



Ms Kelly McNicol  
Acting Director  
Industry Assessments  
NSW Planning & Environment  
GPO Box 39  
SYDNEY NSW 2001

Dear Ms McNicol

**RE: Clinical Waste Management Facility – Arndell Park  
(SSD 6761)**

I write to you in response to your correspondence received on the 15<sup>th</sup> February 2019 concerning the Clinical Waste Management Facility, Arndell Park, Notice of Exhibition.

The Western Sydney Local Health District, Centre for Population Health has reviewed the Environmental Impact Statement prepared for the proposed development.

The proposal is to increase the capacity of the current approval for treating clinical waste on site from 650 tonnes to 3000 tonnes per annum. This is an increased processing capacity of 2,350 tonnes per annum or 3.6 times the current approved capacity.

The proposal does not include any increase to plant or equipment on site. It states that the proposed increased processing capacity will be achieved through the extended use of existing plant and equipment over the existing approved operating hours.

A calculation of the operating requirements based on a 3000 tonne per annum capacity over a 6 day per week / 12 hours per day for 52 weeks per annum (current approved operating hours) would mean that approximately 10 tonnes of clinical waste could be required to be processed in every one of these days. It is stated in Appendix B (page 7) that existing hours may be extended to 7 days a week however this option does not appear to be included in the main EIS document.

The above calculations are based on a statement in Appendix B - Air quality Assessment (page 7) that the processing capacity of the autoclave is at 1 tonne load per hour. The proposed increased per annum capacity will, it could be assumed, result in an increase in the wear and tear on existing equipment and maintenance requirements to ensure continual safe operation of the autoclave and other equipment on site.

It is noted that, based on service reports provided, maintenance checks of the autoclave are scheduled once every 2 years with the last occurring on the 21<sup>st</sup> April 2018. It was further noted on the April 2018 service report that the safety valves checked on this date were at the time non-compliant with AS3788 *Pressure equipment—In-service inspection*. No detail of any increased maintenance checks or servicing requirements appeared to be included in the supporting documentation to the proposal.

Further, it is unclear whether the breakdown of, or scheduled equipment shut down for servicing and/or maintenance has been considered in relation to the potential build-up of untreated waste required to be stored onsite. If this was to occur there would be a subsequent risk of increased odours occurring due to storage of untreated waste on site.

Although the proposal states that no increased untreated waste will be stored on site overnight it is unclear how this waste will be managed offsite if existing contracts to remove waste are in place. Some additional information on how this potential back log of waste may be coordinated with the waste generator would be helpful in assessing the risk of inappropriate waste storage occurring.

The odour/air quality assessment in Section 6 of the EIS does not appear to accurately reflect the results of the modelling of odour impacts on the neighbouring industrial sites. An assessment criterion of 6.0 OU was selected as the appropriate criterion for the commercial/industrial premises. On page 137 of the EIS it states that compliance with the 6.0 OU was achieved at nearby industrial/commercial premises. However, for scenarios 1 through to 6 at receptors R11 and R15 the assessment criterion of 6.0 OU was often exceeded. It is noted however that all residential receptors modelled for each scenario were below the assessment criterion of 2.0 OU which is suitable for assessment of residential impacts. The application does not provide additional monitoring of mitigation measures consistent with the increased processing capacity of the autoclave detailed in the proposal.

In Appendix R a laboratory analysis conducted in February 2018 is provided which shows a 4 log 10 reduction in the indicator organism has been confirmed by a NATA accredited laboratory. Evidence of the efficiency of each autoclave cycle using bio-indicator strips and a temperature pressure check should be conducted prior to the treated waste from each cycle leaving the site to ensure inappropriately treated waste is not disposed of as general waste.

In relation to the Appendix D Preliminary Hazard Risk Assessment, Release of Pathogens (page 34) it is requested that some further context be provided about the likelihood of pathogens escaping due to leakage/rupture of the autoclave. In addition more information is required about the proposed evacuation plan if the modelled scenario (or similar) was to eventuate.

The EIS states that the NSW Health approval of the treatment process for clinical waste is current, however the approval expired on the 30<sup>th</sup> June 2018. A re-application has been received for approval and is currently being considered by NSW Health.

The NSW Health Waste Management Guidelines for Health Facilities 1998 has been replaced by the Clinical and Related Waste Management for Health Services Policy Directive 2017. The updated guidelines should be reviewed and appropriately referenced throughout the EIS and supporting documentation.

It is recommended that additional supportive evidence be provided to allow further assessment of the proposal and the management of impacts and risks due to the proposed increase in the operating capacity at the site.

If you wish to discuss further please contact Helen Noonan, on Tel: (02) 9840 3603 or Email: [helen.noonan@health.nsw.gov.au](mailto:helen.noonan@health.nsw.gov.au)

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Stephen Corbett', is positioned above the printed name and title.

**Dr Stephen Corbett**  
Director, Centre for Population Health  
Western Sydney Local Health District

Date: 6<sup>th</sup> March 2019