



**Australian<sup>®</sup>  
Nursing &  
Midwifery  
Federation**  
VICTORIAN BRANCH

ANMF (Vic Branch)  
535 Elizabeth Street  
Melbourne Victoria 3000

Box 12600  
A'Beckett Street PO  
Melbourne Victoria 8006

anmfvic.asn.au  
t 03 9275 9333  
f 03 9275 9344  
e records@anmfvic.asn.au

ABN 80 571 091 192  
RTOID: 22609

Enquiries directed to:  
Roslyn Morgan  
Environmental Health Officer  
rmorgan@anmfvic.asn.au

# ANMF (Vic Branch) Submission to the Department of Climate Change, Energy, the Environment and Water

## Consultation into Reforming Packaging Regulation

**Samantha Casey**  
Acting Assistant Secretary  
Australia Nursing and  
Midwifery Federation  
(Victorian Branch)

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## About ANMF (Vic Branch)

The ANMF (Victorian Branch) (ANMF) represents more than 100,000 nurses, midwives, and personal care workers. Our members are employed in a wide range of enterprises in metropolitan, regional, rural and community care locations, within the public and private health and aged care sectors.

Our core business is the representation of the industrial, professional, and occupational health and safety interests of our members, and to advocate for and empower our members to maximise their influence – to benefit their professions and the broader community. We participate in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs, and law reform.

## Packaging Reform Consultation

### Consultation Perspective

ANMF (Vic Branch) welcomes the opportunity to contribute to the Department of Climate Change, Energy, the Environment and Water (DCCEEW) consultation into Reforming Packaging Regulation. We elect a freeform response and offer consumer perspective.

Our members are the end users of procurement and express deep concern about the waste they see within healthcare. They have specifically asked ANMF (Vic Branch) to address this in representative capacity, including the provision of segregation guidance and supplier responsibility.

ANMF (Vic Branch) is a member of Global Green and Healthy Hospitals (GGHH), a project of Health Care Without Harm (HCWH). HCWH identifies seven high impact actions for healthcare to reduce their environmental impact and to decarbonise.<sup>1</sup> One of these is the implementation of circular and sustainable healthcare waste management. HCWH includes many of the principles discussed in the consultation including circularity concepts, the elimination of toxic materials, and the use of extended producer responsibility.

The [ANMF position statement on Health, environment and climate change](#), includes *the adoption of sustainable procurement strategies that incorporate best practice environmental and social criteria and circular economy principles and strategies.*<sup>2</sup>

### Healthcare Packaging

In 2022, Australia imported \$6.41B in packaged medicaments, making this our 7th most imported product.<sup>3</sup> Consequently, a large portion of Australian hospital waste is packaging, with an estimated one third of this being plastic.<sup>4</sup>

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<sup>1</sup> <https://global.noharm.org/news/our-new-road-map-zero-emissions-health-care>, accessed October 2024

<sup>2</sup> <https://www.anmf.org.au/professional/professional-issues/climate-change/>, accessed October 2024.

<sup>3</sup> <https://oec.world/en/profile/bilateral-product/packaged-medicaments/reporter/aus>, accessed October 2024.

<sup>4</sup> <https://wp.csiro.au/epws24/medical-plastics/>

### Concern about healthcare implications

Many materials used in plastic production, and plastic by-products, are highly hazardous or toxic, causing an increased risk of [serious health effects](#).<sup>5</sup> The [Intergovernmental Negotiating Committee](#) are developing an international legally binding instrument on plastic pollution. Cross-disciplinary health professionals have submitted an Open Letter to this Body, calling for actions throughout the full life cycle of plastics to eliminate the harmful effects from production, use, recycling and disposal of plastics in order to protect human and planetary health<sup>6</sup>.

The consultation paper DCCEEW provided, includes analysis that landfilled packaging generates \$340 million in environmental costs a year. The calculation considers emissions, energy usage, water usage, soil contamination and water pollution. If the health impacts and outcomes of these metrics were quantified and added, the cost would be significantly higher.

Australia's National Science Agency, CSIRO, has suggested capping plastic production, with manufacturers required to steadily reduce the amount of plastic used in their products using measurable targets, design and investment in alternatives.<sup>7</sup> Some healthcare professionals have suggested a total system revision, where plastics are categorised as hazardous healthcare waste, with a focus on replacing rather than recycling plastics<sup>8</sup>. It has been argued that concerted action by health professionals to improve healthcare waste, beginning with plastics, would send important market signals to industry that would likely lead to solutions for domestic waste, too.

Increasingly health services are doing what they can within the existing structures to reduce their entanglement with plastic. For example, Ramsey Health has publicly committed to remove 100 million plastic items from landfill by March 2025.<sup>9</sup> Regulatory governance would enhance this opportunity.

### Plastic and emissions

Uncapped, global plastics are projected to triple between 2019 and 2060.<sup>10</sup> Plastic has been described as Plan B for the fossil fuel industry. The [International Energy Agency](#) has said that plastic made from fossil fuel, is set to drive nearly half of oil demand growth by mid-century<sup>11</sup>. As large plastic users in product and packaging, this will contribute to the overall environmental footprint of Australian healthcare, currently estimated as 7% of Australia's emissions.<sup>12</sup> This is contrary to zero emission targets.

### Diversion failure, avoidable cost, wasted resources.

Currently there is a lack of coordination and structure to reduce healthcare waste to landfill, let alone support circular economy principles.

<sup>5</sup> <https://pursuit.unimelb.edu.au/articles/healthcare-has-a-waste-problem-but-we-can-achieve-net-zero>

<sup>6</sup> <https://global.noharm.org/focus/plastics/open-letter>

<sup>7</sup> <https://www.csiro.au/en/news/all/articles/2024/april/plastic-manufacturing-and-pollution>

<sup>8</sup> BMJ Innovations, Cleaning up plastics in healthcare waste: the transformative potential of leadership, Professor Fawzia N Rasheed, Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, <https://innovations.bmj.com/content/9/2/103>, last accessed October 2024.

<sup>9</sup> <https://www.ramsayhealth.com.au/News/General-News/100-million-plastics-target>

<sup>10</sup> OECD Global Plastics Outlook: Policy Scenarios to 2060

<sup>11</sup> <https://www.beyondplastics.org/news-stories/how-the-fossil-fuel-industry-is-pushing-plastics-on-the-world>

<sup>12</sup> <https://www.thelancet.com/journals/lanplh/article/PIIS2542-51961730180-8/fulltext>

It is inaccurate to think that the bulk of healthcare waste is hazardous. Of the total amount of waste generated by healthcare activities, the World Health Organisation (WHO), indicates that about 85% is general, non-hazardous waste.<sup>13</sup> In 2017–18 Victorian public hospitals generated 35,000 tonnes of waste. While only 13% per cent of this was clinical and related waste, it accounted for 55% of waste management costs. Audits have shown that in some areas up to 60% of the clinical waste generated could have been safely disposed of in general or recycling streams at a significantly lower cost.<sup>14</sup>

A recent example of healthcare intervention specifically targeting clinical waste is the ‘Green Maternity Intervention’ program led by Western Health midwives at the Joan Kirner Women’s and Children’s Hospital in Victoria. This resulted in a 71% decrease in clinical waste and a 48% reduction in waste management costs.<sup>15</sup>

Even a small intervention into healthcare waste can make a big difference. This is in part due to the large volumes of materials we use. For example, in 2021, NSW Circular led a pilot targeting two items of plastic packaging from hospital wards - needle caps (polypropylene) and used saline and water ampoules (polyethylene). These items are typically sent to landfill but require only minimal changes in practice to collect them for recycling. There is significant potential for scaling up to other locations and similar products. NSW Circular calculated that expanding the collection of these two small items across the NSW public health system would save nearly 70 million pieces of plastic from landfill amounting to 150 tonnes and generate savings of \$150,000 each year.<sup>16</sup>

Actions such as these represent savings that could be reinvested into patient care, staffing, resources and other essential services.

#### **Other examples of alternative packaging options in healthcare**

- Suture materials: some providers package sutures in 100% aluminum, others line the aluminum with plastic on one or both sides. The same product protection but one can be recycled, the other is landfilled. Material combinations should be reassessed.
- IV fluids: PVC items make up an estimated 25% of hospital plastic waste, and includes the IV bags that fluids are delivered in. Health Care Without Harm recommends health care facilities avoid PVC and DEHP and *replace them with safer alternatives*.<sup>17</sup>
- Sterilisation wrap: Hospitals in Australia send thousands of kilograms of sterilisation wrap to landfill every year. The U.S. Environmental Protection Agency (EPA) estimates that 19% of the waste stream generated by surgical services is sterile wrap. Practice Greenhealth estimates some 255 million pounds of blue wrap is thrown away each year. Reusable alternatives exist and are preferable, or at the very least this could be captured as a clean resource for recycling.
- Depending on the packaging and infection control, items in an ICU ward can be wiped over and saved, or if the packaging is not suitable, they are landfilled – unopened and unused. Both behaviour change (overstocking) and provided packaging play part in this outcome.

<sup>13</sup> <https://www.who.int/news-room/fact-sheets/detail/health-care-waste>

<sup>14</sup> Clinical and related waste guidance; supplement for healthcare staff, VHHSBA 2020, p.4

<sup>15</sup> <https://iht.deakin.edu.au/2023/10/green-maternity-intervention-program>

<sup>16</sup> NSW Circular, Plastics in Healthcare; the case for circularity, October 2021.

<sup>17</sup> <https://global.noharm.org/resources/sustainable-procurement-quick-guide-reducing-pvc-and-dehp-iv-bags>

- Surgical and procedural trays are often provided with multiple components that are individually packaged where safety and quality could be maintained with shared packaging. Reduced bulk and packaging can lower both material use and transportation emissions.

### **Proposed regulatory changes**

ANMF (Vic Branch) welcomes this necessary review of Australia's Packaging Regulation. A significant focus for our members is that healthcare suppliers are included, and not given exemption.

The previously referenced open letter to the International Negotiation Committee for a Plastics Treaty, was in response to a possible exemption for the healthcare sector in the Treaty, which would exempt 10% of the global economy.<sup>18</sup> This was regarded as, *contrary to growing global efforts for a sustainable health sector*.<sup>19</sup>

The same perspective is taken by ANMF (Vic Branch) members to Australia's Packaging Regulation. At the 2023 ANMF (Vic Branch) delegates conference, members unanimously passed a motion calling on the Branch to encourage healthcare suppliers to take ownership of their part in this problem and to provide product stewardship and information about recyclability pathways for their products if not offering a take-back scheme.<sup>20</sup>

Reform would support what is a global movement to improving the sustainability of healthcare. Over one third of Australian hospitals are now members of GGHH and actively working on a range of sustainability goal areas including waste and procurement. Earlier this year, Australia joined in a collaboration with the United States and United Kingdom to decarbonise healthcare supply chains.<sup>21</sup> This contains an interesting learning, relevant to this consultation. The UK has made it clear to suppliers that there will be no contract with the NHS unless their emissions targets align with those of the NHS. This hardball approach requires suppliers to do the work and improve their performance within a determined time-period, or face exclusion from the healthcare market.

Australia has commenced messaging to healthcare suppliers. Packaging reform must build on this existing demand and include healthcare providers in any ban or extended producer responsibility arrangements.

### **Regulatory options**

The consultation paper includes three potential regulatory options. Option one would strengthen the administration of the current co-regulatory arrangement, Option two would set national mandatory requirements for packaging and option three would establish an extended producer responsibility scheme for packaging.

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<sup>18</sup> <https://global.noharm.org/articles/press-release/global/over-6-million-health-professionals-urge-plastics-treaty-negotiators>

<sup>19</sup> <https://global.noharm.org/focus/plastics/open-letter>

<sup>20</sup> <https://otr.anmfvic.asn.au/articles/australia-has-a-packaging-problem-healthcare-is-a-major-contributor/>

<sup>21</sup> <https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/australia-joins-us-and-uk-statement-on-decarbonising-healthcare>

ANMF (Vic Branch) supports a combination of options 2 and 3 with the priority being bans on problematic chemicals (such as PFAS) and materials. The challenge that healthcare faces is that it is a more monopolised market with less commercial alternatives available. We are concerned that financial penalty alone may be tolerated as an operational cost that can be redirected to the vulnerable consumer in need of a critical service, or to hospitals themselves, thus failing to achieve reform. While APCO has worked consistently with volunteering suppliers, we are falling far short of the 2025 national packaging targets. Where extensions are sought while further process is established, these should be time limited and come with financial penalty. The obligations should apply to both domestically manufactured and imported packaging.

### **Segregation advice**

Another request of ANMF (Vic Branch) delegates is that *Information such as the ARL (Australasian Recycling Logo) now on our groceries should be freely/easily available to enable recycling of items that are clean and would otherwise go into general waste.*

Examination of healthcare packaging reveals a marked absence of streaming advice. ANMF (Vic Branch) requests that this be addressed in packaging reform, rather than already busy nurses and midwives having to try and make a best guess and then develop their own local education materials.

As part of industry taking responsibility for the packaging it places on the market, businesses must be accountable for communicating to their customers if packaging is recyclable, and how to correctly dispose of it. This should be done without inappropriately large labels rendering packaging non recoverable.

### **Health in all policies**

In December 2023, Australia released a new [National Health and Climate Strategy](#). A critical objective of this Strategy is Health in all Policies (HiAP). HiAP recognises that population health is not only a product of health sector programmes. Policy in every sector of government can potentially affect health and health inequity. One example of this crossover directly relates to packaging. If healthcare is to participate in circular economy, there must be facilitation for this in capital works planning – with footprint allowed in utility rooms, sterilisation departments and collection docks. We need a sustainability and health lens inside of all government policies and interdepartmental communication and facilitation. This includes the planned packaging reform so that the insights and perspectives of healthcare are included. The National Health and Climate Strategy should be adequately funded to facilitate cross-portfolio consultation in a HiAP capacity.

### **Waste to Energy**

ANMF (Vic Branch) notes the DCCEEW consultation document includes waste to energy as an accepted recovery strategy included in recovery metrics eg: *56% of the 6.98 million tonnes of packaging placed on the market was recovered (recycled, composted or used for energy)*<sup>22</sup>.

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<sup>22</sup> Reform of packaging regulation, Consultation paper, p.6

We are concerned about this inclusion. The Ellen McArthur Foundation describes a circular economy as *an economic system in which materials are designed to be used, not used up*.<sup>23</sup> The Foundation groups waste to energy with landfill and incineration, as a solution that will not support circular economy. *The first principle of the circular economy is to eliminate waste and pollution*.<sup>24</sup> Waste to energy is part of a linear approach to waste management with many persuaded it perpetuates both waste and pollution.<sup>25</sup>

### **Resources for healthcare packaging suppliers**

The Healthcare Plastics Recycling Council (HPRC) is active in the USA and Europe, working with key stakeholders to identify collaborative opportunity to develop guidelines for safer materials and resource recovery in healthcare packaging. Many of their members are brands recognised as providers within Australian healthcare.<sup>26</sup>

Resources have been developed for manufacturers, hospitals and recyclers with intention to consider healthcare product life cycle from design and manufacturing through product use, disposal and recycling.

A range of advice is provided including common healthcare packaging materials and formats. These are classified by preferred design aspects, based on qualities that facilitate recyclability. Advice is available for common healthcare products such as rigid thermoformed blisters and trays, porous and non-porous lidding and pouches, barrier materials – such as foil and metallized films. Labelling guidance includes aspects such as appropriately sized label, avoiding unnecessary communication on labels, alternatives to labels, placement, and adhesive choice and composition.

### **Education**

Previous HPRC pilot studies have shown that proper consumer education at the point of disposal is a significant factor in the efficacy of plastic packaging recycling. The proper use of recycling symbols and other user-friendly package markings can greatly improve recycling efforts. Our members have requested this education be made available, including for healthcare workers. Suppliers must also ensure education throughout their employee body. It is not uncommon for small supplies to be delivered to hospital equipment rooms in oversize boxes – a frustrating waste.

### **Conclusion**

The ANMF Vic Branch strongly supports *National mandatory requirements for packaging and an extended producer responsibility scheme for packaging*. Further, we see that the healthcare sector must be included in regulatory requirements, and where there is transition for the sector that this be time limited, overseen, and enforced.

There is much opportunity for a more sustainable healthcare system, yet to be captured. This comes with triple bottom line benefits for community and planet. This is increasingly being realised by workers within the system, at local, national and global levels. ANMF (Vic Branch) salutes our many

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<sup>23</sup> <https://www.ellenmacarthurfoundation.org/plastics-and-the-circular-economy-deep-dive>

<sup>24</sup> <https://www.ellenmacarthurfoundation.org/eliminate-waste-and-pollution>

<sup>25</sup> <https://envirojustice.org.au/legal-work/ending-pollution/ending-toxic-contamination-and-waste/challenging-a-waste-to-energy-plant-in-the-laverton-community/>

<sup>26</sup> <https://www.hprc.org/our-members/>

members who are working tirelessly to achieve this. We support governance reform, such as packaging, product and suppliers, that will enhance and facilitate our member commitment and endeavour.