

A21.0 Human health

A21.1 Policy and methodology

The EU EIA Directive (Directive 2014/52/EU) introduced a requirement (for projects in EU Member States) to include assessment of impacts to human health as part of EIA. The general interpretation of this requirement during consultation in the UK was that effects of a development on local community health would particularly apply in combustion, waste and chemical sectors, and the proposed scheme does not involve such activities. As a result (and as proposed in the Environmental Scoping Report (**Ref. 4**)), the assessment of potential impacts on human health have been informed by the results of other relevant sections of the EIS, principally traffic and transport, noise and vibration, air quality, land quality and socio-economics and local community.

It is not possible to assess the potential for impact on human health relative to the existing situation in a quantitative manner; rather, the human health assessment has drawn on topic specific sections of the EIS, making specific conclusions of impact significance on human health.

A21.2 Potential impacts during the construction phase

A21.2.1 Potential reduction in human health

A review of the assessment in **Sections A12.0, A13.0, A14.0, A16.0 and A19.0** has been undertaken to understand the potential impacts on human health during the construction phase.

From a noise and vibration and traffic and transport perspective, impacts are predicted to be of minor adverse significance at worst during the construction phase. Reductions in air quality are predicted to be not significant, and the impacts on the socio-economic environment are predicted to range from minor beneficial to minor adverse.

The most significant impacts on human health during the construction phase are predicted to arise as a result of possible interactions with contaminants in soils, waters and sludge. A worst case impact of major adverse significance is predicted to human health during the dismantling process of the FIPASS barges (specifically due to the risk of construction workers coming into contact with the contaminants present within the barges). Taking the above into account, it is considered that overall, the impact to human health during the construction phase would be of **minor to moderate adverse** significance.

A21.2.1.1 *Mitigation and residual impact*

The mitigation measures proposed to manage the predicted impacts to human health are detailed in **Sections A12.0, A13.0, A14.0, A16.0 and A19.0**. With the adoption of the mitigation measures detailed in the aforementioned sections, the overall residual risk to human health during the construction phase is considered to be of **negligible** significance.

A21.3 Potential impacts during the operational phase

A21.3.1 Potential reduction in human health

A review of the assessment in **Sections A12.0, A13.0, A14.0, A15, A16.0 and A19.0** has been undertaken to understand the potential impacts on human health during the operational phase.

From a noise and vibration perspective, impacts are predicted to be of negligible significance. Reductions in air quality are predicted to be not-significant, and the impacts on the socio-economic environment are predicted to range from minor beneficial to negligible.

Impacts on traffic and transport are predicted to be of minor adverse significance at worst. Impacts with regard to operational phase lighting disturbance are minor-moderate adverse.

Taking the above into account, it is considered that overall, the impact to human health during the operational phase would be of **minor adverse** significance.

A21.3.1.1 ***Mitigation and residual impact***

No mitigation measures are required, however those detailed in **Sections A12.0, A13.0, A14.0, A15.0, A16.0** and **A19.0** would be applicable. The residual impact would be of **minor adverse** significance