



**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 Energy, Environment and Climate Action

## Victoria's 2026-30 Climate Change Strategy

**Samantha Casey**  
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 108,000 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.

### Background

ANMF welcomes the opportunity to contribute to Victoria's 2026-30 Climate Change Strategy from a health and healthcare perspective.

ANMF 2019 *Union solidarity motion with School Strike 4 Climate* recognises climate change as an existential threat and global emergency (IPCC 2018) that requires immediate and wide-reaching action within the next decade to avoid disaster. This recognition shapes our response.

As an organisation, ANMF has established emission reduction targets for zero by 2035, across property and all Scopes.

### Acknowledgements

ANMF submitted to the 2022 Engage Victoria consultation for Victoria's Emissions Reduction Target for 2035.

We acknowledge that recommendations from that report have been implemented or are underway. ANMF (Vic Branch) called for:

1. *100 per cent renewable electricity for public hospitals.*  
We understand this commitment remains in place for 2025 and look forward to delivery.
2. *Move away from gas, including gas free hospitals.*  
In 2023, the Victorian Government announced that new homes and new public buildings, including hospitals (not already in design phase) would be gas-free from 2024.
3. *re-structure and resource the Victorian Healthcare Sustainability Unit, to comprehensively establish Scope 1,2,3 emissions and model a trajectory for zero emissions healthcare by 2040.*  
ANMF advocated for and welcomes the delivery of Climate Health Victoria and the work they are doing to engage the healthcare workforce, and model healthcare emissions and reduction trajectories.
4. *Support community microgrids.*  
The Allan Labor Government's *Community Microgrid and Sustainable Energy Program* assisted funding of microgrids in Mallacoota, Corryong and Omeo.

## Key opportunities and benefits of action on climate change

### 1. Better health outcomes

Climate change is the greatest global public health threat facing humanity and requires commensurate response.<sup>1</sup> According to the United Nations, we are inside the critical decade for climate action.<sup>2</sup> Unchecked, climate change will undo much of the developmental progress that has been made over past years.

The impacts of climate change are both direct and indirect. For example, during the 2019-20 summer bushfire season, 33 people lost their lives as a direct cause of the fires and thousands were hospitalised due to smoke inhalation.<sup>3</sup> Rising temperatures increase air pollution, which contributes to the occurrence of heart and lung disease.<sup>4</sup>

2. **Ecosystem protection.** A healthy ecosystem is critical for human health, providing resources such as clean air, food and water safety and security, the protection of habitat and biodiversity, strengthened natural carbon sequestration, contributing to good mental health and wellbeing. In addition, many medicines and therapies have natural source origins.

3. **Facilitate healthcare to deliver high quality care without the environmental impacts and carbon footprint.** If the global health care industry was a country it would be the fifth-largest greenhouse gas emitter on the planet, responsible for about 4.5% of worldwide emissions.<sup>5</sup> There are many uncaptured opportunities to reduce these emissions.

4. **Strengthen healthcare resilience and adaptation** in support of service continuity when impacts occur to infrastructure and communities.

### 5. Release of funds, and mitigation against rising cost of living.

a. Instead of subsidising fossil fuel industries, this money could be redirected to the establishment of clean energy industries and to assist household transition off gas.

b. Reduce future costs from climate related impacts. Infrastructure Victoria estimates that extreme weather damage already costs Victoria about \$2.7 billion a year, and without action, costs will grow.<sup>6</sup>

c. A 2025 report by the Australian Institute, has found direct connections between the climate crisis and rising cost-of-living pressures. Failure to lower emissions now will only aggravate the crisis, with each moment of inaction compounding the pressure on

<sup>1</sup> [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(23\)00056-5/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(23)00056-5/fulltext)

<sup>2</sup> <https://unfccc.int/maintaining-a-clear-intention-to-keep-15degc-within-reach>

<sup>3</sup> Natural Hazards Research, Australia: Understanding the Black Summer bushfires through research, 2023

<sup>4</sup> Akritidis, D., Bacer, S., Zanis, P., Georgoulas, A. K., Chowdhury, S., Horowitz, L. W., ... & Pozzer, A. (2024).

Strong increase in mortality attributable to ozone pollution under a climate change and demographic scenario. *Environmental Research Letters*, 19(2), 024041.

<sup>5</sup> Health care climate footprint report, September 2019, accessible online

<https://global.noharm.org/resources/health-care-climate-footprint-report>

<sup>6</sup> Infrastructure Victoria, Weathering the storm- Adapting Victoria's infrastructure to climate change, **April 2024**

households. Three key areas of cost that the report finds are directly affected by the climate crises, are insurance, food, and energy<sup>7</sup>

6. **Position Victoria** to participate in new markets for climate friendly technologies in a rapidly emerging clean energy future.
7. **Create secure and safe jobs**, including for those workers transitioning out of the fossil fuel industry.
8. **Policy making that is informed by science**, and fact based. This is particularly important in a global environment where disinformation can be deliberately disseminated for self interest and advantage.

### What could the Victorian Government do to help you reduce greenhouse gas emissions?

**1. Discontinue subsidy of fossil fuel industries and release these funds for supporting transition off gas.** According to the Australian Institute, in 2023–24, Australian governments provided \$14.5 billion worth of spending and tax breaks to assist fossil fuel industries, and **Victoria provided \$21 million in assistance to fossil fuel industries** in 2023–24, with longer- term commitments worth \$84 million.<sup>8</sup> Diverted, these funds would have a dual reward of avoiding future health costs and contributing to better health outcomes in the present.

**2. Support health services to participate in Victoria’s gas substitution roadmap. Develop a transitions pathway for Victorian health services to get off gas. Provide funding for retrofit pilots.**

Once Victorian hospitals transition to 100% renewable energy, gas will be the largest emissions source for Victorian public health services. It is unfortunate that when Victoria’s promise that from 2025, new hospitals would be gas free, this was not extended to those already in design stages.

VHBA has identified hospitals for a research project examining the technological feasibility and implementation costs for transition off gas. This project should be further developed and funded beyond research for those Victorian hospitals participating to be retrofitted, with insights helping to prioritise future electrification efforts. A concern that has been raised is the expense of retrofit. The previously identified \$84 million of Victorian fossil fuel commitments can be factored into the business case.

**3. No new Victorian hospitals should be built with piped nitrous oxide.**

Studies are finding significant leakage of nitrous oxide through central piping manifolds prior to use. 16 hospitals in the NHS were audited in 2020 finding that, on average, 90% of their nitrous oxide was

<sup>7</sup> The Australian Institute, “Cost-of-Living and the climate crises” a discussion paper by Jack Thrower, February 2025, also accessed <https://australianinstitute.org.au/post/climate-crisis-escalates-cost-of-living-pressures/>

<sup>8</sup> The Australian Institute, Fossil fuel subsidies in Australia, 2024, also accessible at <https://australianinstitute.org.au/wp-content/uploads/2024/05/P1543-Fossil-fuel-subsidies-2024-FINAL-WEB.pdf>;

being wasted through leaks.<sup>9</sup> Testing at the Footscray hospital in 2021, discovered a 75% leakage of total purchased hospital nitrous oxide.<sup>10</sup>

When nitrous oxide it is needed for specialty such as paediatrics and maternity, it can be provided in cannister.

#### **4. Subsidise dedicated Sustainability Managers in Victorian public health services to coordinate emissions reduction and planetary health initiatives.**

Victoria's Whole of Government emissions reduction activities require participation across all sectors, including health. There is largely untapped potential for health services to reduce emissions and environmental impact, across both infrastructure and clinical practice.

There is discontent with the wasteful status quo. Rising regional motivation to act and engage is represented in the Pacific region membership of Global Green and Healthy Hospitals which now has 3828 hospitals and health centres as members.<sup>11</sup>

Dedicated healthcare carbon labs are emerging, such as Melbourne University's Healthcare carbon lab, to support life cycle analysis and inventory specific to the sector.<sup>12</sup> These will underpin evidence based improvement when accessed by personnel with the time to do so.

About 80% of emissions in health are generated from clinical care activities. Many clinicians have shouldered the burden of taking on intervention on top of existing heavy workloads however experience tension when competing priorities can lead to healthcare deprioritising of climate action and environmental sustainability.<sup>13</sup>

Currently, even mandatory reporting of environmental data such as Financial Reporting Directive 24 (FRD24), is often tacked onto an existing role. Reporting is not the end point. There should be facility for feedback to identified relevant areas on their emissions with analysis, the development of emissions reduction strategy and workplans, and progress monitoring.

There is need for dedicated roles, such as Sustainability Managers, who can coordinate projects across both clinical practice and infrastructure, working across the various disciplines, leadership and safety and quality structures. Further, these roles can work with Climate Health Victoria (CHV) to ensure opportunities extend beyond a single organisation or as siloed practice. This would facilitate upscaling, replication, consistency and embedment.

Without a dedicated Sustainability Manager to support staff to identify and implement actions, and to coordinate these throughout the organisation, potential savings in money, emissions, and staff capacity, are lost.

<sup>9</sup> Chakera A, Harrison S, Mitchell J, Oliver C, Ralph M, Shelton C. The Nitrous Oxide Project: assessment of advocacy and national directives to deliver mitigation of anaesthetic nitrous oxide. *Anaesthesia*. 2024;79(3):270-277. DOI: 10.1111/anae.16211

<sup>10</sup> Seglenieks R, Wong A, Pearson F, McGain F. Discrepancy between procurement and clinical use of nitrous oxide: waste not, want not. *Br. J. Anaesth.* 2022 Jan;128(1):e32-34. DOI: 10.1016/j.bja.2021.10.021.

<sup>11</sup> Global Green and Healthy Hospitals network highlights, 2024

<sup>12</sup> <https://mdhs.unimelb.edu.au/healthcare-carbon-lab>

<sup>13</sup> Nichols, A., & Mukonoweshuro, R. (2017). Understanding and knowledge of sustainable waste management within the neonatal unit: A qualitative investigation. *Journal of Neonatal Nursing*, 23(3), 127-133. <https://doi.org/10.1016/j.jnn.2016.10.002> ;

## 5. Resourcing for Climate Health Victoria (CHV)

### a. Funding

It is critical that CHV has ongoing funding and resourcing to coordinate mitigation, adaptation, resilience building and environmental reform within the Victorian health sector. This work is too important to depend on finite grants and budgets.

There must be ongoing established funding beyond staffing, so that insights and learnings can be translated into projects. Consultative input into these types of projects should be supported by an external advisory committee which includes the ANMF, clinicians, and consumers.

### b. Coordinate Sustainability Managers in public health.

Environmental sustainability has been described as lacking operationalisation and existing in pockets rather than as a coordinated set of processes<sup>14</sup>. CHV can play critical role in coordinating Sustainability Managers to implement best practice activities beyond individual organisations as well as the upscaling of exemplar environmentally sustainable practice.

**c. Permanent Vic Waste Education in Healthcare role** must be established and funded within CHV. Once Victorian hospitals transition to 100% renewable energy, waste will be the second-largest emissions source for Victorian public health services, second only to gas.

Waste is a major concern for healthcare staff and intervention would be a notably visible response by the Victorian government. A dedicated appointee to this role will bolster the sector's opportunity to monitor, evaluate and reduce clinical waste resulting in significant financial savings. It would also support participation in Recycling Victoria.

The Victorian Auditor's office has recently lodged [a report](#) which includes update on how Recycling Victoria is tracking on its four targets to transition Victoria to a circular economy. Victoria is not on track to deliver the recorded target to divert 80 per cent of waste going to landfill by 2030. Neither are Victorian health services. It is estimated that in the 2022-23 financial year Victorian public health services generated over 42,000 tonnes of solid waste, of which only 8,600 tonnes was recycled. We need dedicated support, such as a permanent Victorian Waste Education in Healthcare Officer working with Sustainability Officers, CHV and HealthShare Victoria tenders, to support healthcare participation and opportunities for resource preservation.

## 6. Update the 2021 Guidelines for Sustainability in Capital Works

### a. Include footprint for sterilisers and tracking procedures.

The shift to renewable energy in Victorian health services come with an improved carbon footprint for many items used in healthcare that have capacity for sterilisation and safe reuse. This requires space for both sterilisers, and staff to perform associated tracking procedures. When this is not built into capital works, staff face the barrier and objection that, "there is not enough room." This then forces reliance on less environmentally friendly single use items.

<sup>14</sup> Charlesworth, K., Stewart, G., & Sainsbury, P. (2018). Addressing the carbon footprint of health organisations: Eight lessons for implementation. *Public Health Research & Practice*, 28(4), e2841830. doi:10.17061/phrp2841830

**b. Include adequate footprint for recycling stations in departments and on the dock.**

There needs to be adequate footprint allowed in utility rooms and docks for recycling stations, so that healthcare services are given option to participate in Recycle Victoria.

**c. Include a minimum of recycled content in builds and refurbishment.**

Just as Victoria's Big Build has intentionally integrated recycled materials, so should the many health service builds that are occurring across Victoria. According to the Victorian Health Building Authority, they have oversight of more than 80 health, mental health and aged care projects that are currently in development across metropolitan and regional Victoria.<sup>15</sup>

**d. Include dedicated green recovery space for staff** that is separate from patients and other hospital visitors. This could be achieved by increasing the current requirement for a 2.5% amount that is above standard practice, or by incorporating this facility into standard practice.

Green spaces contribute to reducing emissions by absorbing carbon dioxide, and green cover supports natural cooling of air and surfaces. They also provide ecosystem services beneficial to health and well-being.

**e. Include short stay accommodation** for staff new to the hospital who require short term accommodation, such as that needed during natural disaster relief. This will facilitate those who are redeployed in emergency, or unable to leave the facility. This is an increasingly regular occurrence for health care staff. For example, during the 2019-20 bushfire disaster, during covid redeployment, and even more recently during Cyclone Alfred where up to 370 staff were away from their home for up to four days to emergency and urgent care services were available for patients.<sup>16</sup> In addition, there should be dedicated beds for night shift staff to use during their breaks, separate from patient beds.

**7. Update the Policy and Funding guidelines for public healthcare bodies.**

While something like updating policy and funding guidelines may not appear to represent emissions reduction, what it does is provide a platform for multiple projects within healthcare services that target emissions reduction and lowered environmental impact. It represents an easy government reform, or "low hanging fruit."

- a. Under the Policy and Funding guidelines, healthcare services are required to develop an Environmental Management Plan (EMP), at least every 5 years. This is an initiative that is strongly endorsed by ANMF. Unfortunately, it is not also required that the EMP be a public document. Consequently, the EMP is not always accessible, even to staff. How do staff participate in achieving organisational commitments if they are hidden?

To encourage transparency, accountability and participation, this document should be visible to both staff and community and this should be a requirement under the Policy and Funding guidelines.

<sup>15</sup> <https://www.vhba.vic.gov.au/delivering-next-generation-health-infrastructure>

<sup>16</sup> <https://www.theguardian.com/australia-news/2025/mar/11/cyclone-alfred-baby-born-tweed-hospital>



- b. Another recommendation comes from ANMF Delegates who have requested that health service organisations provide onboarding education for new staff that includes what opportunities there are to engage in environmentally protective actions within the organisation and how staff can participate.

## **8. Support climate literacy**

The need for education and training on climate change adaptation and mitigation is a specific recommendation of the 2022, Climate Impacts at Work research. The same need was identified by healthcare workers in sector specific survey conducted by the Climate and Health Alliance (CAHA) in the Real Urgent and Now (RUN) survey, and [Sustainability Victoria: Health impacts of climate change](#).

The Nursing and Midwifery Board of Australia are now considering professional practice standards for nurses and midwives that consider impact of climate in their work roles and health and wellbeing of Australian communities.

- a. Embed a climate module into every Victorian TAFE training program as part of developing a climate health literate workforce who are knowledgeable and prepared for both the physical and mental effects of extreme weather.**

While embedding climate change education into all curricula may be outside of the Victorian government remit, there is scope to commence this through TAFE education to support preparedness of Victorian workers for escalating climate change impacts.

- b. Include an Environment module in the centralised Education Portal**

At the 2022 state election, the Andrews Government committed to developing a centralised education portal for Victorian nurses and midwives to access. Education and training of the nursing and midwifery workforce is critical to the functioning of Victorian health system. Currently there is often duplication across the health system relating to education and training that results in inefficiencies including: duplication of costs, administrative burden, timeliness, and challenges with access to the right education and training. A Centralised Education Portal is a system that would enable nurses and midwives to access consistent learning, prevent duplication, and recognise previous learning across Victorian health services. This portal should include an environment module as part of post graduate education in mitigation and adaptation opportunities for nurses and midwives within the healthcare sector. As elected representative of over 108,000 nurses, midwives and carers, ANMF (Vic Branch) should be participants in this development.

## **9. Support regulatory and technological research and development of bidirectional electric vehicles (EV) as part of Victoria's gas transition.**

ANMF (Vic Branch) encourages the Victorian government to be a present and supportive actor in the facilitation and development of vehicle to grid and vehicle to home technologies.

EV batteries are typically 50–100kWh, or five to 10 times the size of a large home battery. This capacity means they offer solutions for energy storage and grid stabilisation.



[A report](#) by the Australian National University details how during a major storm event in February 2024 that cut power to tens of thousands of homes, sixteen EV's were able to feed power back into Australia's electricity grid. During that event, the EV's provided 107 kilowatts of support to the national grid. To put that in perspective, 105,000 vehicles responding in this way would fully cover the backup required for the whole of the ACT and NSW.<sup>17</sup> There is potential for EV's to play significant role in Victoria's gas transition plan to avoid firing up gas plants at times of peak demand.

Also, to support the transition, we encourage further support of EV charging infrastructure and ensure the government vehicle fleet transitions to low emission or no emission vehicles. EV charging capacity should be built into all public healthcare facilities.

## **10. Support community projects for whole suburbs to transition off gas**

Just as there are learnings within healthcare that need government support to upscale and populate, so there are within community.

[Electrify 2515 in Illawara](#) is a project that offers learnings and replication for Victorian suburbs. Electrify 2515 is Australia's first community-led electrification pilot aimed at decarbonising homes to aid an entire suburb to get off gas. The vision for the project exceeds emissions reduction as it is about creating a sustainable, resilient, and economically vibrant future for the community.<sup>18</sup>

Electrify 2515 was led by Dr Saul Griffith and a team of home energy experts to guide residents on how to upgrade their homes to fully electric systems, and access subsidies. Similar projects targeting entire suburbs should be coordinated throughout Victoria to fill the gap where residents would support gas transition projects but need practical guidance and assistance to do so.

## **Conclusion**

Thank you for the opportunity to contribute to this consultation.

ANMF (Vic Branch) strongly supports the inclusion of healthcare and health services in Victoria's transition away from gas, inclusion in circular economy opportunities, and representation in CHV. Our members have taken the initiative to implement many projects to reduce the environmental and emissions impact of practice. There is urgent need for coordination of these opportunities, and upscaling and embedding into business as usual as we transition into a healthier and more sustainable way of delivering our service and meeting the needs of our patients now and into the future.

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<sup>17</sup> <https://iced.s.anu.edu.au/research/research-stories/electric-vehicles-fed-power-australian-grid-during-blackout>

<sup>18</sup> <https://www.electrify2515.org/news/electrify-2515-a-postcard-from-the-future>