

ADVERTISED COPY



WASTE MANAGEMENT PLAN

PROPOSED MEDICAL CENTRE DEVELOPMENT

31-33 HIGH STREET ROAD, ASHWOOD

6 NOVEMBER 2024

31-33 HIGH STREET ROAD, ASHWOOD

CLIENT: ZC Wood

OBT JOB NUMBER: 26362



Suite 2.03, 789 Toorak Road
Hawthorn East, Victoria 3123

T: 61 3 9804 3610

W: obrientraffic.com

ABN 55 007 006 037

VERSION	DATE	ISSUE	PREPARED BY	REVIEWED BY
26362WMP	4 September 2024	Draft	Wil Norman	Terry Hardingham
26362WMP	5 September 2024	Final	Wil Norman	Terry Hardingham
26362WMP2	6 November2024	Final	Wil Norman	Matt Harridge

CONTENTS

1	INTRODUCTION	1
2	EXISTING CONDITIONS	1
3	THE PROPOSAL	1
4	WASTE STREAMS	2
5	WASTE GENERATION	3
6	BIN REQUIREMENTS	3
7	WASTE COLLECTION ARRANGEMENTS	7
8	COUNCIL INFORMATION	8
	APPENDIX A	9

1 INTRODUCTION

O'Brien Traffic has been engaged by ZC Wood to prepare a Waste Management Plan for a proposed medical centre development at 31-33 High Street Road, Ashwood.

In the course of preparing this Plan, plans and relevant documentation have been examined.

2 EXISTING CONDITIONS

The site, which is zoned General Residential, has a frontage of 37.42 metres to High Street Road Street and 36.58 metres to Kennett Street comprising an area of approximately 1,491 square metres.

The location of the subject site is shown in **Figure 1**.

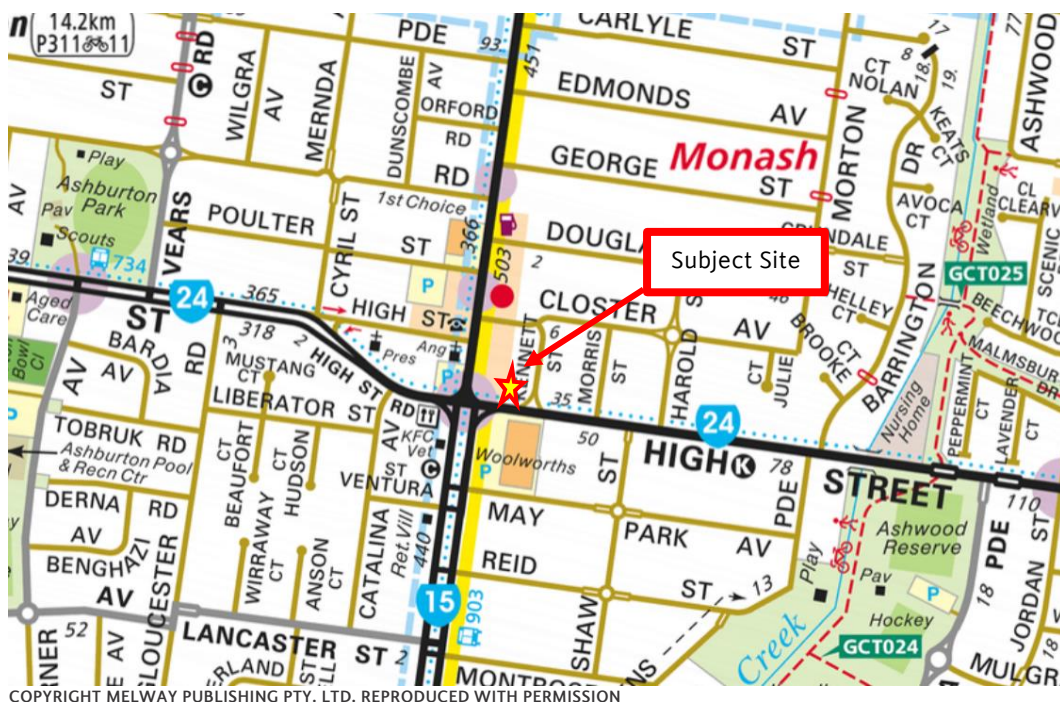


FIGURE 1: LOCATION OF SUBJECT SITE

3 THE PROPOSAL

It is proposed to demolish the existing dwellings on the subject site and construct a three-storey medical clinic with a basement car park. The proposed net floor area of the building will be 1,731m² and the leasable floor area will be 1,228.1m².

Vehicle access to basement is proposed via a 6.1m wide crossover to Kennett Street. Vehicle access to the ground level parking spaces is proposed via the unnamed Right-of-Way.

Private waste collection is proposed for non-medical waste.

Medical waste will be collected by an EPA Victoria permitted transporter (www.epa.vic.gov.au/PIWdb).

4 WASTE STREAMS

Staff may sort waste on-site into the following streams:

- General Waste;
- Commingled Recycling;
- Hard Waste & E-Waste;
- Biohazardous Waste; and
- Cytotoxic Waste.

4.1 GENERAL WASTE

The medical centre would be provided with lined bins for the temporary holding of general non-biohazardous waste. Staff would then tie the plastic bags and place them in the marked bin in the bin storage area within the Kennett Street frontage.

4.2 COMMINGLED RECYCLING

The medical centre would be provided with unlined bins for the temporary holding of commingled recycling, including paper and cardboard. Staff would empty these bins into the marked bin in the bin storage area. Large cardboard shall be broken down by staff and disposed of in the marked bin in the bin storage area.

4.3 HARD WASTE & E-WASTE

The medical centre will be responsible for arranging an on-site private contractor to collect Hard Waste & E-Waste that is generated by the medical centre.

4.4 BIOHAZARDOUS WASTE

The majority of medical waste that will be generated by the development will be biohazardous waste. All non-cytotoxic biohazardous waste must be segregated into:

- items that must be incinerated, which must be contained in a yellow container with an orange lid. This includes human tissue and pharmaceutical waste;
- items that can be treated by incineration and/or other technologies, which must be contained in a yellow container with a yellow lid. This includes most general clinical waste;
- all sharps must be stored in an appropriate container that meets Australian Standard requirements;

A full breakdown of treatment processes for each type of medical waste is provided in the Environmental Protection Agency (EPA)'s *Clinical and Related Waste – Operational Guidance*.

Small, individual waste receptacles shall be provided in each consulting office where such waste would be generated. Staff would empty these receptacles into the main bin for each waste stream as required. Bins would be stored in the bin storage area.

Sharps shall be stored within a suitable container in each relevant consulting office and not moved until collection.

4.5 CYTOTOXIC WASTE

Cytotoxic waste is extremely hazardous and consists of items that are capable of impairing, injuring or killing cells, generally resulting in toxic and/or allergic reactions. All cytotoxic waste, including contaminated sharps, must be segregated from the general biohazardous waste streams and contained in a purple container for specialist collection and disposal.

5 WASTE GENERATION

The anticipated waste generation for the proposed development is shown below in **Table 1**.

SIZE	NUMBER	L/DAY/100M ²			WASTE/WEEK		
		GENERAL WASTE	RECYCLING	MEDICAL WASTE	GENERAL WASTE	RECYCLING	MEDICAL WASTE
Medical centre	1,228.1m ²	10L	10L	15L	614L	614L	921L
					614L	614L	921L

WASTE FIGURES BASED ON A 5 DAY WORKING WEEK

TABLE 1:WASTE GENERATION ASSESSMENT – MEDICAL CENTRE

Note these values are estimates only and should be adjusted by the Practice Manager as required.

6 BIN REQUIREMENTS

6.1 BIN QUANTITY, SIZE, COLLECTION FREQUENCY AND COLOUR

The bin quantity, size and collection frequency are shown in **Table 2** below.

WASTE STREAM	TOTAL WASTE /WEEK ¹	BIN SIZE	BIN QUANTITY	COLLECTION FREQUENCY	CAPACITY/ WEEK
General Waste	614L	660L	1 bin	Weekly (Private)	660L
Recycling	614L	660L	1 bin	Weekly (Private)	660L
Biohazardous Waste (incineration only)	921L	1100L	1 bin	Weekly	1,100L
Biohazardous Waste (sharps)		50L ¹	1 bin for each relevant	As required	-

WASTE STREAM	TOTAL WASTE /WEEK ¹	BIN SIZE	BIN QUANTITY	COLLECTION FREQUENCY	CAPACITY/ WEEK
			consulting office		
Biohazardous Waste (all treatment technologies)		1100L	1 bin	Weekly	1,100L
Cytotoxic Waste		50L ²	1 bin for each relevant consulting office	As required	-

1. SEE TABLE 1

TABLE 2: BIN QUANTITY, SIZE AND COLLECTION FREQUENCY

The standard approximate dimensions and colours of bins are provided in **Table 3** below.

WASTE STREAM	BIN SIZE	WIDTH (M)	DEPTH (M)	HEIGHT (M)	COLOUR	
					LID	BODY
General Waste	660L	1.26	0.78	1.33	Red	Dark green
Recycling	660L	1.26	0.78	1.33	Blue	Dark green
Biohazardous Waste (incineration only)	1100L	1.24	1.07	1.33	Yellow	Orange
Biohazardous Waste (sharps)	50L ¹	0.41	0.445	0.725	Red	Yellow
Biohazardous Waste (all treatment technologies)	1100L	1.24	1.07	1.33	Yellow	Yellow
Cytotoxic Waste	50L ¹	0.41	0.445	0.725	Purple	Purple

1. EXACT SIZE IS DEPENDANT ON BIN PROVIDER

NOTE: FOR PRIVATE BINS, BIN COLOURS SPECIFIED IN AS 4123.7 CAN BE ADOPTED. PRIVATE BINS SHALL BE LABELLED APPROPRIATELY TO IDENTIFY ADDRESS.

TABLE 3: STANDARD BIN SPECIFICATIONS (AS PER SULO MGB AUSTRALIA AND ACEWASTE AUSTRALIA)

6.2 BIN STORAGE

6.2.1 Bin Storage Area

The required areas for the bins are indicated in **Table 4**.

WASTE STREAM	AREA REQUIRED (EXCL. CIRCULATION)
General Waste	1 * 0.98m ²
Recycling	1 * 0.98m ²
Biohazardous Waste (incineration only)	1 * 1.33m ²
Biohazardous Waste (sharps)	1m ² storage area
Biohazardous Waste (all treatment technologies)	1 * 1.33m ²
Cytotoxic Waste	1m ² storage area
TOTAL	4.62m²

TABLE 4: REQUIRED WASTE STORAGE AREA

Bins would be stored in the bin store as shown in **Appendix A**. The plans indicate that sufficient area will be provided to store the required bins.

6.2.2 Washing, Stormwater Pollution Prevention & Vermin Prevention

An appropriately graded and drained wash down area would normally be provided for non-medical waste bins. Non-medical waste bins are to be washed regularly by the waste contractor. Alternatively, a bin washing company can be engaged to perform this service. Medical waste bins are to be cleaned by a suitably qualified contractor on a regular basis.

The waste contractor is required to clean-up any spills that might occur when collecting bins.

Bins shall be kept closed when not in use to prevent vermin.

6.2.3 Noise Management

Waste collection by private contractors shall be as per Council's local laws and EPA guidelines.

Waste collection for general and recycling bins shall occur Tuesday-Friday 8am-6pm.

Medical waste collection shall occur on Saturdays 12pm-1pm.

6.3 SIGNAGE

Waste storage areas and bins would be clearly marked and signed with standard signage approved. Examples of typical signage recommended by Sustainability Victoria are illustrated in **Figure 2**.



FIGURE 2: WASTE AND RECYCLING SIGNAGE

Medical bins shall be clearly marked and signed in accordance with EPA’s *Clinical and Related Waste – Operational Guidance* as illustrated in **Figure 3**.

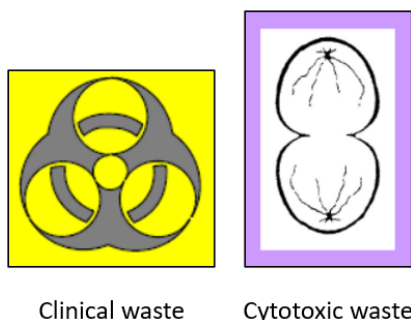


FIGURE 3: MEDICAL WASTE SIGNAGE

Biohazardous Waste sharp bin shall be clearly marked and signed with standard signage approved. A typical example is illustrated in **Figure 4**.



FIGURE 4: SEPERATE GLASS SIGNAGE

6.4 COMMUNICATIONS STRATEGY

It is recommended that the medical centre educates all medical centre employees, on all bin locations, as well as providing information around the medical centre relating to what waste should be placed in each bin.

All tenants will be provided with a copy of the approved WMP as part of their site induction.

Staff will be allocated to place general and recycling bins at the kerbside designated place in Kennett Street for collection and to return bins to the storage area.

7 WASTE COLLECTION ARRANGEMENTS

Bins will be collected on a weekly basis for general waste and fortnightly basis for recycling by the engaged private waste contractor.

A Local Contextual Analysis Plan for the waste collection arrangements for non-medical waste is shown in **Figure 5**.

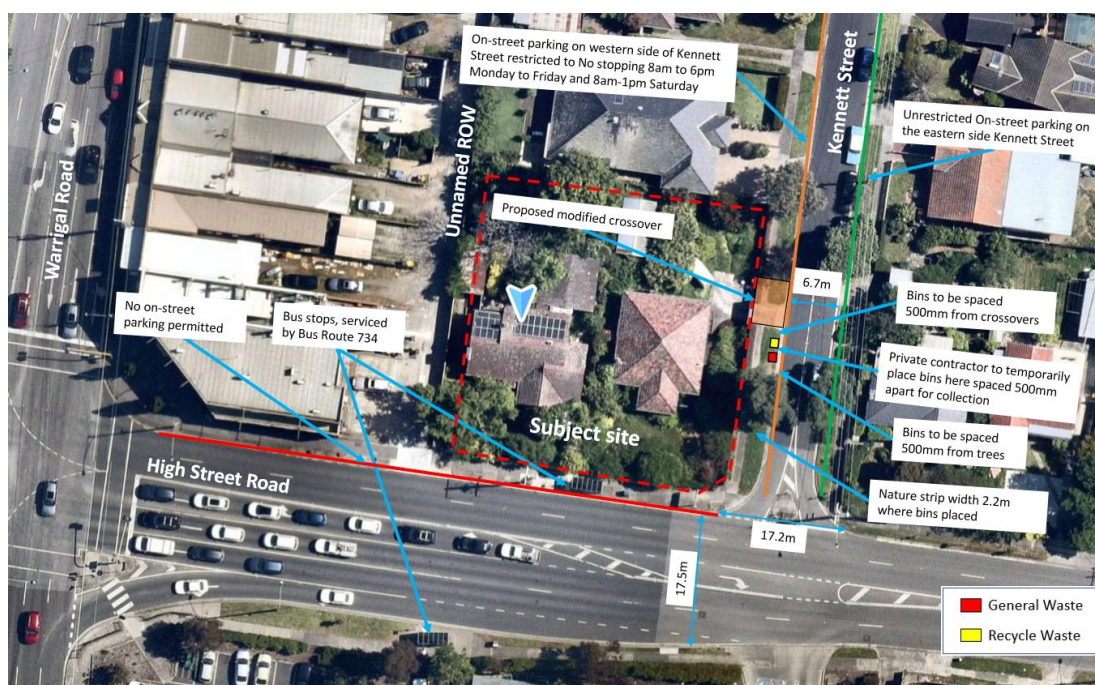


FIGURE 5: LOCAL CONTEXTUAL ANALYSIS PLAN

A private waste collector is required as the medical centre is already engaging a private contractor to collect medical waste, and private collection will allow for general and recycle bins be collected from the kerbside on alternate days to the Council kerbside collections days on Kennett Street.

The engaged private waste contractor must clearly mark bins with the details of the collection company to avoid confusion with Council services.

Private collection will occur on an alternate day to the Council kerbside collection on Kennett Street, which is on Monday's. On collection days medical staff members will take general and recycling waste from the bin storage area and place the bins on the western kerb of Kennett Street for collection.

An assessment of the OH&S risk to staff has been undertaken. No frequent or likely probability of occurrence risks were identified. The only occasional risk identified was the risk of a trip or fall while wheeling a waste bin and the severity was rated as minor. This risk will be managed by staff being made aware of the path to follow between the bin storage area and the bin collection point using the public footpath and being directed to take due care.

On collection days, non-medical waste trucks should access Kennett Street via turning left from High Street Road, to travel north along Kennett Street. A 6.4m or 8.8m waste

vehicle would collect bins from the kerb. The waste vehicle would travel north along Kennett Street to exit the location.

Waste collection will only occur from 8am to 6pm on Monday-Friday as during these times no parking is not permitted on the western side of Kennett Street, allowing the waste truck to utilise the vacant kerbside spaces for collection. The private waste collection would be similar to the current Council collection i.e. a waste truck pulls up to the bins and they are loaded (although there is a No Stopping restriction). The collection would be very short in duration therefore the traffic impact would be no different to the existing Council waste collection service that takes place along the street.

Once emptied, medical staff members would then return the bins back to the bin storage area on the same day.

7.1 MEDICAL WASTE

A permit is required for vehicles used to transport prescribed (clinical and related) waste. The permit specifies particular conditions that must be met. A list of EPA Victoria permitted transporters is available at www.epa.vic.gov.au/PIWdb.

The engaged medical waste contractor must clearly mark bins with the details of the collection company to avoid confusion with council services.

Collection for biohazardous medical waste would be conducted once a week by a permitted transporter. Waste collection would occur before 8am on weekdays, to ensure that kerb side parking spaces along the western side of Kennett Street would be vacant.

On collection days the waste vehicle will access Kennett Street via High Street Road. A waste vehicle up to 6.4m long (likely a smaller van or service vehicle) would park along the western side of Kennett Street. The transporter would then collect the relevant bins from the allocated bin storage area and transfer them to the waste collection vehicle. The bins would then be returned to their secure storage location. The waste vehicle would then exit Kennett Street via Closter Avenue.

A similar process would be conducted for the collection of sharps and cytotoxic waste, on an as-needed basis as determined by the Practice Manager.

8 COUNCIL INFORMATION

City of Monash Council - Ph: (03) 9518 3555

APPENDIX A

DEVELOPMENT PLAN

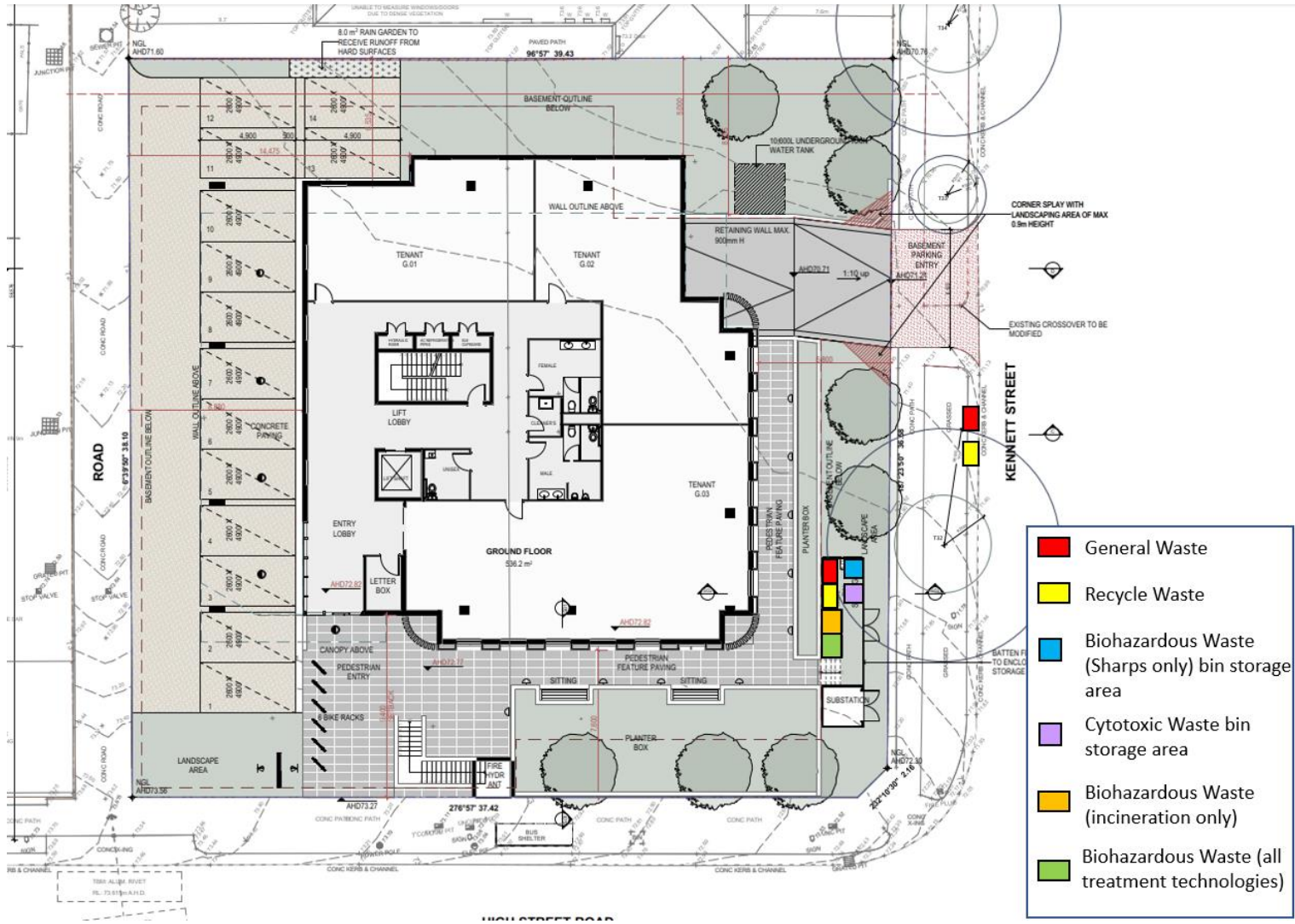


FIGURE A1: BIN STORAGE PLAN