

WASTE MANAGEMENT PLAN

**60 AND 62-64 SHOWGROUND ROAD GOSFORD (LOTS 1-4
ON SP20095 AND LOTS 1-6 ON SP 20058)
PROPOSED INTEGRATED HEALTH HUB FACILITY**

July 2024



Contents

1. DEFINITIONS	2
2. INTRODUCTION	2
3. LEGISLATION AND GUIDANCE	3
3.1 GOSFORD CITY CENTRE DEVELOPMENT CONTROL PLAN 2018	3
3.1.1 NON-RESIDENTIAL DEVELOPMENT	3
4. DEVELOPMENT OVERVIEW	4
5. SITE LOCATION	5
6. CONSTRUCTION WASTE	5
7. OPERATIONAL WASTE	6
7.1 ESTIMATED WASTE VOLUMES AND PROVISIONS	6
8. OTHER WASTE MANAGEMENT CONSIDERATIONS	8
8.1 BATHROOMS	8
8.2 LIQUID WASTE	8
8.3 PROBLEM WASTE	8
8.4 MEDICAL WASTE	8
8.5 RADIOACTIVE WASTE:	9

1. DEFINITIONS

Clinical waste:	Waste that has the potential to cause disease including: Materials and equipment with visible blood and body fluid stains, discarded sharps, human tissue waste, Laboratory waste.
Discarded sharps:	Any object capable of inflicting a penetrating injury (e.g. objects with sharp points or cutting edges) such as used hypodermic or other medical needles, scalpel blades, lancets and scissors.
Radioactive waste:	Radioactive Waste that has no foreseeable use and contains radioactive material with activities or activity concentrations at levels which regulatory oversight is needed to ensure safety.
General waste:	Any waste not classified as being within any of the categories of the clinical and related waste streams.
Recyclable waste:	Items which are composed of materials capable of being remanufactured or re-used e.g. cardboard, plastic, cans, food
Electronic waste (E-waste):	Is the term used to describe old, end-of-life or discarded appliances using electricity. It includes computers, consumer electronics, fridges, printer cartridges and batteries etc. which have been disposed of by their original users.
Sanitary waste:	Sanitary hygiene waste includes sanitary products such as tampons and pads and disposable nappy and incontinence product waste.
Pharmaceutical waste:	Consists of pharmaceutical or other chemical substances specified under the relevant state Medicines, Poisons and Therapeutic Goods Acts. Pharmaceutical waste, excluding cytotoxics, may arise from expired or discarded pharmaceuticals and waste materials/ substances generated during the manufacture and administration of pharmaceuticals.
Confidential Paper Waste:	Confidential documents to be shredded.

2. INTRODUCTION

This Waste Management Plan has been prepared to accompany a development application (DA) to NSW Department of Planning, Industry and Environment (DPIE). The DA seeks consent to erect a 5-storey at 60 and 62-64 Showground Road Gosford (Lots 1-4 on SP 20095 and Lots 1-6 on SP 20058) to be used as a multi-disciplinary health hub, including medical centre with ancillary ground floor retail and basement parking.

Waste management strategies and audits are required for new developments in order to support the design and sustainable performance of the building. A successful waste management strategy contains three key objectives:

- i. **Promote responsible source separation*** to reduce the amount of waste that goes to landfill by implementing convenient and efficient waste management systems.
- ii. **Ensure adequate waste provisions and robust procedures*** that will cater for potential changes during the operational phase of the development.
- iii. **Comply*** with all relevant council codes, policies, and guidelines.

To achieve these objectives, this waste management plan identifies how construction waste is to be managed, as well as the different waste streams likely to be generated during the operational phase of the development. This includes how the waste will be handled and disposed, details of quantities and waste rooms, descriptions of the proposed waste management equipment used, and information on waste collection points and frequencies. The building manager will adjust waste management operations as required based on actual waste volumes (e.g. if waste is greater than estimated) and increase the number of bins and collections accordingly. It is essential that the management of operational waste is integrated into the overall management of the building and is clearly communicated to all relevant stakeholders.

Tenant's Waste Management Plans

Some Tenancies, depending on the type of business, may require specific Waste Management Plans (WMPs) in accordance with the type of waste that they might produce. Copies of these plans shall be in general accordance with this WMP which pertains to the development in general terms. Tenancy WMPs shall be cover transport and disposal in accordance with all relevant Australian Standards, Acts and State-based policies.

3. LEGISLATION AND GUIDANCE

Waste management and resource recovery regulation in Australia is administered by the Australian Constitution, Commonwealth laws, and international agreements. State and territory governments maintain primary responsibility for controlling development and regulating waste. The following legislation has been enacted in New South Wales, and provides the underpinnings of this WMP:

- NSW Environmental Planning & Assessment Act 1979;
- NSW Protection of the Environment Operations Act 1997;
- NSW Waste Avoidance & Resource Recovery Act 2001.

Information provided in this WMP comes from a wide range of waste management guidance at the local, state, and federal levels. The primary sources of guidance include:

- NSW Better Practice Guidelines for Waste Management and Recycling in Commercial and Industrial Facilities 2012;
- NSW Better practice guide for resource recovery in residential developments 2019;
- NSW Waste Avoidance and Resource Recovery (WARR) Strategy 2014-2021;
- NSW Waste Classification Guidelines 2014;
- Australia's National Waste Policy 2018.
-

3.1 Gosford City Centre Development Control Plan 2018

Section 8.6 of Gosford Development Control Plan 2018 sets out controls in relation to waste management for both non-residential and residential development. Both categories are discussed below:

3.1.1 Non-Residential Development

DCP Requirement	Comment
Best practice recycling and reuse of construction and demolition materials,	Construction and demolition waste for this project is to be handled in accordance with the NSW EPA construction and demolition waste management toolkit – refer 6 below.
Use of sustainable building materials that can be reused or recycled at the end of their life,	Proposed building materials include dark and light feature bricks, exposed feature concrete, aluminium battens and cladding, which can be recycled at the end of their life.
Handling methods and location of waste storage areas that have no negative impact on the streetscape, building presentation or amenity of occupants and pedestrians,	Waste storage areas are internal – refer Figure 2 and Figure 3 below, and will have no impact on the streetscape or amenity of building occupants or pedestrians.
Procedures for the on-going sustainable management including, glass, metals and paper; including access estimated volumes; required bin capacity and on-site storage requirements.	General waste garbage and recyclables are to be accommodated in the general waste storage room - refer Figure 2. Estimated Volumes and required bin storage capacity is identified in section 7.1. Architectural plans note storage areas and show accommodation of required bins.

The waste storage areas are internal and located in an area of the building which is unobtrusive from the street, but which facilitates good access by building occupants/users and waste collection vehicles.

4. DEVELOPMENT OVERVIEW

The proposal is to remove existing trees and erect a 5-storey building to be used as a multi-disciplinary health hub, including medical centre with ancillary ground floor retail and basement parking, and specialist consulting spaces at roof top level.

In particular, the proposed development includes the following:

Basement 3 – 42 car spaces, 767.7m² medical tenancy, pump station and circulation areas;

Basement 2 – 70 car spaces, water and sewer pumps and circulation areas;

Basement 1 – 50 car spaces (including 4 accessible and 2 van spaces), 9 motorcycle bays, 28 bike parks storage, plantroom, end-of-trip facilities and circulation areas;

Ground Floor – 1,053.3m² area for retail (café) and medical uses including GP clinic, pharmacy, dentist, pathology, outdoor seating area and secure building entry, new driveway entry off Showground Road with boom gate and associated services areas including ambulance bays, 20 bike parks, 2 motorcycle parks, new perimeter landscaping including planter areas and paving around the building, public domain works along Showground Road including street trees;

First Floor – 1,634.7m² area for medical suites and associated services and amenities with elevated planters along showground road frontage and part of north elevation;

Second Floor – 1,634.2m² area for medical suites and associated services and amenities;

Third Floor – 1,634.2m² area for medical suites and associated services and amenities;

Fourth floor – 872.1m² area for medical suites and associated services and amenities; with outdoor courtyard areas, landscaped area fronting Showground Road including seating.

5. SITE LOCATION

The site is located at 60 and 62-64 Showground Road Gosford. The site has frontage and vehicle access to Showground Road – refer Figure 1 below.



Figure 1 – Site Location

6. CONSTRUCTION WASTE

Excavation is proposed to facilitate 3 levels of basement parking.

Waste generated from construction, including soil and contaminated soil must be re-used or disposed of lawfully. Construction waste for this project is to be handled in accordance with the NSW EPA construction and demolition waste management toolkit, and will include consideration of the following:

- waste classification in accordance with the NSW EPA's Waste Classification Guidelines;
- estimated quantities of each waste type to be removed from the site;
- re-use options;
- suitable receival sites for excavated material including virgin excavated natural material (VENM) and excavated natural material (ENM);
- an outline of how the waste types will be managed during the construction phases, from generation to reuse, recycling or disposal;

- a reporting and monitoring template used to deliver the above-mentioned information to the principal contractor;
- an itemised schedule of rates for the transport, disposal and recycling of each type of waste including any contaminated soil;
- details of any contractors and subcontractors to be used, their environmental history, ACN/ABN and how subcontractors will be managed;
- details of monitoring of transporters such as GPS trackers, WasteLocate and waste tracking;
- allocated areas for waste segregation, stockpiling and management, if applicable;
- contact details for consultant and disposal company that can manage contaminated soil, if applicable;
- sufficient contingency budget and a plan for dealing with unearthed contamination. The plan will need to cover how the unearthed contamination will be managed and the estimated cost.

7. OPERATIONAL WASTE

A general enclosed waste storage area/refuse room and separate enclosed medical waste storage room, both adjoining a dedicated refuse bay, are proposed at ground floor level – refer ground floor plan below.

7.1 Estimated Waste Volumes and Provisions

The following tables shows the estimated volume (L) of garbage, recycling, green waste and confidential waste generated by the development.

	GFA (m2)	Garbage Generation Rate (L/100m2/week)	Generated Garbage (L/week)	Recycling Generation Rate (L/100m2/week)	Generated Recycling (L/week)
Basement 3 Tenancy	767	35	268.45	10	76.7
Podium	1053	35	368.55	10	105.3
First Floor	1634	35	571.9	10	163.4
Second Floor	1634	35	571.9	10	163.4
Third Floor	1634	35	571.9	10	163.4
Fourth Floor	872	35	305.2	10	87.2
Total	7594		2657.9		759.4

WASTE MANAGEMENT PLAN

		Bin Size (660)	660		660
		Collections per week	2		2
		Number of bins required	3		1

Please note: It is the responsibility of the building manager to monitor the number of bins required for the development. As waste volumes may change according to the site's management, practices and attitudes to waste disposal and recycling. Bin numbers, collection frequencies and sizes may need to be altered to suit the building operation.

Note: Any requirement for increasing storage capacity can be met by increasing the frequency of collections for all waste.

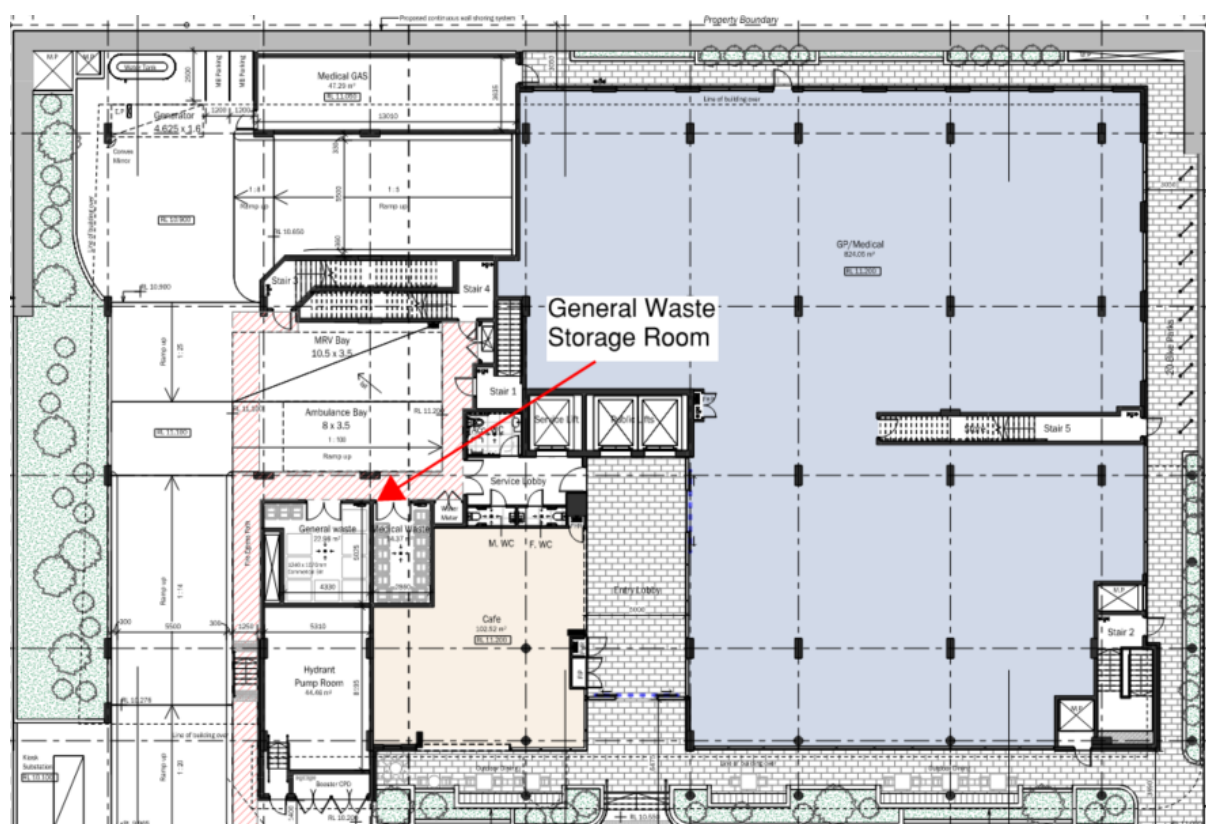


Figure 2 - Ground floor waste facilities

Suitably labelled waste and recycling bins will be placed in patient rooms and patient facilities including dining areas and treatment facilities where considered appropriate.

Garbage and recycling receptacles should be provided and located in convenient locations and in areas that are likely to have high rates of waste generation, like tea facilities and communal areas.

At the end of each day, cleaners will circulate around the site and perform cleaning tasks, generally vacuuming and cleaning toilets. The cleaners will also collect the bins from their operational location, transport the waste and recycling to the waste room on ground level and empty these into the appropriate collection bin.

Building occupants will be responsible for walking their waste and recycling to waste room on Ground Floor. It is anticipated that general, medical waste and recycling will be collected twice weekly, by a private licensed waste contractor.

8. OTHER WASTE MANAGEMENT CONSIDERATIONS

8.1 Bathrooms

Washroom facilities should be supplied with collection bins for paper towels (if used). Sanitary bins for female restroom facilities must also be arranged with an appropriate contractor.

8.2 Liquid waste

Liquid wastes such cleaning products, chemicals, paints, and cooking oil, etc., will be stored in a secure space that is bunded and drained to a grease trap in accordance with State government authorities and legislation.

8.3 Problem waste

The responsible Tenant, in conjunction with the building manager's oversight, shall make arrangements for the disposal and recycling of problem waste streams with an appropriately licensed contractor. Problem wastes cannot be placed in general waste as they can have adverse impacts to human health and the environment if disposed of in landfill. Tenants will need to liaise with the building manager when disposing of problem waste streams and will be responsible for arranging for appropriately licensed waste contractors to dispose of the specific problem waste.

See also Table 1 for the general handling procedures for Problem Waste categories.

Problem waste streams include:

- Lightbulbs
- eWaste
- Batteries
- Chemical Waste
- Liquid wastes
- Toner cartridges
- Medical Waste
- Radioactive waste (see also below)

During operation, it is the responsibility of the building manager to monitor the number of bins required. Waste and recycling volumes may change according to tenants attitudes to waste disposal and recycling, building occupancy levels or development's management. Any requirements for adjusting the capacity of the waste facilities can be achieved by changing the number of bins, the bin sizes or collection frequencies.

8.4 Medical waste

WASTE MANAGEMENT PLAN

The precinct will have dedicated medical waste bins supplied as per the medical waste contractor's recommendations for the site. Waste from out-of-date and partly used medicines, infectious medical wastes, hazardous wastes and radioactive wastes must be stored and disposed of according to specific industry-based regulations. Correct segregation and containment of all wastes is required under the Waste Act. Calculations are based on generic figures from the NSW Better Practice Guide for Waste Management in Commercial and Industrial Facilities.

It is the responsibility of Tenant to arrange with a private licensed waste contractor to dispose of any medical waste as required.

All medical waste generated by the development will be collected by an appropriate private contractor to an agreed schedule (this report assumes collections will occur on a twice weekly basis). The hours of collections will need to be confirmed in the agreement with the contractor.

The contractor's waste vehicle will access the site from Showground Rd and pull into the refuse tuck bay via the driveway. From this location, collection staff will access the medical waste room and service the bins. Access for collection staff to the waste room is to be arranged with the facility manager.

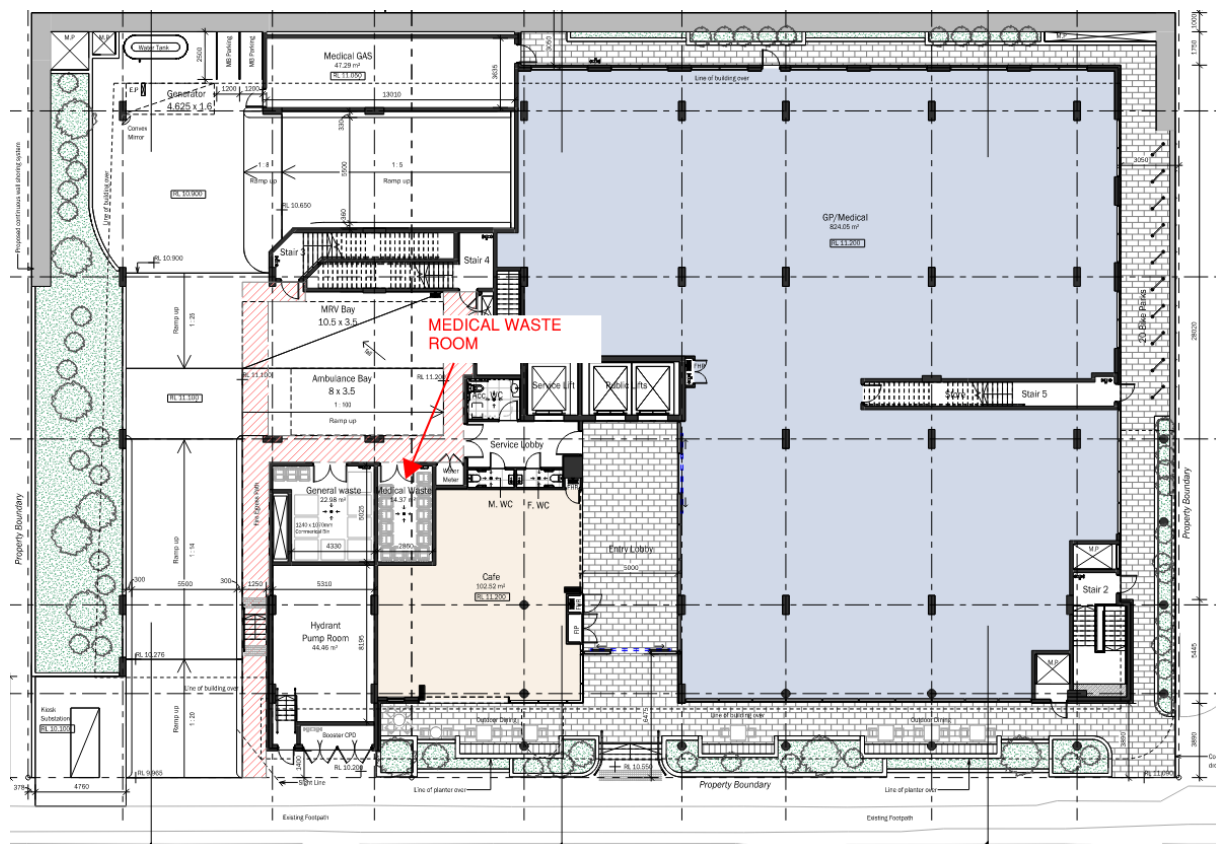


Figure 3 - Medical waste facilities

8.5 Radioactive Waste:

The management of radioactive waste will only apply to specific tenants such as Radiology that offers PET/CT or Nuclear Medicine departments.

The responsible Tenant shall undertake effective management of low and medium level waste depending on waste characteristics and the levels of radioactivity. The amount of radioactive waste is to be reasonably minimised and should be categorised according to its method of disposal in a timely fashion.

Radioactive waste is material contaminated with radioactive substances and may be solid, liquid or gaseous. Radioactive waste is no longer deemed to be radioactive once lead shielded and allowed to decay to a safe level as set by the regulatory authority. Due to the rapid decay of radioisotopes used for PET studies, very little solid waste will need to be stored except for syringes, needles, cannula etc. Specially designed lead-lined sharps bins are commercially available and should be readily accessible for use by all clinicians as required (ARPANSA 2008c).

Non-radioactive waste and very low-level waste (with levels below the exemption levels set by the regulatory authority) should be kept separate from waste that needs to be disposed of as radioactive waste. This waste should be monitored to confirm its status before being removed from a controlled area.

Typically, radioactive waste is separated on the basis of half-life in order to facilitate appropriate storage and disposal. For example, waste can be segregated into short-lived and long-lived radionuclide bins within the Tenancy's secured storage area. The bins should be well shielded and the content disposed of when the activity drops to a sufficiently low level (approximately 6 to 10 half-lives).

Tenants who may produce Radioactive waste shall have appropriate storage within their Tenancy (including receptacles and shielding as required) to house and protect the waste until such time as it can be disposed of by non-radioactive waste or transferred to the Medical Waste storage area for specialised collection.

Table 1 – General Waste Categories

Category	Items of waste	Receptacle	Receptacle located	Transported to storage	Facility storage	End disposal
Sharps	All “sharps”- needles, scalpel blades, syringes connected to needles, spikes, occasional glass fragments if broken item needs disposal	Yellow - various sizes – when full they are disposed of in 240L wheelie bin.	On dressing trolleys and 4 wheeled trolleys in procedure room, & Dirty Utility	By clinic attendants, nursing staff	Dirty Utility (within Tenancy)	Full waste bin individually locked and stored in dedicated locked storage room on ground floor. Collected for treatment by (to be advised), they have duplicate key to access store room.
Clinical	Clinical waste from procedure room	Yellow bin with biohazard symbol with yellow plastic liner	Procedure room – clinical waste bags	By nursing staff	Dirty Utility (within Tenancy)	Full waste bin individually locked and stored in dedicated locked storage room on ground floor. Collected for treatment by (to be advised), they have duplicate key to access store room.
General	Paper hand towels, all waste not contaminated with blood/ body fluids, kitchen waste Cardboard	Black plastic bins, lined with plastic bag	Bins under each sink, desks, kitchens, bathrooms, clean utility room	By cleaning company, occasionally by staff	Large waste bins located external to building	Contract with (to be advised)
Sanitary	Sanitary pads/ tampons, nappies	Approved sanitary bins	Assorted bathrooms	Initial staff	Remain in bathroom until collected by contractor	Collected monthly and taken from site by (to be advised)
Pharmaceutical waste	Expired drugs, unused drugs [non cytotoxic]	Yellow return bin onsite for return of unused medicines	Pharmacy	Coordinated through national guild program	Remain in pharmacy until collected	Collected as required
Recyclable toner	Toner cartridges	Recycle box with green liner	Admin Office Manager	Courier organised through equipment suppliers	Admin Office Manager	Collected when bins are full and company notified
Confidential waste	Confidential papers, patient labels	Bins noted for shredding only	Bins under each desk area, beside photocopier	All staff empty their own	(to be advised)	(to be advised)

WASTE MANAGEMENT PLAN

				shredding waste bin		
Patient X-rays	X-ray films	X-ray envelope	Administration support area	Admin management staff	Administration support area	Any unwanted X-rays are taken to the diagnostic imaging centre of origin
E -Waste	Computers, keyboards, mouse, batteries etc.					IT return items to vendor if under warranty. Otherwise disposed by eWaste contractor.
Radioactive waste	Equipment used in the dispense of radiopharmaceuticals	Radionuclide (lead lined) bins	Hot Lab (within Tenancy)	Technicians	Hot Lab (within Tenancy)	Through clinical waste once suitable half-life of material has been reached