



# NATIONAL HEALTH AND CLIMATE STRATEGY

## Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available [here](#).

Alternatively, you may wish to complete the briefer online survey available [here](#).

Please submit this form in Word format to [Health.Climate.Consultation@health.gov.au](mailto:Health.Climate.Consultation@health.gov.au).

## Respondent details

What is your name?
ANZCA Environmental Sustainability Network
What is your email address?
enviro-sustainability@anzca.edu.au
What is your organisation?
Australian and New Zealand College of Anaesthetists
Have you read and agreed to the <a href="#">Privacy Statement</a> ? (NB we will not be able to use your submission unless you tick this box)
<input checked="" type="checkbox"/> I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Please select which applies to you:
<input type="checkbox"/> Individual citizen <input type="checkbox"/> Health Service Provider <input type="checkbox"/> Industry and Life Sciences Organisation or Representative <input type="checkbox"/> Academic or Researcher <input type="checkbox"/> Primary and/or Allied Health Peak or Advocacy Organisation or Representative <input type="checkbox"/> Aged Care Service Provider <input type="checkbox"/> First Nations Health Service Provider <input type="checkbox"/> First Nations Community Group <input type="checkbox"/> First Nations Peak or Advocacy <input checked="" type="checkbox"/> Medical College or Peak professional body

## Questions for feedback from the Consultation Paper

### Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

Measurement – ANZCA supports government assistance in establishing uniform measurement methods and reporting. In particular, measurement should be broken down into individual health services, institutions and specific to medical specialties to enable clinicians to better direct reduction strategies. Measurement and reporting should be built into existing governance mechanisms at a health service level and, as such, become mandatory.

Mitigation – strategies will be more easily identified and prioritised if measuring/reporting systems are properly established and user-friendly at a local level. In particular, individual medical specialties/units can then implement action relevant to their own contribution e.g. reduction of desflurane usage in anaesthesia. Some strategies require a system-wide approach e.g. renewable energy and such issues must be tackled separately but concurrently.

Adaptation – consultation with clinical staff will help to identify vulnerable communities and specific medical conditions that are most likely to be affected by climate change.

Health in All Policies – addressing and incorporating planetary health needs to become business as usual throughout every area of the healthcare system. Mandating reporting and governance, and funding staff to work on environmental sustainability policies will strengthen the response in healthcare itself.

Suggested additional objective: Education - campaigns and learning materials should be developed and distributed to all staff working within healthcare. The value of hospitals as anchor institutes and healthcare staff at all levels should both be recognised as significant and vital resources and utilised accordingly to educate and inform the wider population.

2. How could these principles be improved to better inform the objectives of the Strategy?

5. Evidence-informed policymaking - this principle should take account of the urgent need for decisive action in the face of a climate crisis that is already happening. Consultation with clinical staff should occur to best inform decisions on new sustainable models of care and reduction of low-value healthcare.

6. Partnership-based working - this principle should specifically mention healthcare industries as partners that government agencies must work with. Government should require net-zero plans and sustainability credentials from all industry partners.

3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

The strategy should account for all types of greenhouse gas emissions. There should be recognition of scope 3 emissions as a significant contributor in emission reduction plans. Government should partner with industries to reduce emissions and require robust

sustainability credentials alongside net-zero plans from each company. Whole-of-government influence and policy avenues should be recognised and utilised in achieving this.

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

ANZCA recognises that Aboriginal and Torres Strait Islander Peoples' voices need to be heard and our actions guided by them. We do not seek to represent the views of First Nations People and encourage meaningful engagement with their communities in identifying existing First Nations policies, initiatives, knowledge, expertise and practices with which to align the Strategy.

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

ANZCA recognises that Aboriginal and Torres Strait Islander Peoples' voices need to be heard and our actions guided by them. As such, we do not seek to represent the views of First Nations People and encourage meaningful engagement with their communities in co-design of this Strategy and governance structures.

## Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

While these likely fall under the umbrella of the initiatives described above, the ANZCA Environmental Sustainability Network is actively involved in supporting the development of initiatives to

- measure use and leakage of nitrous oxide around Australia (not currently a widely reported metric)
- measure use of anaesthetic vapours and CO<sub>2</sub>e associated with these
- measure the lifecycle impact of medical devices, medications, investigations and consumables used commonly in Australia

ANZCA has developed an Environmental Sustainability Audit tool to support clinicians and services to consider ways of reducing emissions

[https://www.anzca.edu.au/resources/environmental-sustainability/eswg-audit-tool-\(1\).aspx](https://www.anzca.edu.au/resources/environmental-sustainability/eswg-audit-tool-(1).aspx)

7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Expanded utilisation of existing methodologies such as EEIO studies and life cycle assessments (LCA) where appropriate to improve the validity and accuracy of data required to target emissions reduction measures through appropriate funding, resourcing and prioritising. Transparent access to current purchasing data for carbon intensive goods and medicines, such as nitrous oxide and desflurane to enable benchmarking. Medical equipment and pharmaceutical composition data to enable independent LCAs to be undertaken and / or verified - this data is presently very difficult to obtain.

## Proposed Objective 2: Mitigation

<p>8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?</p>
<p>ANZCA supports the proposed focus areas. We suggest the additional focus area - food and beverages. The environmental impact of food and beverages, from the healthcare sector is significant, with emissions stemming from production, transport, packaging storage and waste. Systems should be developed to minimise waste. Food waste emissions should be minimised through appropriate composting or energy production facilities over landfill and safely redistributing uneaten food items to those in need. High-quality plant-based nutrition should be recognised as both a method of reducing emissions and encouraging recovery from illness.</p>
<p>9. Which specific action areas should be considered relating to the <b>built environment and facilities (including energy and water)</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"><li>● Definitive targets for transition to renewable sources of power for all healthcare facilities.</li><li>● Not installing piped nitrous oxide infrastructure in new builds and removing it in existing facilities, particularly in facilities without obstetric or paediatric services.</li><li>● Enhancing access and use of telehealth across all aspects of healthcare to minimise the need for patients and staff to travel.</li></ul>
<p>10. Which specific action areas should be considered relating to <b>travel and transport</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"><li>● Ensure that there are adequate 'end-of-journey' facilities in all buildings in healthcare, to encourage the use of active means of transport e.g. cycling.</li><li>● Adequate facilities to store and charge electric vehicles, including eRideables.</li></ul>
<p>11. Which specific action areas should be considered relating to <b>supply chain</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"><li>● Targeted strategies and innovations to encourage reduced use of healthcare-related items and therapeutics, which will then also result in reduced waste.</li><li>● Reduction of low-value care episodes.</li></ul>

<ul style="list-style-type: none"> <li>• Work with healthcare institutions, industry and regulators to maximise use of reusable equipment as opposed to single-use. Improve the feasibility and capacity of sterilisation facilities in healthcare to clean and sterilise reusable equipment.</li> </ul>
<p>12. Which specific action areas should be considered relating to <b>medicines and gases</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"> <li>• Minimise waste of medications by minimising episodes of low-value care and reviewing clinical models of care.</li> <li>• Ensure proper disposal of medicines and anaesthetic gases to avoid leaching of pharmaceuticals into waterways and venting of waste anaesthetic gases to the atmosphere.</li> <li>• Scavenging of nitrous oxide and use of capture/destruction technologies for both volatile anaesthetic agents and nitrous oxide. Central units for such technology should be present in all new buildings.</li> <li>• Healthcare facility gas supply infrastructure should be regularly and thoroughly monitored for leaks.</li> </ul>
<p>13. Which specific action areas should be considered relating to <b>waste</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"> <li>• Policy levers to harmonise pharmaceutical and clinical waste disposal standards across Australia.</li> <li>• Partner with organisations to safely redistribute unused food items to those in need.</li> </ul>
<p>14. Which specific action areas should be considered relating to <b>prevention and optimising models of care</b>, over and above any existing policies or initiatives in this area?</p>
<ul style="list-style-type: none"> <li>• Support innovation in facilitating streamlined access to test and investigation results to providers in order to mitigate duplication, excess repeated testing and inappropriate testing.</li> </ul>
<p>15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?</p>
<p>Adequate weighting for environmental credentials when considering contracts with private providers, including commitments to net zero emission targets should be mandatory. Appropriate environmental accreditation standards must include both public and private healthcare providers.</p>

16. Where should the Strategy prioritise its emissions reduction efforts?

- a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?
- b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?

17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

- Remove desflurane from public hospital formularies to discourage its use.
- Mandate public reporting of emissions from volatile anaesthetic gases and nitrous oxide from all healthcare facilities.
- Prohibit the venting of residual nitrous oxide, from 'near empty' cylinders, to the atmosphere.
- Implement a nitrous oxide mitigation strategy for all hospitals, including:
  - Ceasing the supply of piped nitrous oxide in any facility which does not offer obstetric or paediatric services (converting to cylinder supply where necessary)
  - Monitoring, detection and mitigation of nitrous oxide infrastructure leaks
  - Encouraging alternative sources of analgesia where appropriate
- Reduction and re-direction of hospital food waste away from landfill.

### Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:

- a. What are the key considerations in developing a methodology?
- b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
- c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?



20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

## Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

## Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy?  
Should any enablers be added or removed?

25. For each of these enablers:  
a. What is currently working well?  
b. What actions should the Strategy consider to support delivery?

**Thank you for taking the time to complete this survey – your feedback is greatly appreciated!**

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