

Submission

I am writing regarding the Northconnex tunnel and RMS's recent request to increase the VOC (Volatile Organic Compound) ventilation outlet limit by 400% from 1mg/m (cubed) to 4mg/m (cubed), due to an apparent 'transcription' error. I would like to object to this request in my submission.

The reason given for this request at increasing levels of carcinogens by four times is flawed when one revisits the original NSW government Department of Planning conditions of approval from 2015.

In the RMS Modification request, under the justifications, I would like to quote point number 2:

'RMS is seeking change to the VOC limit from 1mg/m³ to 4mg/m³ to provide a reasonable margin to manage short term incidents in the tunnel in compliance with the limits. This will allow for the management of unplanned short term incidents of less than a few hours duration such as a breakdown that brings traffic movement to a standstill until it is cleared...'

The Department of Planning has previously recognised the need to maintain optimal in-tunnel air under congestion and breakdown conditions and has attempted to safeguard users of the tunnel and surrounding communities in its conditions of approval.

On page 40 of the Conditions of Approval, Department of Planning, Secretary's Environmental Assessment Report, a very clear emphasis has been placed on adequate management of in-tunnel ventilation during exactly these scenarios of congestion and breakdowns.

It very clearly does not include the permission to exceed the approved in-tunnel pollutant levels. Instead it focuses on a traffic management framework:

Quote:

'The Environmental Impact Statement commits to establishing an in-tunnel management framework to ensure that significant congestion is effectively managed and that acceptable in-tunnel air quality is maintained **at all times**.

The framework includes: (amongst other points mentioned)

- monitoring of traffic conditions and traffic speeds within the main alignment tunnels, and upstream and downstream of the project;
- measures to **limit and manage traffic entering the project tunnels in the event of significant congestion conditions that may lead to unacceptable in-tunnel air quality** such as lane closures, rapid responses to incidents/breakdowns, and broader traffic network management;
- operational requirements to **ensure of the project's ventilation system reflects traffic volumes and in-tunnel air quality requirements**;
- provision for the review of the management framework after a period of operation, once sufficient actual in-tunnel air quality and traffic data have been gathered;
- **contingency measures in the event of elevated, unexpected in-tunnel air quality** (including

measures to manage emergency situations);

- provision for publication of relevant in-tunnel air quality performance data; and
- review of the performance of smoky vehicle regulation / enforcement and whether additional or amended measures may be required.'

The EIS process for this project has undergone a scrupulous process which has involved many departments and experts to arrive at the recommended levels of each individual pollutant's acceptable levels.

The conditions of approval fail to mention that a change in the Air Quality limits are part of the management framework.

It is also difficult to believe that in such a detailed and exhaustive process as the EIS, where air quality was such a major issue, a transcription error was made multiple times over.

An attempt to alter any of the air quality levels, could be seen as a disregard for the consultative process that is the EIS. It could be seen as an attempt to shift the goal posts once the game has started.

I strongly believe that the proponent must be held to the approved limits of in-tunnel pollutants and that the designed framework mentioned above needs to be implemented when necessary and complied with.

I would also like to re-emphasise the fact that these levels are in place to protect the health of tunnel users, as well as the surrounding community. Volatile organic compounds include a range of substances, many of which are known carcinogens. As with other pollutants, there is currently no medically known safe level of exposure. Furthermore, research is showing that even short and intense exposures to air pollution can lead to acute medical complications. Allowing a four-fold increase in their levels is a clash with good public health policy.

Tunnel users are owed a duty of care by the tunnel proponents. They are paying customers and are, as such, entitled to have their health protected, especially during episodes of greatest risk, ie: during periods of slow congestion and breakdowns when inhaled pollutants will be maximal and exposure will be longest and greatest. This point has previously been realised by the Department of Planning in the Conditions of Approval and any compromise could have major adverse health effects.

Yours faithfully,

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