtain quarantine waste from? There are also alternatives to incineration of quarantine waste including autoclaving, landfilling and fumigation.

The proponent in fact admits that there is no surplus of waste being generated near Kurri Kurri and hence will rely in hazardous waste being sourced from Interstate and other areas of NSW saying that “Wastes would likely originate from **across NSW and potentially from interstate**”. There is a distinct lack of understanding by the proponent as to the extent of waste generated in quantity and location throughout Australia and NSW to enable a proper justification for the incineration facility to be built.

The EIS has not specifically identified the types of waste other than clinical wastes (for which there is no need for further treatment capacity) that must be incinerated and that currently is not adequately catered for now and into the future with the current facilities identified by us here in our submission.

The above points show that there does NOT exist an “urgent need” for this facility now or into the future. There is no technical, treatment or capacity need for the incineration facility proposed.

## **2. Pre-shredding of infectious and hazardous waste**

The shredding of infectious wastes is highly dangerous. Shredding of such wastes will aerosolise the waste and pose significant airborne health risks to humans. Clearly the proponent is not aware of such risks and this is of great concern.

The types of waste that will be shredded without treatment include blood, body fluids, organs and body parts, bacterial cultures, cytotoxic material and drugs, and pharmaceuticals. All having a significant risk attached.

The proponent has not taken this significant risk into account when designing their facility. A facility that will be shredding all manner of hazardous waste must ensure that it operates the facility at a negative pressure with a proper air extraction system with HEPA filtration. This is essential to protect those working/living in and around the facility.

Another risk not taken into account by the proponent is the risk of fire when shredding untreated wastes such as pharmaceuticals.

There is no clear need for this proposed facility and the basis of it being described so is not correct. I would urge the NSW Department of Planning and Environment to review this purported need as a priority in its determination.

If you have any questions or require clarification, do not hesitate to contact me.

Yours Sincerely



Miranda Ransome

**DIRECTOR**

**Specialised Waste Treatment Services Pty Ltd**