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File Number 10/20270

File Name SOUTHERN REGION - SHOALHAVEN - PLANNING PROPOSAL - :

Printed By Mitchell Gelland

Printed On 20/05/2011

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Department of Planning
RECEIVED

21 APR 2011

Southern Region

Bill Hancock
57 Shoalhaven Street
Nowra NSW 2541
0244217186,
21st April 2011

Director General
NSW Department of Planning
Shoalhaven Local Government Area.

Dear Sir,

I represent the sixty residents of Nowra who have prepared and signed this 56 page objection to the proposed re-zoning and amendment to Shoalhaven LEP 1985. The site being; Part of lot 7300 DP 1132679, Nowra Park Scenic Drive Nowra, Application No; PP-2011-SHOAL-001-00.

The rezoning must be rejected on the grounds of no community consultation or working with people living or working close to the proposed health care development, lack of availability of reports and other relevant documents. The process has an unacceptable democratic deficit, resident and community interests go unheard, in contravention to the World Health Organisation (WHO) "Safe Management of wastes from Health-Care Activities" 15.1 page 159 .

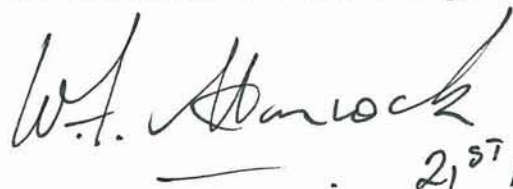
According to the WHO health facilities are hazardous industry, under the WHO "Polluter Pays Principle" health facilities are responsible for the waste they generate, they cannot dispose of it into residential sewerage systems. To control their hazardous waste generation especially pharmaceuticals and drugs, health facilities in the Shoalhaven need a site with space for their own closed sewerage system, this is especially important in regional areas where sewerage is not disposed of to ocean outfalls.

The objections highlight the rezoning consequences, the safety of local residents, health and sewerage workers those taking part in recreational activities and those consuming local produce especially dairy and seafood. Bad access through congested narrow residential streets and a helipad in a residential area that does not meet safety guidelines.

The health-care establishment's unconcern for "riparian zone" and the "sensitive coastal zone" location. Health care establishments should set an example to society by managing their activities and waste in a manner designed to protect health and the environment.

The Planning Proposal is lackadaisical and amateurish. Our objections are well founded and are not unreasonable the rezoning must be defeated.

Yours Truly


21ST April 2011.

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

We the undersigned strongly object to this proposed rezoning on the grounds that are highlighted in this 56 page submission. We all support the establishment of a Cancer Centre that is sympathetic to and does not pollute the environment, the proposed location is wrong.

NAME	ADDRESS	SIGNATURE
VICKI PORTER	12 NORTH ST.	V. Porter
KEVIN WAUGH	14 NORTH ST.	K. Waugh
Sam Waugh	14 North St	Sam Waugh
Val Houldsworth.	10 North St Nowra	V. Houldsworth.
Tom Houldsworth	10 NORTH ST NOWRA	T. Houldsworth
BILL HANCOCK	51 SHOALHAVEN ST. NOWRA.	B. Hancock
Owen Guy	48 Shoalhaven St Nowra	O. Guy
JULIE GUY	48 Shoalhaven St Nowra	J. Guy
DAVID GUY	48 SHOALHAVEN ST NOWRA	D. Guy
PAULINE BOOTHROYD	50 SHOALHAVEN ST NOWRA	P. B.
HARRY RHODES	127 KINGSDOWN ST NOWRA	H. Rhodes
Rhys Byrne	6 Wilson Ave nowra	R. Byrne
Deborah Byrne	6 Wilson Ave NOWRA	D. Byrne
Alexandria Byrne	6 Wilson Ave NOWRA	A. Byrne
Erica Bennell-Byrne	70A Shoalhaven St.	E. B. Byrne

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for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

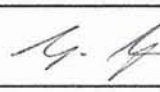
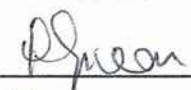
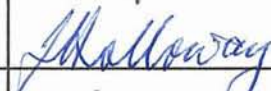
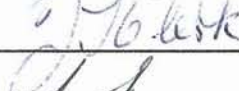
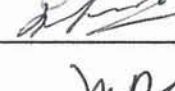
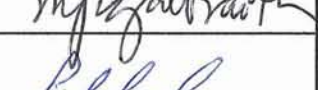
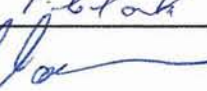
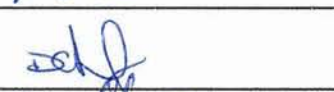
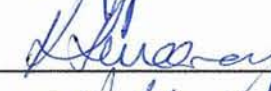
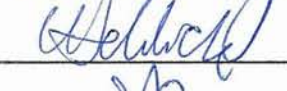
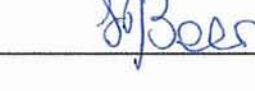
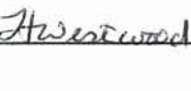
Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

We the undersigned strongly object to this proposed rezoning on the grounds that are highlighted in this 56 page submission. We all support the establishment of a Cancer Centre that is sympathetic to and does not pollute the environment, the proposed location is wrong.

NAME	ADDRESS	SIGNATURE
GODFREY GREEN	7 GREENDALE CLOSE NOWRA HILL	
Lisa Green	7 Greendale Cl. Nowra Hill	
Judith Holloway	4 North St Nowra	
Garry Holloway	4 NORTH ST NOWRA	
Pearl Blake	2 North St Nowra	
WALTER A GALBRAITH	4 WEST ST. NOWRA	
MELIP. GALBRAITH	4 WEST ST. NOWRA	
P. Blake	2 NORTH ST NOWRA	
WARREN BARRASS.	200 SHOALHAVEN ST. Nowra	
D. CLARIDGE	38 SHOALHAVEN ST	
C. CLARIDGE	38 SHOALHAVEN ST	
Karen Sweeney	36 Shoalhaven St	
Nichole Schlick	44 Shoalhaven St Nowra	
Leanne Beer	6 Bourne Ave Nowra	
HELEN WESTWOOD	117 SHOALHAVEN ST. NOWRA	

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

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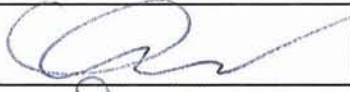
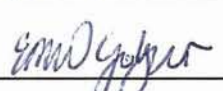
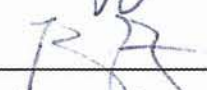
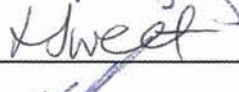
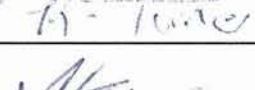
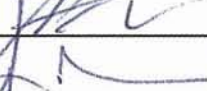
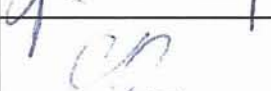
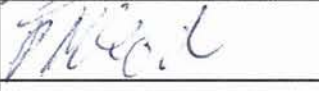
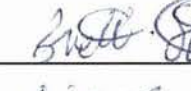
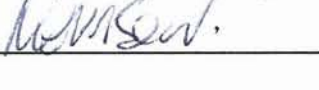
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NAME**ADDRESS****SIGNATURE**

Ross Sweet	6 North St	
Meggin Sweet	2A Tyler Cres Mt Pleasant	
Emmi Gokyar	8 Rosewood Close, Nowra	
Pam Gokyar	60 Emily Ct Bungal	
Lucy Lay	124 Bice Rd	
John Guscott	7/6 Hood cls	
Robert Turner	2/5 Jaycee Ave	
Michael Tomson	45 Frederick St SP	
Ross Marano	5 Dalmarnight	
Christen Dyer	7 Rubina Way	
Larry McLeod	8 Cornilios	
Phillip McLeod	83 Sculishay	
Scott Barron	8176 Glenview St	
Brill Stewart	2 Camellia Grove	
Marc Eupson	1/89 Albert St	

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NAME

ADDRESS

SIGNATURE

Edna Sargent-Clark	16 Nark St Nowra	Helen Sargent-Clark
Lynne Allen	106 Gorrana Dr Canberra	ALL
Geraldine Walker	107 ^{Nowra} SHOALHAVEN ST.	G. Walker
Heidi Peterson	43 Jarvis St Nowra.	
Beryl Byrge	72 Hyam St Nowra	B. Byrge
Alan Clark	PO Box 799 Nowra	Alan Clark
Sue Chivers	PO Box 1202 Nowra	Sue Chivers
Josie M'Enallay	PO Box 375 Berry ^{N.S.W.}	Josie M'Enallay
Brett M'Enallay	PO Box 375 Berry ^{N.S.W.}	B. M'Enallay
J L Hancock	Shoalhaven St Nowra	J L Hancock

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NAME _____

ADDRESS

SIGNATURE

[illegible]

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INTRODUCTION:

The rezoning amendment to Shoalhaven LEP 1985 must be strongly rejected on the grounds that the application is not well founded, it is incomplete and a misleading proposal, there are many undesirable features to this proposal.

There is no Act or regulation to support the rezoning, compliance with regulations protecting the land are not unreasonable or unnecessary, the underlying object of purpose would be defeated or thwarted if compliance was not maintained.

Enforcement of the category 1 riparian zone for the Shoalhaven River must be maintained to support other NSW Government Authorities enforcing these same regulations, if this governing authority flaunts the standard the standard is defeated.

Retention of a proper riparian zone requires that entry to any development be located elsewhere, present access via North Street and Scenic Drive with continual use by vehicles is having enormous negative visual, noise and environmental impacts to the area.

Harry Sawkins park is polluted from the old Council Gas Works and the community need to retain Nowra Park in it's entirety, it is in close proximity to the CBD. The proportion of area of public park needs to be maintained.

There is no master plan for the health facility requesting the rezoning, they are exempt from building height regulations and controls on this sensitive river escarpment.

Rezoning of this site is counter productive and will not achieve the objectives or intended outcomes of the Planning Proposal. The Planning Proposal fails to locate the Cancer Centre "adjacent " to the hospital increasing the potential for a toxic spill outside of manageable areas.

It is the intention of this proposal to dispose of body fluids containing Cytotoxic drugs into the sewerage system in contravention to World Health Organization guidelines and WorkCover NSW guide 2008 Drugs and related waste.

over

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

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Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
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Council area Shoalhaven Local Government Area

INTRODUCTION CONTINUED:

There are no estimates of quantities of hazardous material or the venting of Radioactive gases or of proposed methods of dealing with their own waste production, particularly hazardous health-care wastes in a residential area, there is no forethought or community consultation to the predictable toxic tragedy.

An approval would have substantial scenic and environmental impacts on the surrounding natural areas they are all reliant on each other, granting consent would not be consistent with the aims and objectives and ambitions of the land use of that whole highly visually important region that contains areas of National, State and Regional heritage significance.

The public benefits of maintaining the planning controls adopted by the environmental planning instrument far outweigh the location a health facility on this site. There are at least five alternative acceptable site options for a health services facility not being canvassed, the underlying objective of the planning proposal is not defeated by compliance to the present zoning.

The rezoning must be rejected on the grounds of no community consultation, lack of availability of reports and other relevant documents. The process has an unacceptable democratic deficit, resident and community interests go unheard.

The objections highlight the rezoning consequences, the safety of local residents, health and sewerage workers those taking part in recreational activities and those consuming local produce especially dairy and seafood.

The objections highlight other rezoning consequences, congestion of narrow residential streets, soil and river pollution from leaking and overflowing sewerage, bad practice in disposing of drugs and pharmaceuticals by the health industry.

Our objections are well founded and are not unreasonable the rezoning must be defeated.

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

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REASON FOR OBJECTION; Hazardous materials polluting the environment. (This is not addressed in the planning proposal)

The World Health Organisation minimal safety requirements are,

1. **“No chemicals or pharmaceuticals are to be discharged into the sewerage system.”**
2. **“Sewerage from health care establishments should never be used for agricultural or aqua cultural purposes.**
3. **United Nations Conference on the Environment and Development in 1992 adopted Agenda 21, “any waste producer is responsible for the treatment and final disposal of its own waste”.**

A rezoning to health services facility will promote discharge of hazardous chemicals and pharmaceuticals into Nowra’s aged sewerage system that has a history of blockages and overflows of raw sewerage into residential streets drains and then into the Shoalhaven River. Sewerage treatment is partially effective in processing bacteria , but has no way to separate out chemicals and pharmaceuticals from the water, it then finds its way into the Shoalhaven River a recreation and food source for the community.

Chemotherapy waste is considered to be a biological medical waste and must be packaged with a water proof label with the words “ medical waste “ or “ infectious waste “. Cytotoxic drugs mixed with the earth can be disastrous, and can lead to numerous ground water problems, incineration at 1,100 degrees still leaves residue.

The rezoning must be rejected, it is contrary to the environment and the World Health Organisation standard, there is no forethought to the predictable tragedy, or who is responsible for contamination or clean up once the hazardous material leaves the health facility and enters the sewerage system.

FOR DOCUMENTATION REFER TO ATTACHMENT (A) .

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(From the Planning Proposal) Part 1 . OBJECTIVE OR INTENDED OUTCOME.

REASON FOR OBJECTION;

The Director General of the Department of Planning has no choice, this verges on bullying by the planners.

It is a democratic injustice that the Shoalhaven community have not been consulted, the agenda is a one option and no opportunity to debate the situation.

This is a high impact proposal and it has been attached to a fear campaign claiming the only suitable site for the Cancer Centre is Nowra Park,

If the Shoalhaven community do not accept this only option they have been threatened that they will lose the opportunity of local cancer treatment.

Every member of the community supports and wants a Cancer Centre!

Community representatives can offer five other options that have not had opportunity for debate.

(From the Planning Proposal) Part 2 . EXPLANATION OF PROVISIONS.

REASON FOR OBJECTION;

The community have not been asked if they want the Shoalhaven LEP 1985 amended, there is no mandate to change the zoning.

Finally, we will give back to people the opportunity to shape their own neighbourhoods, protect local environments and return planning powers to the community.

Barry O'Farrell

Barry O'Farrell
NSW Liberal Leader

The rezoning must be rejected on the grounds of no community consultation.

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

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(From the Planning Proposal) Part 3 . JUSTIFICATION.

A, Need for the Planning Proposal. (page 3)

1. “Is the planning proposal a result of any strategic study or report?”

Ref; From the Planning Proposal page 3

The location of the Cancer Care Centre within Nowra and adjoining the existing hospital supports and achieves these intended outcomes of the South Coast Regional Strategy.

REASON FOR OBJECTION;

The stated objective of the Planning Proposal is to locate the Cancer Centre “adjoining” the present hospital as intended by the South Coast Regional Strategy.

The Cancer Centre must adjoin the existing hospital to maintain an impermeable surface, especially on floor treatments with a containment edge and slight slope to a central collection area to contain spills for an immediate and effective clean-up.

Nowra Cancer Centre is only co-located, it is not an efficient safe and secure link to existing clinical facilities, any number of other sites are comparable.

When transferring patients this proposal has the potential to pollute the environment of Nowra Park through spills of hazardous materials onto absorbent surfaces into a community sporting and recreation facility used by children.

The Planning Proposal fails to locate the Cancer Centre “adjoining” the existing hospital as intended by the South Coast Regional Strategy. The guidelines are not met, the rezoning does not qualify for approval.

FOR DOCUMENTATION REFER TO ATTACHMENT (B) .

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(From the Planning Proposal) Part 3 . JUSTIFICATION.

A, Need for the Planning Proposal. (page 1)

1. “Is the planning proposal a result of any strategic study or report?”

REASON FOR OBJECTION;

This section is not site specific and all these objectives can be achieved on any of five other sites. These statements do not exclusively support this Planning Proposal for this site.

Every member of the community wants local cancer treatment, including the signatories of this rezoning objections submission.

The concept of a Cancer Centre, jobs, quality health care, infrastructure and business investment and all of the Health Services mentioned in the various reports should be achieved.

The community suggestions offer a lot more objectives and includes answers to infrastructure problems like Community Health, Medical School, Private investment, and a site for a helipad that conforms to safety standards.

A location that is closer to the centre of population and space to include a closed sewerage system overcoming pollution of the environment. and a more equitable location to the centre of population of the community with a lot more future growth potential.

At the same time protecting community Recreation Areas for the community to further exploit, creating jobs and economic stimulation for business in tourism.

The strategic studies and reports are not reliant on this site, there are other options, the rezoning can not be supported.

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(From the Planning Proposal) Part 3 . JUSTIFICATION.

A, Need for the Planning Proposal. (page 3)

2. “Is the planning Proposal the best means of achieving the objectives or intended outcomes, or is there a better way?”

REASON FOR OBJECTION;

There is NOT a net benefit, greater benefit is achieved with other options !

The land, old growth trees, canopy and contribution it gives to the scenic values and importance of the visual backdrop to the CBD of Nowra are irreplaceable

The site is an intergenerational community asset that has been preserved by, and used by, and maintained by, and valued by the community for the past 135 years, pivotal in the scenic image for Nowra exploiting tourism.

Significant community concern is expressed in the short sighted approach taken for a quick result to rezone this site. Many reports commend its value and recommend the continued preservation as a recreation area.

Rezoning of this site is counter productive and will not achieve the objectives of the South Coast Regional Strategy or intended outcomes of the Planning Proposal our the wishes of the community.

FOR DOCUMENTATION REFER TO ATTACHMENT (C) .

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Part 3, B RELATIONSHIP TO STRATEGIC PLANNING FRAMEWORK. (page 5)

4. “Is the planning proposal consistent with the objectives and actions contained within the applicable regional or sub - regional strategy (including the Sydney Metropolitan Strategy and exhibited draft strategies)?

1st REASON FOR OBJECTION;

Incorrect selection of site, the selection of this site disadvantages a large proportion of Northern Shoalhaven residents in the Jervis Bay/St Georges Basin growth areas, the site is not the centre of population.

2nd REASON FOR OBJECTION;

Site safety issues, the medical helipad in a residential area does not meet the NSW Health Medical Helipads Document Number PD2005 128 safety standards.

3rd REASON FOR OBJECTION;

Site constraints as identified by NSW Health and Shoalhaven City Council

4th REASON FOR OBJECTION;

National Trust of Australia recommendation that the site be reserved for public recreation.

5th REASON FOR OBJECTION;

**Objectives of South Coast Sensitive Urban Lands Review October 2006
NSW Minister for Planning**

FOR DOCUMENTATION REFER TO ATTACHMENT (D) .

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Part 3 . RELATIONSHIP TO STRATEGIC PLANNING FRAMEWORK.

5. “is the planning proposal consistent with the local council’s Community Strategic Plan, or other local strategic plan?” (page 6)

1st REASON FOR OBJECTION;

Local Government Act 1993. Chapter 3, Section 8(1) - The Council’s Charter

2nd REASON FOR OBJECTION;

The public raised \$1 million all the time being of the opinion the Cancer Centre would be part of and on the same site as the existing hospital, but they were not made aware of the potential pollution hazard.

3rd REASON FOR OBJECTION;

Shoalhaven City Council Community Strategic Plan Shoalhaven 2020.

4th REASON FOR OBJECTION;

Shoalhaven City Council Visual Management Plan 1994.

5th REASON FOR OBJECTION;

South Coast Regional Strategy;

6th REASON FOR OBJECTION;

The acknowledged need to retain vegetation coverage, especially irreplaceable mature trees.

7th REASON FOR OBJECTION;

Seven surviving commemorative tree plots in the proposed site, not recognised in this planning proposal , planted by Saint Michael’s school students encouraged and financed by council and NSW Government.

8th REASON FOR OBJECTION;**State environment protection plan 71;****The site is clearly Sensitive Coastal Location, if the Governing Authority flaunts the “Standard” the underlying purpose or objective would be defeated or thwarted if the compliance was not maintained.****9th REASON FOR OBJECTION;****Illawarra Regional Environmental Plan,****10th REASON FOR OBJECTION;****Shoalhaven City Council Coastal Management Plan;****11th REASON FOR OBJECTION;****Council CBD Master Plan indicates medical expansion preferred to the north east onto land already State owned, in the opposite direction to this planning proposal thus further isolating the proposed Cancer Centre.**

FOR DOCUMENTATION REFER TO ATTACHMENT (E).

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

Part 3 JUSTIFICATION, C Environmental Social and Economic Impact

9. “Are there any other likely environmental effects as a result of the planning proposal and how are they proposed to be managed”. (page 8)

1st REASON FOR OBJECTION;

If the governing authority flaunts the environmental standards the standard is defeated.

2nd REASON FOR OBJECTION;

Health facilities introduce hazardous pharmaceutical and medicine materials into the sewerage system contrary to World Health Organisation (WHO) recommendations. The WHO “Polluter Pays Principal” states health facilities are responsible for the waste they generate. They need a site with their own closed sewerage system

3rd REASON FOR OBJECTION

Shoalhaven sewerage is disposed of through dairy farms, run off then enters the Shoalhaven River. This rezoning proposal does not address management of the predictable toxicity impact that is not reversible, and who is responsible for that toxic waste once it leaves the health facility via the sewerage system or with an outpatient.

4th REASON FOR OBJECTION;

The planning proposal will impact on the Shoalhaven River and its riparian zone, scenic qualities, commemorative tree plantings, Ben’s Walk and community values.

5th REASON FOR OBJECTION;

Incorrect interpretation of heritage values by Dept of Planning heritage department report .

6th REASON FOR OBJECTION;

Incomplete history submitted by Planning Proposal consultants.

7th REASON FOR OBJECTION;

There are no estimates of quantity or proposed method of dealing with their own waste production, particularly hazardous health-care wastes in the proposal.

8th REASON FOR OBJECTION;

There is no security plan in the Planning Proposal.

9th REASON FOR OBJECTION;

Low water flow in that section of the sewer, the site is the first connection on the sewerage line.

10th REASON FOR OBJECTION;

There has been no public education or consultation on hazards linked to the health-care proposal as recommended by the World Health Organisation 15.1 page 159.

11th REASON FOR OBJECTION;

United Nations 1992 Agenda 21; The proposed site is to environmentally sensitive and is not suitable for disposing of wastes as required.

12th REASON FOR OBJECTION;

The planning policy does not address if the waste generator is responsible for the waste in the sewerage and given to outpatients or the ratepayers, in the event of spill or a sewerage overflow in a residential street who responds.

13th REASON FOR OBJECTION;

Radioactive gasses being vented into the atmosphere and the proximity of residential housing.

14th REASON FOR OBJECTION;

The locals love our dairy food and oysters, food from the Shoalhaven is marketed throughout Australia and overseas.

FOR DOCUMENTATION REFER TO ATTACHMENT (F) .

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

Part 3, JUSTIFICATION, D State and Commonwealth interests.

11. “is there adequate public infrastructure for the planning proposal?”
(page 11)

1st REASON FOR OBJECTION;

Sewerage discharge from the health facility will pollute the Northern Shoalhaven Reclaimed Water Management Scheme with no way to separate out the drug volume. This health facility needs a site where it can manage it's own hazardous waste in it's own closed sewerage system

2nd REASON FOR OBJECTION;

Poor road infrastructure servicing the health facility is not addressed in this proposal, the health facility needs a site with highway access.

The road system around this facility are in the “Road Hierarchy” assessed as “Local”. There is no “Road Hierarchy” appraised “Access” or “ Main Road ” path to the facility.

No traffic surveys have been submitted to support this Planning Proposal.

3rd REASON FOR OBJECTION;

The health facility has not addressed ongoing parking problems, this Planning Proposal perpetuates the problems and even enlarges them into other residential streets.

4th REASON FOR OBJECTION;

Helipad located in a residential area does not conform to safety and noise standards, 40 pre-school children are housed inside the safety zone, this is not addressed in the Planning Proposal.

FOR DOCUMENTATION REFER TO ATTACHMENT (G) .

ATTACHMENT (A) HAZARDOUS MATERIALS.

(Not addressed in Planning Proposal)

1

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

REASONS FOR OBJECTION;

The World Health Organisation minimal safety requirements require,

- 1. “No chemicals or pharmaceuticals are to be discharged into the sewerage system.”**
- 2. “Sewerage from health care establishments should never be used for agricultural or aqua cultural purposes**

Chemotherapy waste is considered to be a biological medical waste.

A health facilities rezoning will facilitate the sewer discharge of hazardous chemicals and pharmaceuticals into Nowra’s aged sewerage system that has a history of blockages and overflows of raw sewerage into residential streets, drains and then the Shoalhaven River.

A health facilities rezoning will facilitate the sewer discharge of hazardous chemicals and pharmaceuticals into the “Northern Shoalhaven Reclaimed Water Management Scheme”.

The “Northern Shoalhaven Reclaimed Water Management Scheme” treatment is partially effective in processing bacteria but has no way to separate out chemicals and pharmaceuticals.

The water distributed by the “Northern Shoalhaven Reclaimed Water Management Scheme” irrigates in excess of 500 hectares of farmland including dairy farms where it is also used as wash down water.

The water distributed by the “Northern Shoalhaven Reclaimed Water Management Scheme” irrigates golf courses and sporting areas used by children.

This water then finds its way into the Shoalhaven River a recreation and aquaculture food source for the community.

Ref; Oncologist-approved cancer information from the American Society of Clinical Oncology
Cancer.Net



After a session of chemotherapy is finished, the IV catheter will be removed (although implantable ports will remain for the duration of chemotherapy) and your vital signs will be checked.

Your oncologist and/or nurse will review what side effects to expect throughout the cycles of chemotherapy and provide medication and tips to manage them. Specific instructions may include:

- Avoiding interacting with crowds of people or with children (especially those with illnesses or infections) while your immune system is temporarily weakened
- Drinking lots of fluids over the next 48 hours to help flush the drugs through your system
- Ensuring proper handling of urine, stool, vomit, semen, and vaginal secretions because chemotherapy typically remains in your system for 48 hours after treatment. For example, flushing the toilet twice after use will help protect family members from waste or other body fluids that may contain chemotherapeutic agents.

Ref; UMCCC What to Expect from Chemotherapy: After Chemotherapy

Body Wastes

Small amounts of chemotherapy are present in urine, stool, and vomit. If you are exposed to any body wastes, wash the area with soap and water. Others in your household may use the same toilet as long as all waste is flushed down the toilet. If you use a commode, bedpan, urinal or a basin for vomiting, wear gloves when emptying the waste, rinse the container with water and clean it at least once a day with soap and water.

Ref; World Health Organisation Safe management of wastes from health-care activities

When the final effluents or the sludges from sewage treatment plants are reused for agricultural or aquacultural purposes, the safety recommendations of the relevant WHO guidelines should be respected (see section 10.2.2).

10.3.2 Minimal safety requirements

For health-care establishments that apply minimal programmes and are unable to afford any sewage treatment, the following measures should be implemented to minimize health risks:

- Patients with enteric diseases should be isolated in wards where their excreta can be collected in buckets for chemical disinfection; this is of utmost importance in case of cholera outbreaks, for example, and strong disinfectants will be needed (see section 16.4.3).
- No chemicals or pharmaceuticals should be discharged into the sewer.
- Sludges from hospital cesspools should be dehydrated on natural drying beds and disinfected chemically (e.g. with sodium hypochlorite, chlorine gas, or preferably chlorine dioxide).
- Sewage from health-care establishments should never be used for agricultural or aquacultural purposes.
- Hospital sewage should not be discharged into natural water bodies that are used to irrigate fruit or vegetable crops, to produce drinking-water, or for recreational purposes.



CYTOTOXIC

DRUGS AND RELATED WASTE



New South Wales

Ref; Work Cover NSW Cytotoxic drugs and related waste Guide 2008

1.3 What are cytotoxic drugs?

Cytotoxic drugs work by causing the death of certain type of cells and are used to treat conditions such as cancer, rheumatoid arthritis, multiple sclerosis and some ophthalmic conditions. Not all drugs prescribed for cancer are cytotoxic.

Cytotoxic drugs are known to be highly toxic to non-target cells, mainly through their action on cell reproduction. Some have been shown to cause second cancers in cancer patients. Some have also been shown to be mutagenic (causing changes to DNA) or teratogenic (causing birth defects) in various experimental systems.

Cytotoxic drugs are increasingly being used in a variety of health care and community settings, laboratories and veterinary practices for the treatment of cancer and other medical conditions, such as rheumatoid arthritis, multiple sclerosis and autoimmune disorders – eg psoriasis and systemic lupus erythromatosis.

Generally, cytotoxic materials are identified by a purple symbol that depicts a cell in late telophase.

1.4 Potential adverse health effects

Where control measures are inadequate, adverse health effects may result from occupational exposure.

Health effects that have been attributed to those who prepare and administer cytotoxic drugs include:

- alterations to normal blood cell count
- foetal loss and possible malformations in offspring
- fertility changes
- abdominal pain, hair loss, nasal sores and vomiting
- liver damage
- contact dermatitis, a local toxic reaction or an allergic reaction that may result from direct contact with the skin or mucous membranes.

These effects have not been reported where a high standard of risk control is in place.

Exposure to cytotoxic waste may occur through:

- removing or inserting catheters
- handling vomitus, blood, excreta, or fluid drained from body cavities
- handling bedpans, urinals, emptying urinary catheter bags, colostomy or urostomy bags, or vomitus bowls, wet nappies and incontinence pads, and wet dressing materials
- handling bed linen or clothing soiled with a patient's waste, or potentially contaminated with the drug or active drug metabolites
- cleaning spills
- tracheal suctioning.

8.3.3 Safe work procedures

Safe work procedures should be adopted and emphasise the need to:

- avoid skin contact with a patient's body substances
- use closed systems where possible, to prevent generating aerosols when handling a patient's vomitus, blood, excreta or fluid drained from their body cavities
- contain and clean-up spills immediately
- use urine hats to avoid sprays and aerosols
- dispose of waste, such as urine, faeces and vomitus into a hot pan flusher or a toilet with a lid, and the contents of colostomy or urostomy bags, incontinence aids, disposable nappies and heavily exuding dressing materials into bags and in a cytotoxic waste bin
- take precautions when handling body waste during drug excretion (all staff and carers should be informed)
- use indwelling catheters for incontinent patients

8.4 Transporting patients

8.4.1 Within an establishment

When relocating a patient to another area within a hospital or treating centre while drug administration is in progress, the following control measures should be implemented:

- constant supervision by medical or nursing staff
- immediate access to emergency assistance in the event of a spill
- immediate access to a spill kit
- those at the patient's new destination must be aware of cytotoxic procedures.

9.1 Sources of spills

A risk assessment should identify all areas where there is a risk of a cytotoxic spill.

Spills may involve:

- cytotoxic drugs in all forms – liquid, powder, broken tablets, tablets or creams
- drugs spilt (or leaking) during preparation, storage or transport of packaged drugs
- drugs spilt during administration
- drugs spilt during the transport of a patient undergoing drug therapy in situ
- cytotoxic contaminated body substances
- cytotoxic contaminated waste.

Spills may result in the contamination of floors, work surfaces, equipment, bedding and clothing.

10.9.1 Thermal destruction

Waste treatment must render the cytotoxic waste non-infectious and unrecognisable, and must also meet DECC requirements to protect the environment. Currently, thermal destruction treatment (1100° celsius or higher) is the only acceptable technology for treating cytotoxic waste. If the waste consists of a mixture of cytotoxic and other waste, it should be incinerated at the temperature recommended for cytotoxic waste. All incinerators or other processes used for the thermal destruction or treatment of cytotoxic waste must be licensed by the DECC and must satisfy the conditions of the environment protection licence.

Ref; **User:APBio1102**
From Wikipedia, the free encyclopedia
 Jump to: navigation, search

Proper Removal of Medical Waste

The proper removal of medical waste and chemotherapy waste is vital. The improper disposal can lead to numerous ground water supply problems and symptoms that can result in causing cancer. Cancer is caused when certain cells experience uncontrolled growth by the abnormalities in the genetic materials. One of the most common ways to cure any form of complicated cancer is through chemo therapy. Chemo, as most call it, contains cytotoxic drugs known to have carcinogenic, mutagenic or teratogenic in them.^[1] These chemicals are used to kill cancerous cells in the body which means when they are mixed with the earth it can be disastrous.

Chemotherapy drugs are disposed of by using special instructions. According to the Occupational Health and Safety Division who created a health manual to enforce proper disposal methods among all hospitals. Cytotoxic drugs inhibit and prevent the function of cells. Cytotoxic drugs include drugs used to treat cancer and in some cases, to treat certain skin conditions. It is so important to look for the proper disposal method on the prescription bottle, or ask your health care provider for instructions on how to throw away correctly.

Chemo therapy waste is considered to be a biological medical waste or BMW. There are many chemo drugs some are considered hazardous waste or BMW's while others are not. Some generics that have been identified as hazardous are: Arsenic Trioxide, Chlorambucil, Cyclophosphamide, Daunomycin, Diethylstilbestrol, Melphalan, Mitomycin C, Streptozotocin, Uracil Mustard.^[2] These drugs are used in various cancer treatments and are administered in different ways. Antineoplastic drugs (drugs used to treat cancer) are administered through IV's, straight injections, pills, liquids, patches etc. These treatments leave behind empty bottles, bags, and needles. Discarded packaging and materials must be considered as well as the discarded human waste of the patients undergoing treatment. The Center for Disease Control (CDC) and the National Institute for Occupational Safety and Health (NIOSH) and many state health programs have websites detailing the guidelines and procedures that medical personnel and patients should use. The universal procedures regard the safe administration and disposal of these hazardous drugs are posted by Occupational Safety and Health Administration (OSHA) and National Institutes of Health (NIH)

Disposal of Biomedical Waste (BMW):^[7]

The main way of disposing BMW's including chemotherapy waste is through incineration. Even incineration leaves incinerator residue which has to be disposed of following regulations. Regulation of transportation and record keeping of such waste must also be carefully followed.

Exposure: The CDC has issued a warning on workers exposure to hazardous drugs and has concluded that there is evidence that despite the safety protocols being followed workers are experiencing serious health effects. In some case studies workers direct exposure was well documented. A number of studies indicate that antineoplastic drugs may cause increased genotoxic effects in pharmacists and nurses exposed in the workplace. There is evidence to show that developmental and reproductive effects including infertility. One of the more deadlier effects can be cancer. A significantly increased risk of leukemia has been reported among oncology nurses identified in the Danish cancer registry for the period 1943–1987.^[8]

Safe management of wastes from health-care activities***Table 9.1 Overview of disposal and treatment methods suitable for different categories of health-care waste***

Technology or method	Infectious waste	Anatomical waste	Sharps	Pharmaceutical waste	Cytotoxic waste	Chemical waste	Radioactive waste
Rotary kiln	Yes	Yes	Yes	Yes	Yes	Yes	Low-level infectious waste
Pyrolytic incinerator	Yes	Yes	Yes	Small quantities	No	Small quantities	Low-level infectious waste
Single-chamber incinerator	Yes	Yes	Yes	No	No	No	Low-level infectious waste
Drum or brick incinerator	Yes	Yes	Yes	No	No	No	No
Chemical disinfection	Yes	No	Yes	No	No	No	No
Wet thermal treatment	Yes	No	Yes	No	No	No	No
Microwave irradiation	Yes	No	Yes	No	No	No	No
Encapsulation	No	No	Yes	Yes	Small quantities	Small quantities	No
Safe burial on hospital premises	Yes	Yes	Yes	Small quantities	No	Small quantities	No
Sanitary landfill	Yes	No	No	Small quantities	No	No	No
Discharge to sewer	No	No	No	Small quantities	No	No	Low-level liquid waste
Inertization	No	No	No	Yes	Yes	No	No
Other methods				Return expired drugs to supplier	Return expired drugs to supplier	Return unused chemicals to supplier	Decay by storage

Ref; Water Recycling & Reuse - 2006 mhtml:file:///F:/Water recycling & reuse 2002.mht

Northern Shoalhaven Reclaimed Water Management Scheme (REMS)

The Northern Shoalhaven Reclaimed Water Management Scheme (REMS) has been developed to provide a long-term beneficial approach to wastewater management in the Shoalhaven. Reclaimed Water (treated wastewater) is tertiary treated including filtration and chlorine disinfection. The aim of the Scheme is to reuse an average of 80% of reclaimed water produced with surpluses released to the ocean at Penguin Head. Scheme water is currently supplied to seventeen properties including dairy farms, golf courses and sporting grounds. In excess of 500 hectares of farmland and sporting areas is now irrigated via the REMS.

Reclaimed water is also now replaces drinking water for wash down of yards at dairy farms saving over 100 megalitres of town water per year.

REMS Stage 1A construction was completed in 2003 and includes Callala, Vincentia, Culburra Beach and St Georges Basin Wastewater Treatment Plants (WwTPs). From October 2001 reclaimed water from St Georges Basin and Vincentia WwTPs has been transferred to the REMS distribution facilities at Coonemia allowed releases to Jervis Bay to be stopped.

Reclaimed Water Quality – Scheme water quality has been of a consistently high standard and fully complies with environmental and irrigation water quality targets. A high level of disinfection is also being achieved. This level of quality will allow reclaimed water to be used in a wide variety of applications in the future. A trial using reclaimed water for road construction is underway and may be expanded to other areas if successful.

Part 3 Justification A1 7

ATTACHMENT (B) DOES NOT MEET PLANNING CRITERIA GUIDELINES.

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

Part 1 . OBJECTIVE OR INTENDED OUTCOME.

Reference from Cancer Centre Planning Proposal; Page 3

The location of the Cancer Care Centre within Nowra and adjoining the existing hospital supports and achieves these intended outcomes of the South Coast Regional Strategy. Page 3

Reference from Reader's Digest Word Finder

adjoining *adj.* The two sisters had adjoining rooms at the hotel: joining, joined, touching, connected, interconnected, next-door.

Ant. separate, detached, discrete, individual.

▷ Usage note: See ADJACENT.

REASON FOR OBJECTION; The planning proposal objective is defeated.

The stated objective of the Planning Proposal is to locate the Cancer Centre “adjoining” the present hospital as intended by the South Coast Regional Strategy.

Lismore Cancer Centre is integrated with the hospital, a direct link.



NOWRA PLAN.



LISMORE PLAN.

Reason 1. The Cancer Centre must adjoin the existing hospital to maintain an impermeable surface, especially on floor treatments with a containment edge and slight slope to a central collection area to contain spills for an immediate and effective clean-up.

Reason 2. The Cancer Centre must adjoin the existing hospital to maintain controlled environment, because patients immune systems are dangerously low exposing the patient to the weather and risk of infection.

Reason 3. When transferring patients this proposal has the potential to pollute the environment of Nowra Park through spills of hazardous materials onto absorbent surfaces into a community sporting and recreation facility used by children

User:APBio1102

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Proper Removal of Medical Waste

The proper removal of medical waste and chemotherapy waste is vital. The improper disposal can lead to numerous ground water supply problems and symptoms that can result in causing cancer. Cancer is caused when certain cells experience uncontrolled growth by the abnormalities in the genetic materials. One of the most common ways to cure any form of complicated cancer is through chemo therapy. Chemo, as most call it, contains cytotoxic drugs known to have carcinogenic, mutagenic or teratogenic in them.^[1] These chemicals are used to kill cancerous cells in the body which means when they are mixed with the earth it can be disastrous.

Ref; Work Cover NSW Cytotoxic drugs and related waste Guide 2008

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- immediate access to a spill kit
- those at the patient's new destination must be aware of cytotoxic procedures.

ATTACHMENT (C) Part 3 Justification 2

**THIS PLANNING PROPOSAL IS NOT THE BEST
MEANS OF ACHIEVING THE OBJECTIVES, (Page 3)**

**LEADING COMMUNITY ORGANISATIONS FIND
GREATER BENEFIT IN OTHER OPTIONS.**

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

REASON FOR OBJECTION;

**The community see greater benefits are achieved with other
community planing proposals as shown in attached documents.**

**A broader encompassing plan that address many other problems
with health infrastructure, accessibility, parking, helicopter operations,
sewerage, new growth and job opportunities, existing industries and
environment.**

**Rezoning of this site is counter productive and will not achieve the
objectives of the South Coast Regional Strategy or intended outcomes
of the Planning Proposal our the wishes of the community.**

University of Wollongong



Robbie Collins
Head
Shoalhaven Campus

With the establishment of Medicine and Nursing Faculties on University of Wollongong's Shoalhaven Campus, there is a timely opportunity for the region to provide increased health services AND to build on the educational opportunities that could come from enhanced healthcare education at a University based public hospital.

Another advantage is that co-locating the new public hospital with the University would provide a valuable asset to the district and provide an attractive proposition for medical and nursing students through the provision of a teaching hospital.



Yours Sincerely


John Lamont
President

The Area Health services strategic plan expires this year. As a new regional plan will need to be established, the Shoalhaven Business Chamber would like to see some strategic long term thinking that includes a new green field site for the future hospital, and some long term thinking for the region and its health care needs.

This new hospital would not see the current hospital discarded, but instead used for other community health services that are currently situated in the CBD of Nowra, Relocation to this precinct at the current hospital site would see the continued use of this valuable infrastructure, and also make for easier parking and access to these services as parking in the CBD is at capacity and currently makes access to these service difficult. There would also be significant savings to the NSW Government as leasing would no longer need to be paid on these separate and disjointed service scattered within the city.

John Hatton AO



Over 50 years a resident of Shoalhaven and State MP for 20 years, I am very familiar with the sites and the issues.

The relocation of the Shoalhaven Hospital is essential to allow for future expansion, better location and to preserve priceless recreation areas facing the Shoalhaven River.

It is critical that a favourable decision is made urgently to forestall the proposed relocation of multimillion dollar Cancer Care Centre, which should be located close to any new site for the hospital.

Shoalhaven Historical Society Inc.

Yours
Lynne Allen
President
Shoalhaven Historical Society

Any pressure which can be brought to bear on the authorities to address the future needs of health care in the Shoalhaven in a rational and pre-emptive manner will be much appreciated by the citizens in the Shoalhaven. It is nonsensical to even contemplate further developing the present hospital site due to its overutilization. The planned land grab of Community land, which in fact belongs, not to the citizens of the Shoalhaven, but to the citizens of Nowra, is totally unacceptable and must be resisted vigorously in the name of our heritage.

All citizens want to see a Cancer Unit built but this should not be at the expense of our heritage because of the poor planning and incompetence of the authorities. This Community should not suffer for the mistakes of Governments.



Kind regards

Gareth Ward
GARETH WARD
Councillor for First Ward

As I have said before the advent of the Medical School at the West Nowra Campus of the University of Wollongong offers many new exciting opportunities for health care in our region, particularly the relocation and

growth of the Shoalhaven Hospital on a separate site. There are certainly many services offered by the Shoalhaven Hospital that could run jointly with the University and rather than encroach onto nearby land in order to allay many of the infrastructure concerns such as parking. I would certainly hope that the Department of Health will consider working with the University in respect of this concept at a later date.

In relation to the recreational area adjacent to the Hospital, like you, I too believe that this area must be preserved.



Shelley Hancock

MEMBER FOR SOUTH COAST

38 Berrv Street, Nowra NSW 2541 PO Box 1436, Nowra NSW 2541

Yours sincerely

Shelley Hancock MP
Member for South Coast

I note also the resolution of the Shoalhaven City Council Of 29th April 2003 that I enthusiastically supported at the time. Of course I still agree that the parklands adjacent to the hospital should remain as such for the amenity of the area and for the enjoyment of residents. I do not support any further incursion of the hospital into the reserve areas and agree with your comments about parking problems currently being experienced in surrounding streets.

Shoalhaven District Cricket Association Inc.

President: David Sloane.

Secretary: John Saville,
P.O. Box 4007
East Nowra 2541.
Phone (02) 4422 1683 a.h.

TO WHOM IT MAY CONCERN

Re Nowra Park/Recreation Ground

This association through its officers and delegates supports the efforts of Mr Bill Hancock in having a heritage listing granted for the remaining remnants of reserves and parklands dedicated in 1887 as Nowra Park.

For at least 125 years, cricket has been played on this area we now know as the Recreation Ground, and while only minor matches are held there now, it remains an important part of our heritage.

For a lengthy period the ground was the virtual headquarters of this association, and had the distinction in the summer of 1884-85 of hosting the only match ever played in the district by a touring English Test side and against a team representing the Shoalhaven.

Extensive research has shown there have been other significant matches played on this field which is still used for cricket to this present day. A paper on *Cricket on the 'Rec'* can be supplied to any interested person or body.

We note that in recent years Shoalhaven City Council has lobbied the State Government to have this historic area conserved, and free of any other major development. We wholeheartedly support council's stand, for Nowra needs to retain this parkland so near to the town centre.

Yours sincerely,

John Saville,
Secretary.

February 6, 2006

REPORT OF GENERAL MANAGER
POLICY AND PLANNING COMMITTEE
TUESDAY, 20 APRIL, 2004

COMMUNITY AND OPERATIONS

1. Shoalhaven Hospital

File 279

At its meeting of 25 November, 2003, Council adopted the following resolution concerning Shoalhaven Memorial Hospital:

- "(a) Shoalhaven City Council lobby the Minister for Health, the Hon Morris Iemma MP, and the Illawarra Area Health Service to ensure that any future development of Shoalhaven Hospital be constrained within the existing site.*
- (b) Shoalhaven City Council offer reassurances to Nowra residents, especially the living in Shoalhaven Street, that it will do all it can to ensure the preservation of the remaining reserve area adjacent to the hospital."*

This resolution followed expressions of concern by a number of Nowra residents that the Hospital might, over time, expand into adjacent parkland areas and particularly the Nowra Recreation grounds.

- # As a result of Council's resolution representations were made to the Hon Morris Iemma MLC, Minister for Health and Dr Liz Gale, Chief Executive Officer of the Illawarra Area Health Service in the terms of the letter shown at Attachment "A". Council's letter to the Minister noted that the Shoalhaven Memorial Hospital site was subject to a number of spatial constraints and that it might be appropriate to engage in a dialogue to identify a new less inhibitive site, to develop a major hospital facility to service our City over the next century.

- # A response has now been received from the Parliamentary Secretary for Health in terms of the letter shown at Attachment "B". It is noted from that letter that the Minister for Health advises that there has been no formal planning to extend the Shoalhaven Hospital beyond its current boundaries.

It is noted that the State Government's response does not address the issue of identifying alternative sites which might have the potential to service Shoalhaven's Hospital needs over the next century.

SUBMITTED for information.

J J Wells
DIRECTOR COMMUNITY & OPERATIONS

R.D Pile
GENERAL MANAGER

September 13, 2010
JG:jt

FILE COPY

The Hon Tony Abbott
Opposition Leader
PO Box 450, Manly
NSW 2095

Dear Mr Abbott,

The Shoalhaven's rapidly expanding population and limited health services has led to a push locally to see the Shoalhaven District Memorial Hospital and promised Cancer Care Centre, moved to a larger alternate site along side the School of Medicine at the Shoalhaven University in West Nowra.

The current hospital site could then be used as a medical centre with streamlined local healthcare services, allowing the neighbouring bushland and park to be protected, while taking the pressure off the overstretched Emergency Department.

Given that the next round of funding for the \$1.8 billion Health and Hospitals Fund will go exclusively to Regional areas like Gilmore I ask that you consider this important proposal and I would welcome the opportunity to meet with you and discuss it further.

Please find attached local letters of support for your consideration also.

Kind regards,

Joanna Gash MP (Mrs)
Federal Member for Gilmore

Getting the Job Done!

“It is noted that Shoalhaven City Council at its meeting of 27th April 2010 resolved to support the preferred siting of the Cancer Care Centre on Nowra Park”

The Council are only the Trustee's, it is not council owned land.

There is a responsibility on the Trustees to consult the community before a major decision to alienate a portion of Nowra Park.

This decision is outside the Trustees charter.

Previous Shoalhaven Council resolutions resolved to protect and preserve the “Trusted” reserve. Shoalhaven City Council resolution Tuesday 20th April 2004

The site has been preserved by, and used by, and maintained by, and valued by the community for the past 135 years, it is an intergenerational asset.

The land, old growth trees, canopy and contribution it gives to the scenic values are irreplaceable.

The proponents agree the Planning Proposal;

(A) “Will detract from the use of the remaining areas.”

(B) “ Will affect the scenic qualities of Nowra Park and surrounding landscape.”

Many reports commend the site’s value and recommend preservation of the site as a recreation area.

ATTACHMENT (D) Part 3 Justification B 4
THE PLANNING PROPOSAL IS NOT CONSISTANT WITH
REGIONAL, SUB-REGIONAL STRATEGY. (Page 5)

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

1st REASON FOR OBJECTION;

Incorrect selection of site, the selection of this site disadvantages a large proportion of Northern Shoalhaven residents in the Jervis Bay/St Georges Basin growth areas, the site is not the centre of population.

1. The large population growth areas of Jervis Bay/St Georges Basin are isolated from health infrastructure, the population centre of the region is further south of the subject site for rezoning. In emergency cases time and distance are crucial in the saving of life.

The Planning Proposal agrees when it states from the South Coast Regional Strategy, “In addition it identifies the need to encourage the location” - “where it will be supported and accessible to major population growth”.

2nd REASON FOR OBJECTION;

Site safety issues, medical helipad does not meet the NSW Health Medical Helipads Document Number PD2005 128 safety standards.

The Helipad associated with the present hospital does not meet the NSW Health Medical Helipads Document Number PD2005 128 safety standards, also 40 Pre -School children are presently schooled inside the 70 metre safety zone.

The Cancer Centre exposed walkway to the hospital passes through the 70 metre safety zone associated with the helipad.

3rd REASON FOR OBJECTION;

Site constraints as identified by NSW Health and Shoalhaven City Council

Ref; Cinnamon Dunsford Senior Strategic Planner, council ref No 33532.

As part of the Draft Nowra Bomaderry Structure Plan process, Council has been liaising with State Government agencies, including Illawarra Health Service (IHS). The concerns you have raised in regard to the growth of the Hospital and the need to consider potential new sites are shared by IHS and by Council. Further investigation into the matter will be undertaken as we work towards finalising the Structure Plan.

This problem is identified in the submission forwarded to the Federal Government requesting a Greenfield site for a new hospital, all future public and private hospital infrastructure, to be co - located to the south of Nowra.

Preferred sites were the intersection of Forest Road and the Highway or close to the Campus of Wollongong University to develop it as a health training facility.

The present infrastructure at Shoalhaven Memorial Hospital with little further expenditure be utilised by Community Health and a GP Super Clinic.

The submission is supported by; Shoalhaven Business Chamber, Wollongong University Nowra Campus, Shoalhaven Historical Society inc, Shoalhaven Cricket Association, John Hatton AO, (ex NSW MP and resident.) A group of independent residents. (copies of letters attached)

4th REASON FOR OBJECTION;

National Trust of Australia recommendation that it be kept for public recreation.

National Trust of Australia (NSW) in their publication Landscape Survey Illawarra Region CI333.72/III/1976 conclude on page 21,

Recommendations

1. The River, banks and islands should be protected for the high value for bird and marine life, scenic quality and recreation. Public access to the banks should be available and unsuitable development causing pollution of the water or visual pollution should be controlled.
2. The river islands and the lower sections of the tributary valleys of Bombaderry Creek and Nowra Creek which cut through narrow gorges, on the outskirts of the town, should become reserved land for public recreation.

**5th REASON FOR OBJECTION;
South Coast Sensitive Urban Lands Review October 2006
NSW Minister for Planning**

2.2 STRATEGY OBJECTIVES AND PRINCIPLES

The objectives and principles enunciated in the draft Strategy include the following:

- Protect high value environments including pristine coastal lakes, estuaries, aquifers, threatened species, vegetation communities and habitat corridors by ensuring new urban development avoids these important areas and their catchments
- Prevent development in places constrained by coastal processes, flooding, wetlands, important primary industry resources and significant scenic and cultural landscapes
- Protect the cultural and Aboriginal heritage values and visual character of rural and coastal towns and villages and surrounding landscapes
- All major development proposals will be required to fully or substantially contribute to additional regional infrastructure costs

ATTACHMENT (E) Part 3 Justification B 4
THE PLANNING PROPOSAL IS NOT CONSISTANT WITH
THE LOCAL COUNCIL'S COMMUNITY STRATEGIC PLAN.. (Page 6)

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
 Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

1st REASON FOR OBJECTION;

Local Government Act 1993. Chapter 3, Section 8(1) - The Council's Charter

- to properly manage, develop, protect, restore, enhance and conserve the environment of the area for which it is responsible, in a manner that is consistent with and promotes the principles of ecologically sustainable development
- to have regard to the long term and cumulative effects of its decisions
- to bear in mind that it is the custodian and trustee of public assets and to effectively account for and manage the assets for which it is responsible

2nd REASON FOR OBJECTION;

To claim the Cancer Centre had to be integrated with the hospital, this planning proposal is deficient.

During the community fund raising of \$1 million we were told the location would be within the hospital's existing footprint and it was crucial the centre be integrated with the hospital's other facilities.

Then when the funding target was reached the location was changed and the community are expected to donate a park that has been their's for 135 years, no compensation, no options, no consultation.

Investigations into the centre's location had looked at a range of options, according to Cr Green, before settling on the reserve as being the most practical.

While former Mayor Greg Watson was confident in 2007 a cancer care centre could be located within the hospital's existing footprint, Cr Green said that was no longer possible.

"NSW Health knows there are other services they will need to deliver at the hospital," he said.

...he recorded his
southcoastregister. 21ST APRIL2010

This Planing Proposal reveals the Cancer Centre is not integrated with the existing hospital, located well to the south, away from the hospital separated by a car park, vacant land and the 70 metre safety zone of the helipad.

A walking distance of 157 metres exposed to winds and weather, patients should not be expected to endure that, and then once the protection of the air conditioned hospital is reached a considerable further distance through wards to reach services.

**3rd REASON FOR OBJECTION;
Shoalhaven City Council Community Strategic Plan Shoalhaven 2020.**

SOUTH COAST REGIONAL STRATEGY AIMS	CSP OBJECTIVES	CSP STRATEGIES
Protect high value environments	A city that protects, values and cares for the Shoalhaven environment	Ensure that the ecological and biological environments of the Shoalhaven are protected and valued through careful management.

**4th REASON FOR OBJECTION;
Shoalhaven City Council Visual Management Plan 1994.**

The attractiveness of the Shoalhaven landscape is the resource base for much of the tourist and recreation activity within the City. Protection of this resource is therefore important to the economic activity generated by tourism and recreation. It is also the reason that many residents chose to live in the region.

**5th REASON FOR OBJECTION;
South Coast Regional Strategy;**

In line with the South Coast Regional Strategy, the natural assets identified in the RCP to be of 'high conservation value' and worthy of priority for additional conservation are:

- Poorly Conserved Vegetation Communities
- Old-growth Forests
- Wildlife Corridors.

6th REASON FOR OBJECTION;

The acknowledged need to retain vegetation coverage, especially irreplaceable mature trees.



There is a general lack of vegetation coverage in the centre of the CBD and adjoining the Princes Highway.

Vegetation coverage

As can be clearly seen from the landscape plan below, there is a general lack of vegetation coverage in the centre of the CBD and adjoining the Princes Highway. The majority of vegetation is located in parks and the rear gardens of private land.

Council's planning department acknowledges the lack of vegetation coverage.
Source; Nowra CBD Master Plan Shoalhaven City Council.

7th REASON FOR OBJECTION;

Seven surviving commemorative tree plots in the proposed site, not recognised in this planning proposal, planted by Saint Michael's school students encouraged by Shoalhaven City Council and NSW Government.

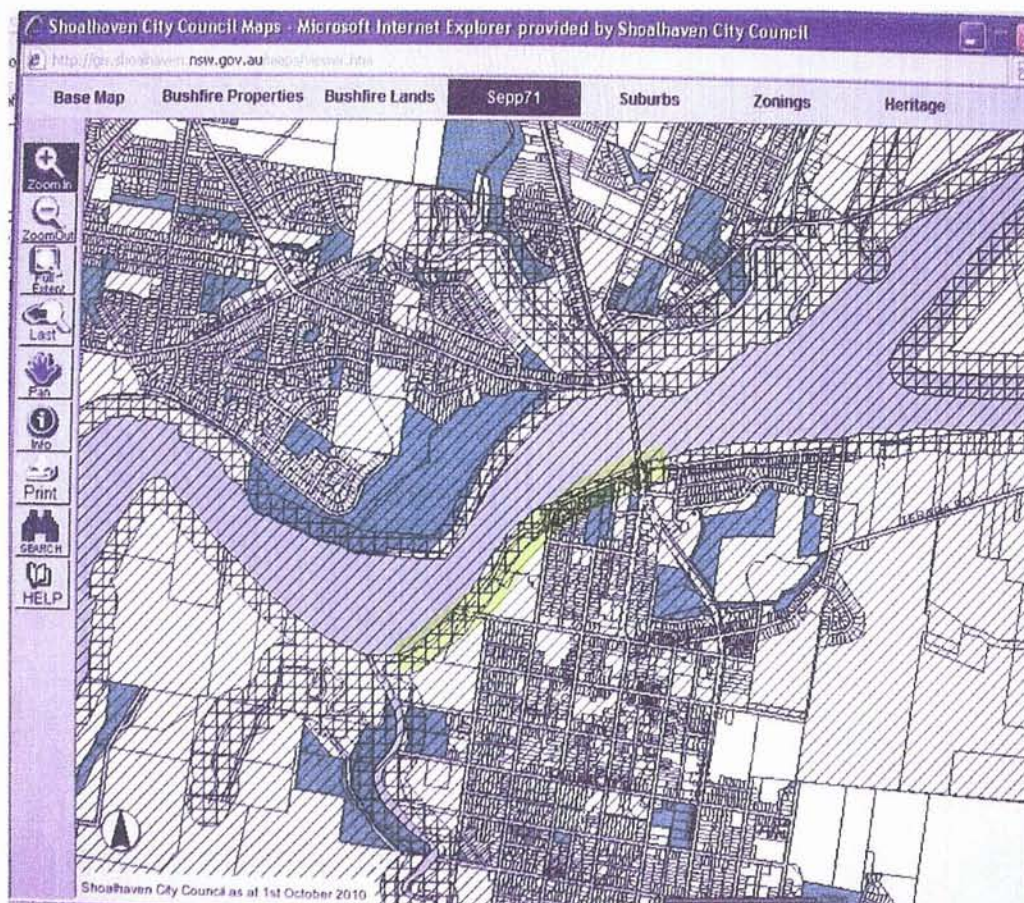
The Australian Bicentennial Tree Planting Scheme 1988 encouraged school children to be involved in caring for the environment by planting trees.

The theme "Shoalhaven Trees are in our hands".

8th REASON FOR OBJECTION;

State environment protection plan 71;

The site is clearly Sensitive Coastal Location, if the Governing Authority flaunts the “Standard” the underlying purpose or objective would be defeated or thwarted if the compliance was not maintained.



9th REASON FOR OBJECTION;

Illawarra Regional Environmental Plan, CL333.7/ILL/1968

The proposed site is the last section of forested space with free access to the Scenic Shoalhaven River on the southern bank within walking distance of the CBD.

118. The objectives relating to recreation and tourism are -
- (a) to promote a wide range of leisure opportunities;
 - (b) to conserve and promote the region's natural, historical and cultural features which are the bases of the tourist industry; and
 - (c) to preserve access to natural resources and public lands which have recreational value.

Open space

119. A draft local environmental plan shall not substantially reduce an area zoned for public open space unless the consent authority can satisfy the Director that this is justifiable having regard to the availability of alternative areas of open space which fulfil, or are capable of fulfilling, the function of the open space area proposed to be reduced, or the land is to be included in an appropriate environmental protection zone.

**10th REASON FOR OBJECTION;
Shoalhaven City Council Coastal Management Plan;**

Shoalhaven's future coast

Council's Vision for the coastline is:

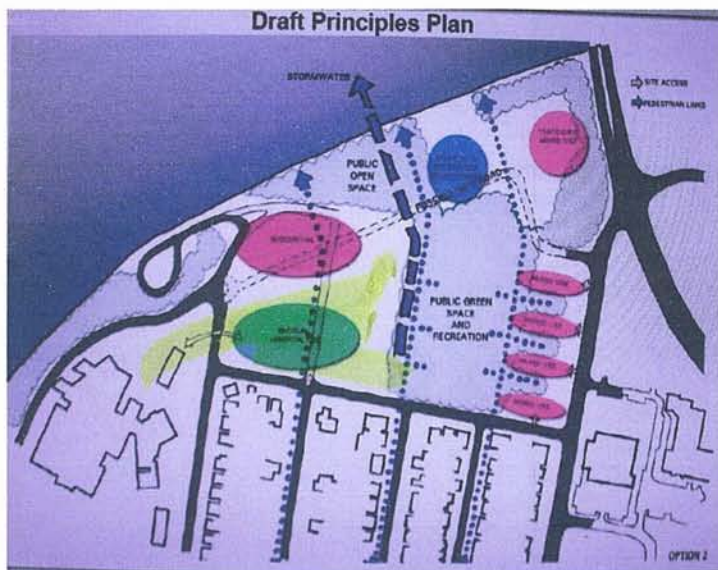
A cared-for coastal landscape:

Shoalhaven City Council and the communities along the city's coastline will care for coastal landscapes in ways that protect the beauty and productivity of the sea, the shoreline, healthy coastal waterways and coastal ecosystems, so that future generations continue to be refreshed and inspired by their experience of the coast.

To achieve this vision, Council has set targets to continue to improve:

- Coastal hazard management;
- Protection of naturalness and coastal biodiversity;
- Scenic outlooks and recreational facilities; and
- Sustainable coastal communities.

11th REASON FOR OBJECTION;
Council CBD Master Plan indicates medical expansion preferred to the north east (green) onto land already State owned, in the opposite direction to this planning proposal. Thus further isolating the proposed Cancer Centre.



ATTACHMENT (F)

ENVIRONMENTAL SOCIAL AND ECONOMIC IMPACT

Part 3 Justification C 8 (Page 8 to 11)

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

1st REASON FOR OBJECTION;

If the governing authority flaunts the environmental standards the standard is defeated.

legislation is important it defines what a person or a government officer can legally do.

THE RIPARIAN ZONE STANDARD MUST BE MAINTAINED.
THE STATE ENVIRONMENT PROTECTION PLAN MUST BE MAINTAINED.
SHOALHAVEN LOCAL ENVIRONMENT PLAN 1985 MUST BE RESPECTED.
NATIONAL TRUST NSW RECOMMENDATIONS MUST BE RESPECTED.
LOCAL GOVERNMENT ACT 1993 SECT 8 (1) MUST BE RESPECTED.
SHOALHAVEN CITY COUNCIL COMMUNITY PLAN SHOALHAVEN
2020 MUST BE RESPECTED.
MANY OTHER AUTHORITIES AND ACTS PROTECTING THIS
ENVIRONMENT MUST BE MAINTAINED, including (Sepp 33).

Catchment Management Act 1989

Crown Lands Act 1989

Environmental Planning and Assessment Act 1979

Local Government Act 1993

Native Vegetation Conservation Act 1997

Rivers and Foreshores Improvement Act 1948

Soil Conservation Act 1938

Water Administration Act 1986

Western Lands Act 1901.

Coastal Protection Act 1979

Coastal Protection Amendment Act 1998

Commons Management Act 1989

Fisheries Management Act 1994

Forestry Act 1916

Irrigation Act 1912

Murray–Darling Basin Act 1992

National Parks and Wildlife Act 1974

New South Wales – Queensland Border Rivers Act 1947

Protection of the Environment Operations Act 1998

Rural Fires Act 1997

Rural Lands Protection Act 1989

Threatened Species Conservation Act 1995

Water Act 1912

Wilderness Act 1987.

2nd REASON FOR OBJECTION; Health facilities introduce hazardous pharmaceutical and medicine materials into the sewerage system contrary to World Health Organisation recommendations.

User:APBio1102

From Wikipedia, the free encyclopedia
Jump to: navigation, search

Proper Removal of Medical Waste

The proper removal of medical waste and chemotherapy waste is vital. The improper disposal can lead to numerous ground water supply problems and symptoms that can result in causing cancer. Cancer is caused when certain cells experience uncontrolled growth by the abnormalities in the genetic materials. One of the most common ways to cure any form of complicated cancer is through chemo therapy. Chemo, as most call it, contains cytotoxic drugs known to have carcinogenic, mutagenic or teratogenic in them.^[1] These chemicals are used to kill cancerous cells in the body which means when they are mixed with the earth it can be disastrous.

Chemotherapy drugs are disposed of by using special instructions. According to the Occupational Health and Safety Division who created a health manual to enforce proper disposal methods among all hospitals. Cytotoxic drugs inhibit and prevent the function of cells. Cytotoxic drugs include drugs used to treat cancer and in some cases, to treat certain skin conditions. It is so important to look for the proper disposal method on the prescription bottle, or ask your health care provider for instructions on how to throw away correctly.

Chemo therapy waste is considered to be a biological medical waste or BMW. There are many therapy drugs some are considered hazardous waste or BMW's while others are not. Some generics that have been identified as hazardous are: Arsenic Trioxide, Chlorambucil, Cyclophosphamide, Daunomycin, Diethylstilbestrol, Melphalan, Mitomycin C, Streptozotocin, Uracil Mustard.^[2] These drugs are used in various cancer treatments and are administered in different ways. Antineoplastic drugs (drugs used to treat cancer) are administered through IV's, straight injections, pills, liquids, patches etc. These treatments leave behind empty bottles, bags, and needles. Discarded packaging and materials must be considered as well as the discarded human waste of the patients undergoing treatment. The Center for Disease Control (CDC) and the National Institute for Occupational Safety and Health (NIOSH) and many state health programs have websites detailing the guidelines and procedures that medical personnel and patients should use. The universal procedures regard the safe administration and disposal of these hazardous drugs are posted by Occupational Safety and Health Administration (OSHA) and National Institutes of Health (NIH)



Oncologist-approved cancer information from the American Society of Clinical Oncology

After treatment

After a session of chemotherapy is finished, the IV catheter will be removed (although implantable ports will remain for the duration of chemotherapy) and your vital signs will be checked.

Your oncologist and/or nurse will review what side effects to expect throughout the cycles of chemotherapy and provide medication and tips to manage them. Specific instructions may include:

- Avoiding interacting with crowds of people or with children (especially those with illnesses or infections) while your immune system is temporarily weakened
- Drinking lots of fluids over the next 48 hours to help flush the drugs through your system
- Ensuring proper handling of urine, stool, vomit, semen, and vaginal secretions because chemotherapy typically remains in your system for 48 hours after treatment. For example, flushing the toilet twice after use will help protect family members from waste or other body fluids that may contain chemotherapeutic agents.



CYTOTOXIC

DRUGS AND RELATED WASTE



New South Wales Government

1.4 Potential adverse health effects

Where control measures are inadequate, adverse health effects may result from occupational exposure.

Health effects that have been attributed to those who prepare and administer cytotoxic drugs include:

- alterations to normal blood cell count
- foetal loss and possible malformations in offspring
- fertility changes
- abdominal pain, hair loss, nasal sores and vomiting
- liver damage
- contact dermatitis, a local toxic reaction or an allergic reaction that may result from direct contact with the skin or mucous membranes.

These effects have not been reported where a high standard of risk control is in place.

10.9.1 Thermal destruction

Waste treatment must render the cytotoxic waste non-infectious and unrecognisable, and must also meet DECC requirements to protect the environment. Currently, thermal destruction treatment (1100° celsius or higher) is the only acceptable technology for treating cytotoxic waste. If the waste consists of a mixture of cytotoxic and other waste, it should be incinerated at the temperature recommended for cytotoxic waste. All incinerators or other processes used for the thermal destruction or treatment of cytotoxic waste must be licensed by the DECC and must satisfy the conditions of the environment protection licence.

3rd REASON FOR OBJECTION

Shoalhaven sewerage is disposed of through dairy farms, run off then enters the Shoalhaven River. This rezoning proposal does not address management of the predictable toxicity impact that is not reversible.

When the final effluents or the sludges from sewage treatment plants are reused for agricultural or aquacultural purposes, the safety recommendations of the relevant WHO guidelines should be respected (see section 10.2.2).

10.3.2 *Minimal safety requirements*

For health-care establishments that apply minimal programmes and are unable to afford any sewage treatment, the following measures should be implemented to minimize health risks:

- Patients with enteric diseases should be isolated in wards where their excreta can be collected in buckets for chemical disinfection; this is of utmost importance in case of cholera outbreaks, for example, and strong disinfectants will be needed (see section 16.4.3).
- No chemicals or pharmaceuticals should be discharged into the sewer.
- Sludges from hospital cesspools should be dehydrated on natural drying beds and disinfected chemically (e.g. with sodium hypochlorite, chlorine gas, or preferably chlorine dioxide).
- Sewage from health-care establishments should never be used for agricultural or aquacultural purposes.
- Hospital sewage should not be discharged into natural water bodies that are used to irrigate fruit or vegetable crops, to produce drinking-water, or for recreational purposes.

Northern Shoalhaven Reclaimed Water Management Scheme (REMS)

The Northern Shoalhaven Reclaimed Water Management Scheme (REMS) has been developed to provide a long-term beneficial approach to wastewater management in the Shoalhaven. Reclaimed Water (treated wastewater) is tertiary treated including filtration and chlorine disinfection. The aim of the Scheme is to reuse an average of 80% of reclaimed water produced with surpluses released to the ocean at Penguin Head. Scheme water is currently supplied to seventeen properties including dairy farms, golf courses and sporting grounds. In excess of 500 hectares of farmland and sporting areas is now irrigated via the REMS.

Reclaimed water is also now replaces drinking water for wash down of yards at dairy farms saving over 100 megalitres of town water per year.

4th REASON FOR OBJECTION;

The planning proposal will impact on the Shoalhaven River and its riparian zone, scenic qualities, commemorative tree plantings, Ben's Walk and community values.

"will have a subsequent effect on the scenic qualities of the land."

"that the vegetation on the land is part of a local north south vegetation corridor that extends along the Shoalhaven River."

"Given the presence of hollow bearing trees." and "insect attracting plants"

The site adjoins to the south and is continuous with the Heritage Local Environment Plan listed "Nowra Showground and Sporting Complex". Adjoining to the east the oldest cricket sporting oval still in use in the Shoalhaven. This proposal isolates and destroys the landscape symmetry and convenience of the grouping of this recreation complex.

Consistency with the aims and objectives of the present zoning for that whole scenic area are necessary for the surrounding natural entities each relying on the values of adjoining spaces to make them work.

Visual qualities of areas of high visual importance must be maintained , the zoning is reasonable and appropriate. Planning controls generally result in greater social benefits.

The present configuration is compatible to all existing standards.

"that the vegetation on the land is part of a local north south vegetation corridor that extends along the Shoalhaven River."

This report does not mention the corridor of old growth trees that then extend further east along North Street, across Shoalhaven Street and into the heritage site of the first Catholic school and chapel erected in 1846 , Kookaburras nest here annually and Black Cockatoos frequent the pine trees throughout the corridor.. **This planing proposal will bisect that corridor.**

"will have a subsequent effect on the scenic qualities of the land."

Past generations have retained and maintained the vegetation over the last 185 years. Many plantings have taken place, particularly with participation from to Royal Botanical Gardens Sydney. The most recent in 1988 mass plantings of native trees by school children were contributed to the area under the NSW Government and Council sponsored "Bicentennial Tree Planting Program".

This planing proposal does not recognise or identify those plantings

The forest canopy supports scenic qualities viewable from many locations in the Shoalhaven, a setting of high visual quality and high visual use. Adjoining areas like the Showground, Golf Course, heritage War Memorial and from the people enjoying the river, all rely on these scenic qualities.

This planing proposal devalues the tourism economy generated by the scenic qualities of the Shoalhaven River .

During westerly gales the cliff face and forest canopy protect the residential community, the barrier is only affective because it is intact, any depletion would make the structure vulnerable to disintegration.

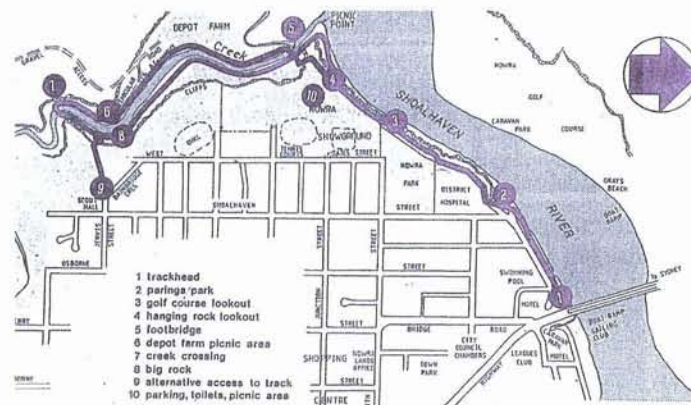
This open space a dog off - leash area is within walking distance of the town centre through relatively quiet, low density, residential streets and forms an important passive recreation area, two schools adjoin the reserve.

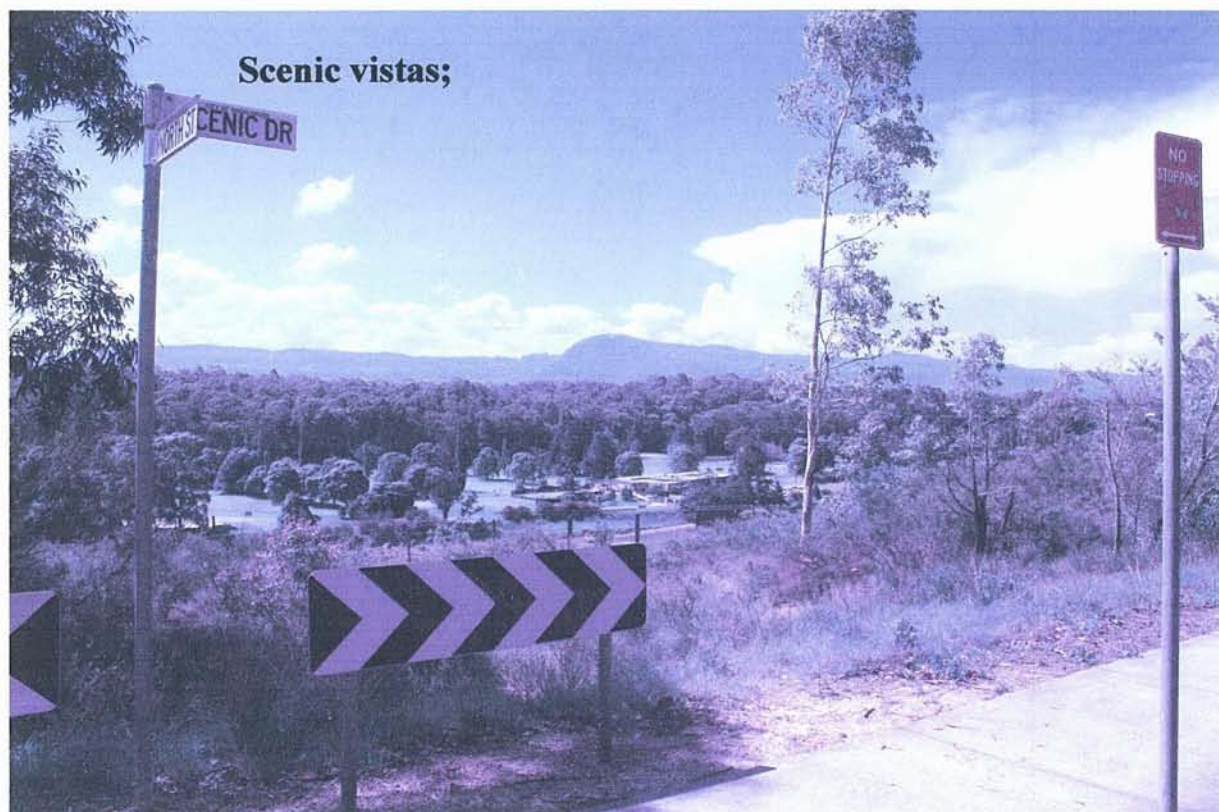
The old growth trees form an important visual back drop to the town CBD as has been identified in previous council planning strategies.

The South Coasts striking landform and natural beauty has long been a source of awe and admiration, recorded in enthusiastic accounts by residents and visitors from earliest times, it contains some of the highest scenic values anywhere in Australia.

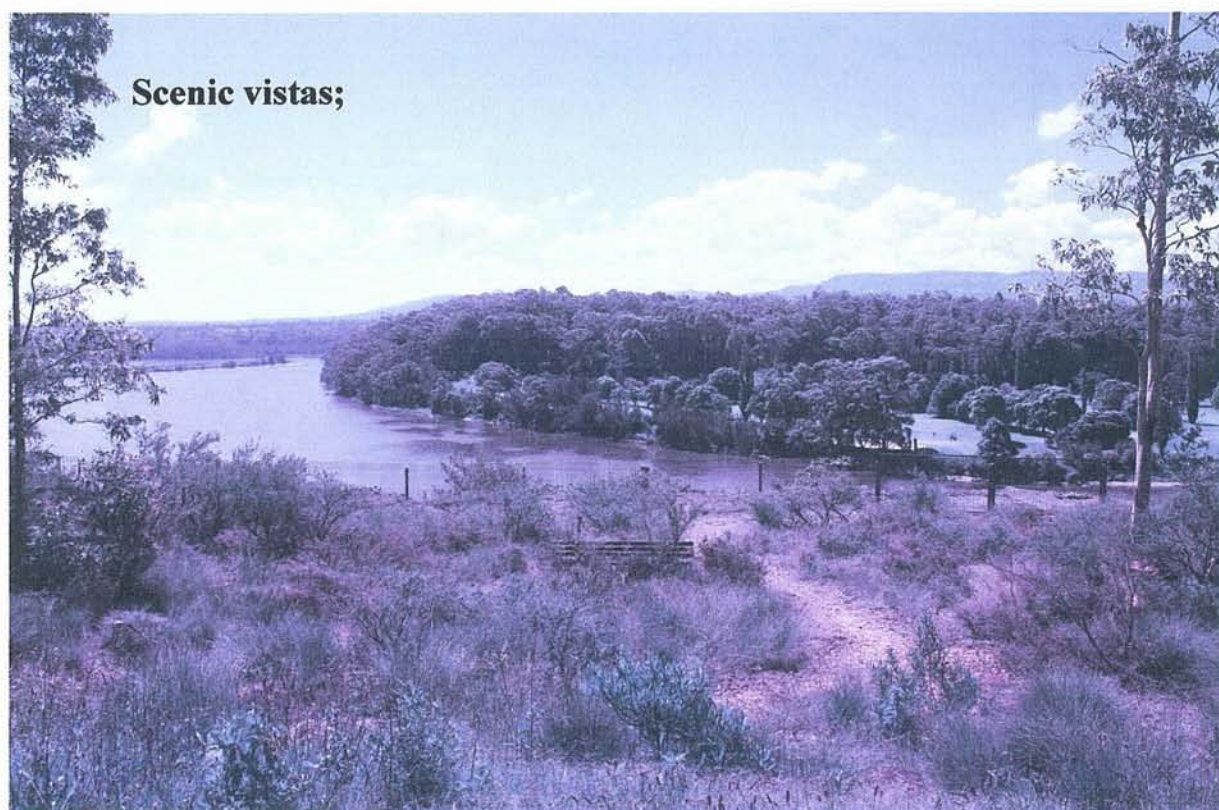
In particular the Shoalhaven River and the escarpment being described as “One of the most beautiful spots in the World’ the inspiration for many, including internationally renowned artist Arthur Boyd whose paintings of the Shoalhaven River have been sold to collections around the World.

The Heritage listed “Ben’s Walk” that starts at the Nowra Bridge passes through this reserve where “Site No3 Nowra Golf Course Lookout” is located. “Ben’s Walk” then continues south through the Nowra Showground, to site four “Hanging Rock Lookout” and then out along Nowra Creek.





Corner of Scenic and North Street looking North West over River to Golf Club, location of "Golf Course Lookout". Site No3 on the heritage listed "Ben's Walk".



Corner of Scenic and North Street looking West over and up River over golf course, location of "Golf Course Lookout". Site No3 on the heritage listed "Ben's Walk".



One of seven commemorative, Australian Bicentennial Tree Plantings on this site. Organised by Shoalhaven City Council encouraging plantings by local school children from Saint Michael's School.



From “the site” into Nowra Showground; “The Showground forms part of a corridor of Public land that extends along the Shoalhaven River and the lower section of Nowra Creek. This open space is within walking distance of the old centre of town and forms an important passive recreation area, as well as providing for various active recreational pursuits and sports” - (Nowra Showground Plan of Management, adopted by Department of Lands and Shoalhaven City Council)



View north along West Street, from the Heritage listed War Memorial Gates entrance to the Nowra Showground

Shoalhaven City Council 15th December 2009 Ref 2254E (DO9/228734)

- 1) *That the recreation area to the south of Nowra would appear to be the first proclaimed under the Public Parks Act of 1854 and is currently used for recreation through Archer Raceway and*
- 2) *Nowra Park Recreation Ground is the first area to be used continuously as a park in Nowra. Note, the trees to the west provide an important visual backdrop to the town proper as identified in earlier planning strategies.*

The public benefits of maintaining the planning controls adopted by the environmental planning instrument far outweigh development on this site. Rezoning is not supported by any standard or specification, the underlying object of purpose would be defeated or thwarted if compliance was not maintained.

My objections are well founded compliance with standards is not unreasonable they are necessary in the circumstances of the case.

This planning proposal does not recognise the value, love and pride the community have for this environment.

**5th REASON FOR OBJECTION;
Incorrect interpretation of heritage values.**

Petula Samios
Director
Heritage Branch
NSW Government Department of Planning
Ref File 11/04552

Dear director,

In reference to your submission for the planning proposal for Shoalhaven Cancer Care Centre.

Please find attached copy of letter forwarded to Shoalhaven Historical Society.

Could you please comment on these three points;

1. On the relevance of the legal interpretation that "trustees" need to be appointed to fulfill the legal requirement of public purposes in respect of land .
2. The first Act establishing "Trusts" and the role of "Trustee's" in regard to public parks is Act No XXXIII, Assented to 1st December 1854.

If this is the case no "public park" could be dedicated before the enactment of that Act .

3. Hyde Park was not "public land" in the true sense of the law until 1905.

This is the basis on which we substantiate our claim and our parks should be listed on the heritage schedule of Shoalhaven LEP 1985 .

A folder documenting all the evidence has been forwarded to the Heritage department of Dept of Lands via their Nowra office, if you require further information please let me know

Please comment,

Yours Truly

**6th REASON FOR OBJECTION;
Incomplete history submitted by Planning Proposal consultants.**

In reference to report on the establishment and history of Nowra Park by
NBRS+PARTNERS Appendix 9.

Bill Hancock
57 Shoalhaven Street
Nowra NSW 2541
0244217186,
16th March 2011

NBRS+PARTNERS
Attn; Robert Staas,
Level 3, 4 Glen Street
Milsons Point NSW 2061

Dear Sir,

In reference to your Documentary evidence Re; Proposed hospital extension
Nowra Park reserve. 30th July 2010 sent to Urban Planning Outcomes
PO Box 787
Matrville NSW, 2036.

The site in question is very significant to the Shoalhaven community, not only
for its scenic qualities and old growth vegetation but for what painstaking
research by volunteers is slowly revealing, a previously unknown heritage that
is leading to potential opportunities for this community to exploit in tourism.

Your report was very simplistic and lacking depth, a simple and courteous
contact with the Shoalhaven Historical Society would have revealed a lot more
depth and evidence for consideration.

There is a gap of 50 prior years as a reservation this report has completely
missed, in total it has been a reserve for 185 years.

Please find attached a copy of evidence for your consideration.

Yours Sincerely,

7th REASON FOR OBJECTION;

There are no estimates of or proposed method of dealing with their own waste production, particularly hazardous health-care wastes in the proposal.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.”

2.3

Before further planning is undertaken, health-care establishments should make estimates of their own waste production, particularly for hazardous health-care wastes. Typical figures for small producers of health-care wastes in Europe are given in Table 2.7.

8th REASON FOR OBJECTION;

There is no security plan in the Planning Proposal.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.”

3.2.4

In Brazil, one case of carcinogenic impact on the general population linked to exposure to radioactive hospital waste has been analysed and fully documented. While moving, a radiotherapy institute left a sealed radiotherapy source in its old premises. An individual who gained access to these premises removed the source and took it home. As a consequence, 249 people were exposed, of whom several either died or suffered severe health problems (IAEA, 1988).

9th REASON FOR OBJECTION;

Low water flow in that section of the sewer, the site is the first connection on the line.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.”

9.2.1.

Discharge to a sewer

Moderate quantities of relatively mild liquid or semi-liquid pharmaceuticals, such as solutions containing vitamins, cough syrups, intravenous solutions, eye drops, etc. (but *not* antibiotics or cytotoxic drugs), may be diluted in a large flow of water and discharged into municipal sewers. It is not acceptable, however, to discharge even small quantities of pharmaceutical waste into slow-moving or stagnant water bodies.

10th REASON FOR OBJECTION;

There has been no public education or consultation on hazards linked to the health-care proposal.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.”

15.1

To inform the public about the risks linked to health-care waste, focusing on *people living or working in close proximity* to, or visiting, health-care establishments, families of patients treated at home, and scavengers on waste dumps.

11th REASON FOR OBJECTION;

Agenda 21; The proposed site is to environmentally sensitive and is not suitable for disposing of wastes as required.

The United Nations Conference on the Environment and Development (UNCED) in 1992 led to the adoption of Agenda 21, which recommends a set of measures for waste management. The recommendations may be summarized as follows:

- Prevent and minimize waste production.
- Reuse or recycle the waste to the extent possible.
- Treat waste by safe and environmentally sound methods.
- Dispose of the final residues by landfill in confined and carefully designed sites.

Agenda 21 also stresses that *any waste producer is responsible for the treatment and final disposal of its own waste*; where possible, each community should dispose of its waste within its own boundaries.

12th REASON FOR OBJECTION;

The planning policy does not address, if the waste generator is responsible for the waste, in the event of a sewerage overflow in a residential street who responds, as per the World Health Organisation.

Decisions on waste management have significant financial implications that have to be addressed, since *the waste generator is responsible for the waste*. In developing its strategy, the national government may choose to undertake essential waste treatment, conditioning, storage, and/or disposal if it is in the public interest to do so. In such cases, the function of the regulatory authority should be clearly separate and independent from that of the operating organizations.

13th REASON FOR OBJECTION;

Radioactive gasses being vented into the atmosphere and the proximity of residential housing.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.” 2.1.10

Radioactive substances used in health care and generating waste

Radioactive waste includes solid, liquid, and gaseous materials contaminated with radionuclides. It is produced as a result of procedures such as *in-vitro* analysis of body tissue and fluid, *in-vivo* organ imaging and tumour localization, and various investigative and therapeutic practices.

Radioactive gases, deriving mainly from research and radioimmunoassays, should be discharged directly to the atmosphere for dilution by dispersal (within the authorized limits). In general, all gaseous waste discharges, including exhausts from stores and fume cupboards, should be designed and sited to prevent re-entry into any part of the premises. Radiation and contamination levels near discharge points should be checked periodically by the Radiation Officer. The WHO air quality guideline value for atmospheric radioactivity is 1 Bq/m³.

14th REASON FOR OBJECTION;

The locals love our dairy food and oysters, food from the Shoalhaven is marketed throughout Australia and overseas.

World Health Organization Geneva 1999,

“Safe management of wastes from health-care activities.”

10.2.2 On-site treatment or pretreatment of wastewater

Many hospitals, in particular those that are not connected to any municipal treatment plant, have their own sewage treatment plants.

Disinfection of the effluents is particularly important if they are discharged into coastal waters close to shellfish habitats, especially if local people are in the habit of eating raw shellfish.

ATTACHMENT (G)

INNSUFICIENT PUBLIC INFRASTRUCTURE TO SUPPORT THE REZONING Part 3 Justification D 11 (Page 11)

OBJECTION TO; Rezoning to Special Uses 5(a) Health Services Facilities.

for Shoalhaven Cancer Care Centre – Amendment to Shoalhaven LEP 1985

Application No PP_2011_SHOAL_001_00

Location Part of Lot 7300 DP 1132679, Nowra Park Scenic Drive
Nowra

Relevant Planning Authority Director General of Department of Planning

Council area Shoalhaven Local Government Area

1st REASON FOR OBJECTION;

Sewerage discharge from the health facility will pollute the Northern Shoalhaven Reclaimed Water Management Scheme with no way to separate out the drug volume.

Pollution of the environment is not addressed in this proposal.

Cancer treatment patients produce body wastes that are considered hazardous material, that hazardous material is disposed of through the sewerage system.

For documentation refer Attachment (F)

2nd REASON FOR OBJECTION;

Poor road infrastructure servicing the health facility not addressed in this proposal ;

The road system around this facility are in the “Road Hierarchy” assessed as “Local”. There is no “Road Hierarchy” appraised “Access” or “ Main Road ” path to the facility.

No traffic surveys have been submitted to support this Planning Proposal.

All streets in the vicinity provide one lane of traffic in each direction of travel , and except Scenic Drive , kerbside parallel parking , bicycles and pedestrians including school groups walking to the sporting facilities use this road system.

“Cyclists have a legitimate claim to use public roads and provision is to be made for them.” (Road planning and design Manual section 7.2.10)

Geometric Road Design standards Table D.1.5 for “ Local Street ” with a minimum carriage width for two lanes of traffic of 6 . 2 metres is up to only 500 vehicles per day.

Shoalhaven and North Streets fronting the health facility are School Zones, bus companies use articulated busses on school bus routes adjoining the health facility.

The existing road widths average 10 metres (half a chain), the minimum standard is 11 metres and an additional 1 - 1.5 metres where there is a shared bicycle and parking lane, refer to Austroads, 1995 b and chapter 5.

Vehicles supporting the present facility include public busses, Community Transport Busses with trailers , all emergency vehicles a large number operating in code red , bulk gas tankers, industrial garbage collection compaction trucks , catering , linen and general goods trucks.

The minimum RTA carriageway and road reserve widths, with parallel parking, for roads servicing industrial areas is 13 metres with a minimum 3 . 5 metre verge.

Under Development Control Plans most council's require all major development applications to be accompanied by a traffic management plan.

Regardless of whether they are SEPP 11 Schedule 2 developments Health and Community Services (Medical Centres , Hospitals) included.

There is no reference to Hazardous Materials; The safe transportation of hazardous materials chemical, radiological, substances, and wastes in the public environment on roads.

This section of the study is incomplete and lazy, it does not address obvious traffic short comings in the selection of the site .

In reference to traffic and parking report by Halcrow Pty Ltd ;

Statement in report;

“ the proposed on site parking demand is considered satisfactory however at peak periods there will be parking demand occurring on the surrounding streets. It is recommended that the ability to provide additional on street parking be considered during detailed planning for the site. “

The available on street parking is required by residential visitors , parkland , showground and War Memorial user's.

The parklands are regulated no parking and no vehicles, there are no public car parks in the vicinity .

Increased on street parking in the vicinity would threaten the viability of and access to other facilities including Nowra Showground .

At Showtime oversize vehicles using North Street need access to the showground .

Shoalhaven Memorial Hospital is renowned for the lack of parking available, many submissions have been written and many speeches have been made in State Parliament over these concerns , still the Department of health flaunts its planning responsibility.

This section of the report has no concern for local residents amenity and highlights planning and funding shortfalls.

In reference to traffic and parking report by Halcrow Pty Ltd .

Statement in report;

“the site access arrangements and car park layout are satisfactory.”

Scenic Drive the main entry to the health facility is constructed inside the Shoalhaven River Category 1 watercourse riparian zone, on the river side below the top of the river bank, the road runs parallel to the river along the riparian zone in contravention to the standard that requires the entry to any development on the site be located elsewhere.

That section of North Street from West Street to Scenic Drive was extinguished on 6th June 1887.

This section has no regard for the environment or existing standards.

If the Governing authority flaunts the “standard” the “standard” is defeated.

In reference to traffic and parking report by Halcrow Pty Ltd .

Statement in report;

“Emergency and service vehicle access arrangements can be adequately accommodated.”

The road system around this facility are in the “Road Hierarchy” assessed as “Local”.

There is no “Road Hierarchy” appraised “Access” or “ Main Road ” path to the facility.

Access is through 40 kph speed school zones and 50 kph urban streets .

Emergency vehicles accessing the health facility through urban streets that are not supported by RTA specifications for width is folly.

Via North Street the site is 1 . 6 klm from the highway, emergency vehicles need to negotiate 1 roundabout, 2 pedestrian crossings , 1 set of traffic lights , 1 school zone and 1 stop sign .

Because of access constraints further development of this health facility on this site is not supported by any traffic standard or regulation.

This section has no consideration for residents, patient welfare or urgency

The urban road system does not support the transport provisions for a rezoning or any further development.

Shared parallel parking and traffic lanes should be 5.5m wide (3.5 travel lane + 2.0 parking lane to the channel lip) and an additional 1.0 - 1.5m where there is a shared bicycle and parking lane. (Refer to Austroads, 1995b and Chapter 5.) This is the borderline between acceptable and difficult operation.

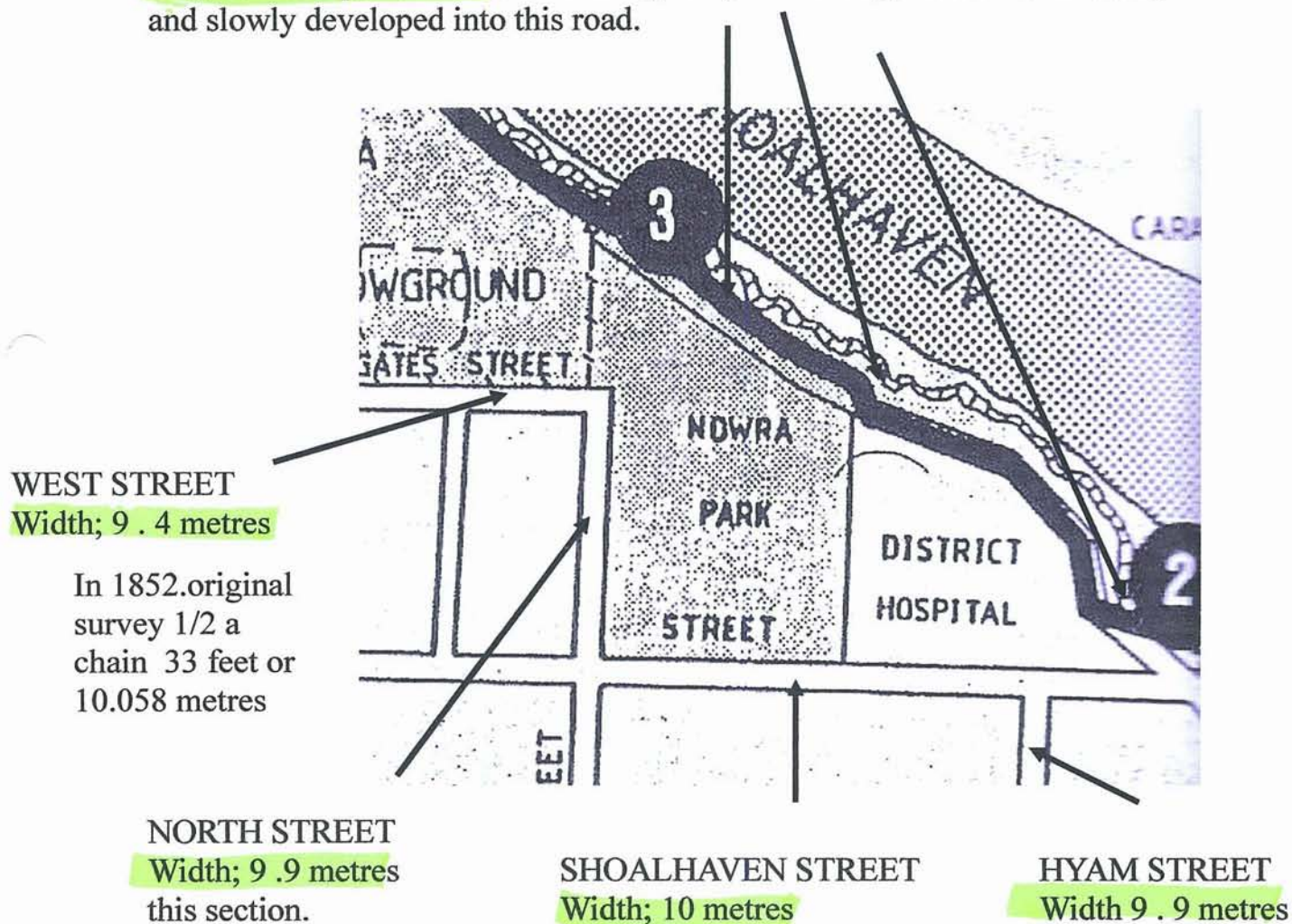
- **Category 1 – Environmental Corridor (Red):**

- Purpose: to protect and enhance ecological connectivity between key remnant native vegetation.
- Minimum width : a CRZ width of **40 metres** (measured from the top of bank) along both sides of the watercourse + a **10 metre** vegetated buffer.

The Shoalhaven River is a **Category 1 watercourse**.

1. A **Core Riparian Zone (CRZ)** is the land contained within and adjacent to the channel. The Department will seek to ensure that the CRZ remains, or becomes vegetated, with fully structured native vegetation (including groundcovers, shrubs and trees). The width of the CRZ from the banks of the stream is determined by assessing the importance and riparian functionality of the watercourse (Table 1), merits of the site and long-term use of the land. There should be no infrastructure such as roads, drainage, stormwater structures, services, etc. within the CRZ.

SCENIC DRIVE is constructed inside the Shoalhaven River **Category 1 watercourse riparian zone**. It was originally the heritage listed Ben's Walk, and slowly developed into this road.



The road system around this facility are in the Road Hierarchy assessed as "Local". There are no Road Hierarchy appraised "Access" or "Main Road" to the facility.

D1.07 ROAD HIERARCHY

1. A hierarchical road network is essential to maximise road safety, residential amenity and legibility. Each class of road in the network serves a distinct set of functions and is designed accordingly. The design should convey to motorists the predominant function of the road.

Shoalhaven City Council Nowra CBD Traffic Study, R.J. Nairn and Partners Pty. Ltd. April 1990

From this point of view the following road hierarchy and traffic management strategy is believed to be appropriate, and has been used as the basis for evaluating this intersection. This strategy is shown in Diagram 17A and is reflected in the suggested road hierarchy shown in Diagram 17. This strategy has previously been presented in Shoalhaven City Council 1989, Appendix G. This plan has been used for the basis of the evaluation of this intersection and is not being proposed as a network which has been thoroughly developed and tested.

Nowra is designed on a grid road system.

The specifications having been drawn up in 1852, most of the original street widths still exist today.

A 1990 CBD traffic Study appears to be the last one taken in Nowra.

Under Development Control Plans most council's require all major development applications to be accompanied by a traffic management plan.

Regardless of whether they are SEPP 11 Schedule 2 developments Health and Community Services (Medical Centres , Hospitals) included.

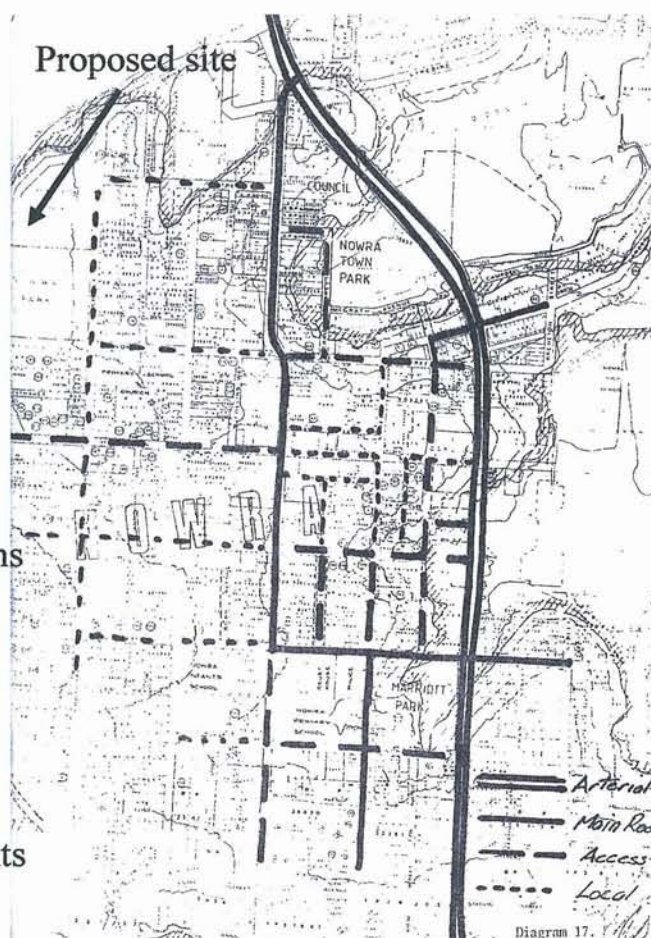


Diagram 17.