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## **ANMF (Vic Branch) Submission:**

### **Legislative Council Environmental and Planning Committee - Inquiry into the 2026 summer fires across Victoria**

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Australian Nursing and  
Midwifery Federation  
(Victorian Branch)

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## ANMF Victorian Branch

The ANMF (Vic Branch) represents more than 112,000 nurses, midwives and personal care workers. Our members are employed in a wide range of enterprises in metropolitan, regional, rural and community care locations and within the public and private health and aged care sectors.

Our core activities are 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.

The ANMF (Vic Branch) welcomes the opportunity to provide feedback into the Legislative Council Environmental and Planning Committee Inquiry into the 2026 summer fires across Victoria. We present the response to this inquiry from both a health and healthcare perspective and a disaster victim perspective, as many of our members were personally and professionally impacted by the fires.

The ANMF provided financial hardship assistance for members impacted by the bushfires. Stories from affected members and workplaces are illustrated in this submission to highlight pertinent issues that fall within the terms of reference and to demonstrate the extensive impacts of the fires.

While the terms of reference are addressed generally within the member stories, we will specifically address all except 7, 10 and 11.

## The Impact of Bushfires

Bushfires affect nurses, midwives and carers in a multifaceted way. Their workplace may be affected by a surge of disaster victims, and their workplace may be in a location that is vulnerable to bushfire. In the event of a bushfire, they are expected to assist with evacuating vulnerable people. Nurses, midwives, and carers may be required to shelter in place with vulnerable people because it is too late to evacuate. However, they are also members of their communities. They have families who may be vulnerable to bushfires and need to evacuate. They have properties that they may defend to avoid losing their homes and history. Some are also farmers who have livestock and crops that need protection. Some are CFA volunteers who assist with evacuation, rescue, firefighting, defending property, and firefighter rehabilitation. The responsibilities of a CFA volunteer may take them away from their workplace, such as a regional/rural health facility, where their skills are desperately needed. Or a volunteer's spouse may be prevented from working, due to caregiver responsibilities, hindering the disaster response and recovery effort.

The psychological impact of bushfires on nurses, midwives and carers cannot be understated. Some may lose their homes, farms, pets or loved ones. They may feel obligated to assist in their workplaces to protect vulnerable people from danger but in doing so, may endanger their own lives or those of their families. The psychological, emotional or physical impacts of a bushfire on a nurse, midwife, or carer may necessitate the need to take personal leave to recover. But in small communities, this nurse, midwife, or carer may not be replaceable, meaning care that may be desperately needed, can no longer be delivered in that community. These considerations weigh heavily on nurses, midwives and carers and they must be supported in a multifaceted way to ease the immense burden.

## Member Stories

ANMF Member – Ally\*<sup>1</sup>

Ally is a registered nurse, registered midwife and a maternal child health nurse working in regional Victoria. Ally lost her farm in the 2019-20 Black Summer fires and lost it again in the 2026 fires. In the 2026 fires, Ally evacuated with her dogs and horses, while her husband stayed at home to fight the fires. Her last contact with her husband was a video he sent of the fire approaching their property, before the phones stopped working. She sat with her horses all night as concern for her husband and the deafening winds from the fires kept her and the horses awake. The next day she attended the farm of one of her patients to request to use their satellite phone to contact her husband. He managed to save their family home, but the rest of the farm burned, and they were required to euthanise 200 sheep. The compounded destruction from the 2020 and 2026 fires has meant their farm no longer provides income. Ally is the only maternal child health nurse in her area, and she did her

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<sup>1</sup> \*Name has been changed to protect privacy

best to attend to as many new babies as possible during the fires as they would not have been seen otherwise. Though she needed to take personal leave following the loss of her farm there was nobody to replace her in her role, meaning all the new babies in the area would not receive any post-natal care for the duration of any leave she would take.

ANMF Member – Brendan\*<sup>2</sup>

Brendan is a registered nurse and works in an intensive care unit in a regional healthcare facility. He is also a CFA volunteer. Brendan was deployed to the fires to assist with firefighter rehabilitation. He was granted paid emergency management leave from his role as a nurse that enabled him to assist with the fires. Brendan is concerned about the increasing reliance on volunteers to assist with fires, especially those that work in other areas of the emergency response, such as nurses, midwives and carers. Surge capacity for all emergency services is limited when community members work in multiple roles across critical emergency services. His brigade has been involved in more than six major fires since October 2025 which is far more than usual. Volunteers are being deployed for stints of up to seven days. This over-reliance on volunteers is causing ongoing problems and is unsustainable, as climate change provokes more frequent and unpredictable bushfires.

ANMF Member - Cherise\*<sup>3</sup>

Cherise is an Enrolled Nurse and works night shift in an aged care facility. She was at work on a training day when she saw bushfire smoke heading in the direction of her property. She rushed home and prepared to evacuate. Her husband sought to enact their fire plan and stay to protect their small acreage. Local farmers had attended their property and put a fire break around it. When the winds strengthened and conditions deteriorated, Cherise and her family evacuated into town. However, the local hospital and relief centre had closed, and she was informed that the closest relief centre was two hours away. She was also told that the relief centre would not allow large pets and she did not want to leave her dog behind. As a last resort, Cherise and her family went to a lookout point atop a hill. Other locals had also gathered there because it had a 360-degree view and was the only place in the area with any phone reception. They stayed there for four to five hours until the strong winds died down. Cherise feels lucky she survived and lucky she didn't lose her home and animals, when so many around her did.

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<sup>2</sup> \*Name has been changed to protect privacy

<sup>3</sup> \*Name has been changed to protect privacy

## ANMF Member Workplace

In Natimuk, dry lightning struck bushland causing a bushfire 18km away from an aged care facility. Within 15 minutes the fire was on the doorstep of the aged care facility. There was no time to evacuate and sheltering in place was the safest option. Firefighters were directed to the healthcare facility to save the building with 60 people including vulnerable elderly, ANMF members, community members, and pets, sheltering inside. The building was considered the safest in town during an emergency. Like many aged care facilities, this facility had evacuation plans for internal fire but not evacuation plans for external fire. This was the first time in recorded history of the town that a bushfire had occurred in the area. Even if there had been an adequate evacuation plan, there was not enough time to evacuate and sheltering in place was the only option. With the courageous efforts from the local firefighters, the building was saved, along with the lives of those sheltering inside. The fire ripped through the town, destroying many buildings in its path. A home two doors from the facility burned to the ground. Three staff members lost their homes. Many of the staff stayed onsite for almost 30 hours including the Nurse Unit Manager (NUM). The CEO was not at work that day but remained on an online call with the NUM and the Nhill Incident Management Team (IMT) for the duration of the fire.

## ANMF Member Workplace

In regional Victoria, an escalation in catastrophic weather conditions resulted in fires breaching containment lines and evacuation advice was issued for a small regional town. This resulted in the closure of the local hospital including an aged care facility. Like many aged care facilities in Victoria, the evacuation plan for this hospital only included plans to evacuate outside the facility but no plan to evacuate vulnerable residents outside of the town or path of the bushfire. Member reports indicate a chaotic evacuation. Some residents were collected by family members and others had to be loaded into any available vehicles. The evacuation was completed entirely by nurses and personal care workers; no other emergency services were available to assist. Some staff feared for their lives and left. The staff that stayed used a minivan and completed multiple trips to get everyone out. The evacuation transport was not suitable for the residents. Many residents were immobile requiring full nursing care. One bedbound resident was placed in a chair in the back of a van which nearly tipped over during the escape. Residents were taken to three separate locations and remained for up to three weeks. Some aged care residents were returned to the town while there was still a 'Watch and Act' order in place. Our members have asked why there was no assistance with the evacuation. Members grapple with incredibly difficult questions on duty of care and ethical responsibilities to residents when their own lives are in danger.

#### ANMF Organiser\*<sup>4</sup>

Dana is an ANMF organiser who covers a regional patch prone to bushfires. Dana has stated that the anxiety of her members is palpable in the summer compared to the winter. Members have very real concerns about the safety of their children, their homes, their farms and their duty of care to their patients. Many of her members have asked her the question “what is my duty of care to my patients when my own life or the lives of my family are in danger?” The psychological impact of that question weighs heavily on Dana. Dana also lives in a bushfire prone area. On catastrophic fire days she packs up her family and relocates to the city. Dry lightening means there is constant risk. In a regional town last year there was 20 minutes from the start of the fire to the ‘shelter in place because it is too late to leave’ warning. There was no time to process and no time to assess risk, as there are so many variables in a bushfire. In these instances, there is not enough time for aged care residents to be evacuated, and staff and patients must place a significant amount of trust in the organisation to have an effective disaster management plan. This again begs the question, if a healthcare facility is in the path of a rapidly moving bushfire and some patients are too frail or sick to move or there is not enough time to evacuate them, what is the real or perceived legal, moral or ethical obligations for nurses, midwives, and carers? In Hurricane Katrina this type of situation resulted in patients being euthanised. The doctor that provided the medications was charged but never convicted of murder<sup>5</sup>.

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<sup>4</sup> \*Name has been changed to protect privacy

<sup>5</sup> Bailey, R. (2010). The case of Dr Anna Pou: Physician liability in emergency situations. *AMA Journal of Ethics*, 12(9), 726-730.

## Terms of Reference

- 1. the preparation and planning by government, emergency services agencies and the community ahead of the fire season, including management of public and private land and roadsides;**

### **Key Member Concerns**

- 1.1 Bushfire evacuation plans for healthcare facilities especially aged care facilities are inadequate or non-existent. An aged care facility or hospital may take hours to evacuate and require substantial resources. Evacuation arrangements need to be established prior to a bushfire warning as a facility may only have a short time to prepare. Planning should occur prior to the bushfire season and should be supported and coordinated across Victoria.
- 1.2 Nurses, midwives and carers need greater support in decision making where there are difficult and heavy professional, ethical, legal, and moral obligations
- 1.3 Volunteer commitments are not necessarily known or mapped so that there is appropriate forward planning by employers for staffing.

### **Occupational Health and Safety versus Professional Obligations**

- 1.4 The *Occupational Health and Safety Act 2004* clearly articulates, at s25, that obligations workers have is to follow directions that an employer has put in place to provide a safe workplace. This cannot include putting an employee's own safety at risk. No one has an obligation to put themselves at risk and employees have the right to refuse unsafe work under common law.
- 1.5 A breach of duty of care is when a regulated practitioner fails to meet the expected standard of care, falling below what a reasonable practitioner would do in similar circumstances; abandonment of duty is when a nurse ends the nurse-patient relationship without reasonable notice or while the patient still requires care, resulting in actual or potential harm.
- 1.6 Both staff and patient safety are of paramount importance. A nurse, midwife or carer should never have to put their own self at risk to protect a patient, however in reality, there may be community and employer 'expectations'. Nurses and midwives also report they may intuitively do so, to abide by the ethical principles of beneficence and nonmaleficence.
- 1.7 It is the ANMFs position that to protect patients and staff, health facilities be built to be resistant to floods and fire. There must be robust policies in place regarding evacuation or sheltering in place, and clear processes for staff who are in that situation.

### **Recommendations**

- 1.8 Every healthcare facility in Victoria should have a thorough and routinely exercised disaster management and evacuation plan for bushfires and floods. These are the two

climate change disasters that are most likely to affect Victoria. The ANMF has prepared a [Guidance note: Working in Bushfire-Prone and Active Fire Zones](#).

**(2) the causes and circumstances of the bushfires, including climate change and the adequacy of the Government's climate policies and actions, forecasts, warnings and public education on bushfire threats;**

### **Key Member Concerns**

- 2.1 Community bushfire evacuation education is inadequate. Some of the reported reasons individuals chose not to evacuate included fear when there was door knocking to evacuate; evacuation shelters did not allow pets; and bushfire information on the VicEmergency app was inaccurate. Community trust needs to be established prior to the fire season, to facilitate evacuation. People may not evacuate if there is miscommunication and/or evacuation plans are not developed in consultation with the community.
- 2.2 There are reports of emergency warning fatigue. Alarmist messaging is not getting the point across. Education about fire dangers can't be had in the moment, it needs to occur beforehand.
- 2.3 There can be public mistrust, and the issue of climate change denialism is multifactorial. There is a substantial need for education on the real impacts of climate change.
- 2.4 The costs of climate change are disproportionately impacting regional and rural areas.

### **Recommendations**

- 2.5 Further community consultation and education is needed regarding bushfire behaviour and the need for evacuation. Evacuation advice needs to be accurate and thorough, where possible, and ideally come from trusted community sources. The VicEmergency app needs to include pertinent and up to date information.
- 2.6 A climate change education campaign is needed to understand the intersecting link between climate science, heat, fires and other disasters, and health. This education campaign needs to come from trusted community sources such as nurses, doctors, teachers, farmers, and unions. It also needs to address the disproportionate impact of climate change in regional areas.

**(3) funding, equipment and appliances for the Country Fire Authority (CFA), Fire Rescue Victoria and Forest Fire Management Victoria, and recruitment and retention of CFA volunteers;**

**Key Member Concerns**

- 3.1 The Emergency Services and Volunteers Fund has been very poorly received by some in regional communities. Reports of feeling disproportionately disadvantaged by the fund should not be ignored.
- 3.2 There is an over reliance on volunteers. CFA volunteers are community members and many work in other aspects of the emergency response such as nurses. If CFA volunteers are taken away to respond to fires, it leaves other areas of the response under resourced. This may occur directly because the CFA volunteer is a nurse at a local hospital or indirectly because the CFA volunteer has a nurse in the family and that nurse must then attend to caregiver responsibilities instead of working at the local hospital/service. Surge capacity for disaster response is limited with an over reliance on volunteers.
- 3.3 Many CFA fire trucks are old and need replacing. Some of the newer trucks have electrical wiring underneath to enable the pump to be turned on while still inside the cab instead of having to exit the cab to turn the pump on manually. However, this wiring is vulnerable to fireground and can cause a loss of power if exposed to fire, rendering the fire truck useless in a grass fire.
- 3.4 There is no standardisation of layout for fire trucks, making it difficult for a firefighter to switch trucks easily. A strike team may be sent on a three-day deployment and need to use a different fire truck every day. For contrast, Ambulance Victoria only have one manufacturer for all ambulances, meaning they are standardised and easy for any paramedic to use.

**Recommendations**

- 3.5 The Emergency Services and Volunteers Fund should be reevaluated. While ANMF acknowledges the critical need for funding for emergency services we see that responsibility to pay should lie with the companies that continue to contribute 90% of carbon emissions annually, the fossil fuel industry<sup>6</sup>. The ANMF Victoria Branch supports the Federal Government plan for a 25% tax on fossil fuel profits and for that revenue to directly contribute to funding Emergency Services
- 3.6 Further to this, ANMF support any further taxing of the fossil fuel industry whereby fossil fuel windfall profits are targeted for revenue. This cost to industry must not then be handed down to Australian workers who are already struggling with the cost-of-living

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<sup>6</sup> United Nations (n.d.). Causes and effects of climate change. [Causes and Effects of Climate Change | United Nations](#)

crisis. Federal ANMF recently made a submission to the Select Committee on the Taxation of Gas Resources<sup>7</sup>.

- 3.7 Revenue created from taxing fossil fuel companies could also be used to upgrade CFA equipment including fire trucks, and to recruit and train more CFA volunteers. Increasing the number of paid firefighters would ease the burden on volunteers.
- 3.8 CFA trucks need standardisation to make it easier and safer for firefighters and volunteers to operate any fire truck anywhere in Victoria, in an emergency.

<b>(4) the emergency responses to control and contain the fires, including adequacy of resources and communications;</b>
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### **Key Member Concerns**

- 4.1 Communication mechanisms between the community and fire authorities need to be improved. Members have reported fire trucks driving past their properties and not assisting due to no or miscommunication. One member also reported back burning in a wilderness park bordering her property for weeks after the initial fire on 9 January destroyed her farm, causing a significant amount of distress. She received no communication regarding this from DEECA.
- 4.2 Door knocking may only be possible if there is time, but the public is not always aware of this.
- 4.3 Many CFA volunteers took time off work to assist with the fires. Some were flown to the fires but were never actually utilised. This is a misuse of volunteers.
- 4.4 The effective management of the Natimuk fire kept 60 people alive inside a healthcare facility while the fire surrounded it. Effective communication between the Nhill IMT, the CFA, the DON, the NUM and the morning and afternoon staff present on shift, have been hailed a success story. However, ANMF understand that there were no agency staff members on shift that day and that all staff knew their facility and residents well. If the fire had occurred on a shift where many agency staff were present, it may not have been the success story it was. Getting adequate nursing staff in regional Victoria is a constant struggle that needs to be addressed.

### **Recommendations**

- 4.5 The ANMF understands that fire authorities cannot always assist people to save their personal properties and livelihoods in a bushfire, life sustaining actions must be prioritised. However, public understanding and perception matters. It is difficult to justify to the public why fire trucks may drive past burning properties when there are CFA volunteers ready to assist but not being utilised. Further coordination, communication, and education is therefore required.

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<sup>7</sup> Parliament of Australia (2026) [Select Committee on the Taxation of Gas Resources – Parliament of Australia](#)

4.6 The effectiveness of the aged care emergency response in Natimuk could be built on to inform evacuation/shelter in place procedures in other regional aged care facilities in Victoria.

**(5) resilience of critical services and infrastructure such as electricity, water and telecommunications during and after the fires;**

### **Key Member Concerns**

5.1 In the Wulwa fire, power and telecommunications networks were down for a week. The community was encouraged to drive to a Telstra tower atop a hill near Corryong where they had to stand within 50m of the tower just to get one bar of phone reception.

Otherwise, satellite phones or radio were the only forms of communication available.

5.2 The VicEmergency app was not up to date and needs reclassification of its alerts due to message fatigue. Affected members advised that Bushfire IO (website/app) was accessed for information about the location and direction of the bushfires, and FlightRadar allowed people to see where planes were dropping water.

5.3 In Natimuk, staff at the healthcare facility and surrounding area had access to phone and internet through the duration of the bushfire. There were no telecommunication issues. When the power went out, the hospital generator kicked in and ran for 40 hours. Following the fire, power to the town was restored within a few days but had been predicted to take a week.

### **Recommendations**

5.4 Investigation into how resilience of critical infrastructure in Natimuk can be applied to other parts of regional Victoria.

5.5 Review of VicEmergency app including reclassification of data to limit message fatigue and ensure information is appropriate, informative, succinct and up to date. Consider information sharing with other organisations in an emergency so the most current and important information can be found in one location.

**(6) the impact on the community, business and agriculture and efforts to aid in recovery;**

### **Key Member Concerns**

6.1 Many of our members lost their homes, their farms and their livelihoods. Farmers had to euthanise their livestock. There are historical instances of local earthmoving businesses assisting farmers to bury livestock, only to have the livestock later dug up and buried elsewhere. We understand government were citing potential groundwater

contamination in taking this action. There are fears this may happen again causing further psychological distress.

- 6.2 The ANMF provided grants to some members impacted by the bushfires. Further assistance is available through Centrelink, however, members have reported difficulty in accessing this financial support. For grants to be awarded, tax returns need to be up to date, and they must provide receipts and quotes. This is incredibly frustrating for people who may have lost the entire contents of their home or farm. Members also report difficulty filling out online forms in regional areas with limited or intermittent internet access.
- 6.3 For some the compounding effects of multiple bushfires has devastated them financially and psychologically.
- 6.4 Sufficient staffing in regional areas is an ongoing issue. In the event of a disaster, there needs to be staff available to assist or replace staff affected by the disaster. For the case of a maternal child health nurse in Northeast Victoria, there was nobody available to replace her when she lost her farm and she was unable to take extended leave.

### **Industrial Perspective**

- 6.5 Some ANMF members can access leave to engage in voluntary emergency management activities that provides up to two weeks of paid leave above regular entitlements.
- 6.6 Some ANMF members have access to special disaster leave within their respective enterprise bargaining agreements. In terms of examples of enterprise agreement clauses, the public sector agreements that cover approx. 65,000 of our members contain a “Special Disaster Leave” clause (cl. 72b of the *Nurses and Midwives [Victorian Public Sector] Single Interest Employers Enterprise Agreement 2024 – 2028* and cl. 41 of the *Victorian Public Mental Health Services Enterprise Agreement 2024-2028*).
- 6.7 This disaster leave clause provides temporary relief – three days paid leave per occasion – to permanent employees, where the employee’s residence is damaged or is under imminent threat, the lives/safety of immediate family or household members are threatened, or where there is formal closure, flooding or other unusual danger in using the road which is the employee’s normal route to work (and there is no practicable other route).
- 6.8 The ANMF has made efforts to include similar clauses (or more expansive clauses) in other enterprise agreements with limited success. Where we have been able to include them, it is most often in the context that the employer has had direct experience with a flood or fire and has had employees directly affected so they have direct experience of the risk and negative effects and understand the need. However, the impacts of climate change mean that bushfires are now occurring in places where they haven’t in the past, necessitating a standardised approach across Victoria for disaster victims.
- 6.9 The clauses universally address the immediate issues and do not address long term recovery. Access to personal leave is limited to very defined circumstances and may not be applicable to all employees. If an employee has little or no accrued personal leave, they may have no entitlement to take leave from their employment. A request to take

leave without pay is at the discretion of the employer and if refused may leave the employee with resignation as their only option.

## Recommendations

- 6.10 Disaster victims need access to paid disaster leave for the response and recovery phases of disasters. Whether this responsibility should sit with the employer or the government requires further discussion and investigation. Employees need access to leave to address the immediate impacts of bushfires and enable safe evacuation or defence of property, or to allow for factors that limit their ability to safely access the workplace such as road closures or decreased visibility due to smoke. Disaster victims also need access to personal leave or financial assistance that facilitates long term recovery and enables them to attend to personal loss of homes, farms, pets or family members.
- 6.11 The immense psychological burden endured by disaster victims needs to be adequately recognised and reflected in disaster leave entitlements and other financial assistance, and in occupational health and safety policies and procedures.

**(8) the impacts of climate change on the natural environment, which has resulted in more frequent and intense bushfires occurring in Victoria;**

Climate change has impacted the natural environment in a multitude of ways. Longer, more frequent and extreme heatwaves mean a prolonged fire season reducing the opportunity for hazard reduction. Decreased rainfall and hotter conditions promote drier vegetation and increased fuel load. The warmer climate increases the likelihood of dry lightning which often starts bushfires. Increases in fuel load and episodes of dry lightning results in increased incidence of bushfires. Bushfires are intensified by strong winds that occur on catastrophic fire days. These intense bushfires are becoming more unpredictable and produce their own microclimates which consist of hurricane strength winds and lightning storms<sup>8</sup>.

ANMF Victoria Branch has provided multiple submissions to parliament with reference to climate change. These submissions are highlighted for reference below:

[Victoria's 2026-30 Climate Change Strategy](#)

[Inquiry into Climate Resilience](#)

[Net Zero Economy Authority Bill 2024 and the Net Zero Economy Authority \(Transitional Provisions\) Bill 2024](#)

[Climate Change Amendment \(Duty of Care and Intergenerational Climate Equity\) Bill 2023](#)

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<sup>8</sup> Climate Council (2026). The facts about bushfires and climate change.

### **Key Member Concerns**

- 8.1 Not enough is being done to address the impacts of climate change.
- 8.2 There is too much misinformation regarding climate change and further education is necessary, with emphasis on education being delivered accessibly, in communities, and from those within the community.

### **Recommendations**

- 8.3 Climate change education and awareness campaigns are needed in regional areas and must address misinformation by using trusted community sources to provide education.
- 8.4 While the ANMF acknowledges that the Victorian Government has made great strides towards reducing carbon emissions in Victoria, further engagement is needed at a national and international level to substantiate the commitments made to the Paris Agreement.

**(9) the prevalence and impact of misinformation leading into and during the fire season;**

### **Key Member Concerns**

- 9.1 Climate change denialism is extensive in our communities. While the science of climate change is not disputed by climate scientists the world over, misinformation is rampant on social media. This misinformation has led to misguided beliefs. Examples include the 'La Nina phenomenon' or an 'interglacial period' being responsible for climate change, of which both theories have been disproved by climate scientists but continue to circulate as fact on social media.
- 9.2 Misinformation on social media and public mistrust in institutions can mean communities are less likely to heed warnings from certain sources. There are also reports of 'emergency warning fatigue'.
- 9.3 Public discourse on agriculture in relation to carbon emissions from livestock may have contributed to ostracising regional communities in climate change discussion. This form of social isolation has left some more vulnerable to misinformation. Regional communities are also suffering the greatest impacts of climate change in the form of heatwaves, drought, bushfires and floods that affect their land and livestock. Therefore, they are a cohort that requires particular focus, and community driven and tailored education.

## Recommendations

9.4 A focus on climate change education and awareness campaigns in regional and rural areas. These campaigns should include information about bushfires and floods. They also need to be delivered by trusted community sources such as nurses, doctors, teachers, farmers, CFA volunteers, and unions. Farmers in particular need specialised education and nuanced approaches for engagement, to mitigate any potential social isolation that has resulted from some of the discourse around agriculture by the climate movement. Farmers are key partners in sustainability and need to be engaged as such.

### Summary of Recommendations

#### Healthcare facility evacuation plans

1. Strengthening of regulations requiring health and aged care facilities across Victoria to have established external evacuation plans is needed. These evacuation plans should be suitable for the two most likely climate related disasters, bushfires and floods. Bushfire evacuation plans must be tried and tested prior to the bushfire season. Valuable data can be gained through mock exercises to inform real life situations, such as time to evacuate and types of equipment required.
2. OHS regulations stipulate that the employer has the responsibility to provide a safe workplace. It also stipulates that employees have the right to refuse unsafe work. Staff cannot be expected to risk their own lives in the event of an unplanned and chaotic bushfire evacuation. However, patient safety is also of paramount importance. Government and employers must have established and tested evacuation and shelter in place plans in place to maximise staff and patient safety, and to mitigate risk of moral distress to nurses and midwives. The Department of Health must strengthen regulatory requirements and assist employers to facilitate their obligations, so ethical questions around staff and patient safety don't need to be answered during a disaster.

#### Emergency warnings & community consultation

3. Further public consultation in bushfire prone areas is necessary so that communities understand emergency warning advice before a disaster occurs. Co-design of effective emergency warning strategies is crucial to understand and minimise emergency warning fatigue and establish effective and safe emergency warning systems that communities understand. Fear during a disaster hinders decision making ability. Communities need messaging that comes from trusted community sources that is easily accessible, understood and relevant.

#### Community education regarding climate change

4. Climate change literacy needs to be improved. Climate change educational campaigns are key and need to be delivered by trusted community sources such as nurses, doctors, teachers, and unions. Misinformation continues to contribute to climate change denialism, especially in communities that have not been engaged in development of education campaigns.
5. In regional settings, discourse around agriculture and its associated carbon emissions may be contributing to feelings of isolation and disconnect for those working in farming. Farming communities are likely to be the most negatively impacted by climate change in terms of drought, heatwaves, fires and floods. Further engagement is needed for farming communities as key partners in sustainability and climate change management.

#### Paid Disaster Leave

6. To reduce the emotional, physical and financial burden, and to facilitate recovery, healthcare workers affected by disasters need access to paid disaster leave. Leave entitlements need to include relief for the immediate impacts of bushfires and for the facilitation of long-term recovery. Additionally, access barriers to financial assistance provided by government need to be reviewed.

#### Emergency Services and Volunteers Fund

7. The Emergency Services and Volunteers Fund is a contentious issue and has been poorly received by some regional communities. Re-evaluation is needed. Those who contribute the most to carbon emissions, the fossil fuel industry, should be the ones footing the bill. ANMF Victoria Branch supports the federal government plan for a 25% tax on fossil fuel profits. Fossil fuel companies currently pay less tax than nurses. The revenue raised from this tax should be used to strengthen healthcare systems, emergency services, and disaster response and recovery.

## Guidance note: Working in Bushfire-Prone and Active Fire Zones

### 1. CONTEXT

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] recognises that some nurses, midwives and carers working in healthcare environments and other industries work in areas identified as high risk for bushfires and experiencing current fire activity, creating a risk to their health and safety.

### 2. PURPOSE

The ANMF (Vic Branch) objectives are to provide guidance to employers and employees on preparations that need to be made prior to the fire season to secure the health and safety of nurses, midwives and carers in relation to risk of bushfire. Also, it is intended to provide clear and specific guidance on preventative actions employers, nurses, midwives and carers should take in the event of the anticipated (and predictable) risk of a bushfire or current fire activity to ensure the health and safety of nurses, midwives and carers is not compromised.

### 3. KEY DEFINITIONS

**AFDRS:** Australian Fire Danger Rating System - the fire danger rating scale adopted by the CFA and Victorian Government. Every day during the fire season, the Bureau of Meteorology, in consultation with fire agencies, determines the FDR for each weather district. The ratings (with the most serious at the top) are:

- CATASTROPHIC / EXTREME
- EXTREME
- HIGH
- MODERATE

**Australian Warning System:** a national approach to warnings and information during emergencies including bushfire, flood and extreme weather

**CFA:** Country Fire Authority – a community-based volunteer fire service

**DEECA:** Department of Energy, Environment and Climate Action

**EPA:** Environmental Protection Agency

**Fire Danger Period (sometimes called ‘Bushfire season’):** Typically from November until April, but is declared dependent upon the locality. Can be declared from as early as October until as late as May, but remains in place until the fire danger lessens. This is declared by fire agencies each year for the upcoming season.

**FRV:** Fire Rescue Victoria – career-based service responsible for fire and emergency response in Melbourne’s inner suburbs and major regional centres

**High risk of bushfire area:** Area as identified by fire agencies (including CFA, DEECA and FRV), also referred to as Bushfire Prone Areas.

**Victorian Fire Risk Register - Bushfire (VFRR-B):** a multiagency approach to identifying and rating areas at risk from bushfires across Victoria. The VFRR-B is managed by the CFA and is updated regularly to take into account increased development and changes to risk across the state.

## **Bushfire warnings**

### **Warning area:**

Colour area shows the predicted warning area at the time of the issue. This colour can be yellow (Advice), orange (Warning / Watch & Act), red (Emergency Warning) or black line with a grey fill (Evacuation).

### **Evacuation:**

An evacuation is recommended, or procedures are in place to evacuate.

### **Emergency warning:**

You are in imminent danger and need to take action now. You will be impacted.

### **Warning (watch & act):**

An emergency is developing nearby. You need to take action now to protect yourself and others.

### **Advice**

An incident is occurring or has occurred in the Area. Access information and monitor conditions. Can also be used as a notification that activity in the area has subsided and is no longer a danger to you.

## **4. GUIDANCE**

4.1 Under the Victorian Occupational Health and Safety Act 2004, all employees have a right to perform their work in an environment that is safe and without risks.

### *4.2 Catastrophic / Extreme AFDRS in Bushfire Prone Areas or current fire activity*

- a) No nurse, midwife or carer is required to attend at work locations in areas identified as high risk for bushfires on days where AFDRS for that area is predicted to be Catastrophic / Extreme or if there is current fire activity. In those circumstances the workplace should already have been evacuated.
- b) Staff who would otherwise be required to travel through an area identified as high risk for bushfire or has current fire activity to attend work are not required to attend work on days predicted to be Catastrophic / Extreme AFDRS or current fire activity (options for leave at such a time must be provided and agreed prior to the fire season).
- c) No decisions about workplace attendance and/or client visit should be made **on** a Catastrophic / Extreme AFDRS day or where there is current fire activity – these decisions **must** all be made given the available information at the time, and communicated to affected nurses, midwives and carers by 2pm on the day prior in order to reduce risk of making decisions under pressure in stressful circumstances.
- d) Where a AFDRS level is increased to Catastrophic / Extreme or there is current fire activity after 2pm on the day prior, all practical efforts will be made by the employer to contact all nurses, midwives and carers affected regarding non-attendance, well prior to the scheduled start of their shift.
- e) Once the decision to not attend is made, this is not subject to change, even if a subsequent reduction in AFDRS occurs, in order to eliminate any confusion.
- f) Where a nurse, midwife or carer is not attending a work location due to AFDRS risk or where there is current fire activity in an area identified as high risk for bushfire, they may be requested to attend for work in a non-bushfire risk area / alternate workplace unless there are extenuating circumstances.

- g) Where a nurse, midwife or carer is directed not to attend due to these circumstances, they will not lose pay nor entitlements as a result.
- h) Where a HSR has a concern involving an immediate threat to the health and safety of a nurse, midwife or carer arising from the conduct of their employer (or its failure to act), the HSR for an affected DWG may, after consultation with the employer, direct that the work is to cease (s74(1) of the OHS Act).

#### *4.3 High AFDRS in Bushfire Prone Areas and/or areas where there is ongoing fire activity*

- a) No nurse, midwife or carer should be put at risk by attending clients / patients in areas identified as high risk for bushfires or where there is current fire activity on days where fire danger is classified as High, without an appropriate risk assessment having been undertaken taking into account factors such as route, access, air quality, recent fire activity in the area and agreed risk controls implemented as agreed in advance with the ANMF. The requirements for such a situation must be developed in consultation with HSRs and staff prior to the beginning of the Fire Danger Period.
- b) This risk assessment should be prepared by the manager, in consultation with HSRs and staff.
- c) If a decision is made that the nurse, midwife or carer is unable to attend work, the guidelines in 4.2e) and 4.2f) apply.

#### *4.4 Other AFDRS days*

- a) Any nurse, midwife or carer or their HSR may request that a risk assessment is completed to be reviewed by their manager so that an assessment on the suitability of attending work can be made.
- b) If a decision is made not to attend work, the guidelines 4.2e) and 4.2f) apply.

#### *4.5 Employers*

The ANMF (Vic Branch) requires employers under the OHS Act 2004, so far as reasonably practicable, provide and maintain a working environment that is safe and without risks to health from bushfires, by undertaking the following:

- i. Providing systems of work that are, so far as is reasonably practicable, safe and without risks to health from bushfires.
- ii. More specifically, ANMF (Vic Branch) expects that employers would eliminate or reduce risks to health and safety of nurses, midwives and carers in areas identified as high risk for bushfire by implementing the following precautions, in addition to those contained in Parts 4 and 5 of this Policy.
- iii. Evacuating any healthcare facility located in an area identified as high risk for bushfire prior to a day that has been declared as Catastrophic / Severe AFDRS or current fire activity.
- iv. Ensuring that where a decision is made for non-attendance at workplaces / to evacuate prior to a Catastrophic / Severe AFDRS day or current fire activity, this is communicated to nurses, midwives and carers prior to 2pm the day prior where possible.
- v. Where there is an increase / reduction in AFDRS post-2pm, contacting each affected nurse / midwife / carer individually to ensure they are aware of the arrangements to be implemented.

- vi. Providing information, instruction, training or supervision to enable nurses, midwives and carers to perform their work in a way that is safe and without risks to health from bushfires.

*a) Consultation and representation*

- i. Consultation must occur with employee-elected HSRs in relation to all matters that have or could have health and safety implications, including in the planning processes for workplaces in an area identified as high risk for bushfire; eg - evacuation, staff attendance.
- ii. Where an HSR has a concern involving an immediate threat to the health or safety of any person arising from the conduct of the employer (or their failure to act), the HSR for an affected DWG may, after consultation with the employer, direct that the work is to cease (s74(1) of the OHS Act 2004). This may be relevant in circumstances whereby a decision is made by an employer not to evacuate a facility prior to a predicted Catastrophic / Severe AFDRS day or there is current fire activity in an area identified as high risk for bushfire, or where an employer directs nurses /midwives / carer to attend workplaces located in such areas on these days.

*b) Preparation*

All potential work locations in an area identified as high risk for bushfire will be identified prior to the beginning of the fire season; and

- i. The employer, in consultation with HSRs and other stakeholders, should actively prepare for the fire season through the development and implementation of a fire safety plan. Reviewed on an annual basis, the fire safety plan should outline procedures for preventing fires and responding to emergencies in the workplace.
- ii. The employer will notify all clients / residents / patients affected, of the details of this policy and the effect on them and develop contingencies for care (where appropriate / necessary taking into account Fire Plan of client; ie - to stay or evacuate). Where the individual's plan is to stay, they must be advised that there will be no attendance by nurses, midwives or carers of visiting health services on AFDRS days of Catastrophic / Severe or subject to a bushfire warning of Evacuation, Emergency or Watch & Act.
- iii. The employer will inform all clients of visiting health services in areas identified as high risk for bushfires that they should have a fire plan should a Catastrophic / Severe AFDRS day be declared (it is not the employer's responsibility to develop nor implement this plan for the client). This should take into account the policy of nurse/midwife/carers non-attendance on such a day.
- iv. Staff will inform the employer where they may be required to travel through an area identified as high risk for bushfire to attend work (whether their home or workplace are located in such areas or not), and in consultation with staff the ANMF and management, provisions relating to availability of leave on days considered to be Catastrophic / Severe AFDRS will be agreed upon.
- v. The employer will institute a process to inform itself, and make the necessary contingencies, to cover the impact of non-attendance by employees as a flow on consequence of Catastrophic / Severe AFDRS, for example unanticipated childcare responsibilities due to closure or evacuation of schools or childcare facilities.
- vi. Prior to the Fire Danger Period the employer must complete a risk assessment to determine the Fire preparedness of the facility including safe areas for employees to

shelter. This should be done in consultation with an appropriate expert and relevant HSRs.

*c) Communication and notification*

- i. The employer will ensure that where a decision is made for employee non-attendance prior to a Catastrophic / Severe AFDRS day or where there is current fire activity, this is communicated to nurses, midwives and carers prior to 2pm the day prior where possible. This allows nurses, midwives and carers to undertake any preparatory work necessary for the following day.
- ii. The employer will as soon as practicable advise nurses, midwives and carers of any alternate working arrangements to be implemented in the event of cancellation / evacuation advice; ie - where they are required to attend if relevant.
- iii. Where there is an increase in AFDRS post-2pm, the employer will contact each affected nurse / midwife / carer individually to ensure they are aware of the arrangements to be implemented.
- iv. Where an individual nurse/midwife/carer is potentially affected by an area identified as high risk for bushfire / AFDRS, each nurse / midwife / carer will ensure that they notify the employer immediately they become aware of any circumstance which may prevent their attendance at work; eg - where they would be required to travel through an area identified as high risk for bushfire to attend or where their home is in such an area.

*d) Support for staff*

- i. It is critical to the efficacy of this policy that management support their staff in their requirement to not attend any workplace or location in an area identified as high risk for bushfire on a day declared Catastrophic / Severe AFDRS or subject to a bushfire warning of Evacuation, Emergency or Watch and Act or current fire activity.
- ii. An employee will not face any disciplinary or other punitive action should they choose to not attend work based on information provided via the AFDRS level, Australian Warning System or EPA's Air Quality categories.
- iii. The right to take action to ensure a safe workplace may be a workplace right under the Fair Work Act 2009 (in addition to the duty for this to be provided by an employer under the Occupational Health and Safety Act 2004). Adverse action, or threats of adverse action, along with statements that are reckless as to an employee's workplace right, may be in breach of this legislation.

*e) Instruction, education and training*

- i. ANMF (Vic Branch) supports the provision of instruction, education and training by health care employers in bushfire safety and the policies and procedures to be enacted during the Fire Danger Period as a component of the employer requirement to provide a workplace that is safe and without risks to health for nurses, midwives and carers.

*4.6 ANMF (Vic Branch) members*

- i. Nurses, midwives and carers have the right to work in a safe and healthy workplace environment and to perform their work without risks to their physical and psychological health and safety.

- ii. ANMF (Vic Branch) supports the legislative rights of nurses, midwives and carers to expect that the most effective hazard control measures will be implemented by the employer, including that hazards are eliminated or controlled at their source (eg - evacuation of at-risk facilities) before lower order measures, such as relying on training or providing personal protective equipment, are implemented.
- iii. Nurses, midwives and carers will take reasonable care of their own health and safety and the health and safety of other persons (employees and others) who may be affected by their acts or omissions at the workplace.
- iv. Nurses, midwives and carers will co-operate with the employer with respect to any action taken by the employer to provide a safe and secure workplace, and to assist the employer to fulfil their duties under occupational health and safety legislation, including the cancellation of visits / treatment as may be required to comply with this policy.
- v. Nurses and midwives in management and supervisory positions should support, facilitate and give due regard to occupational health and safety in their decision making, incorporating consultative processes.
- vi. Nurses, midwives and carers will ensure their employer has current after hours contact details at all times to facilitate effective communication.
- vii. A nurse, midwife or carer not attending a work location due to current fire activity or FDR risk in an area identified as high risk for bushfire should be available to attend for work in a non-bushfire risk area / alternate work location, unless there are extenuating circumstances.
- viii. Prior to the beginning of the Fire Danger Period, the employee will notify their employer in accordance with the established processes where they may be required to travel through an area identified as high risk for bushfire to attend work (whether their home or workplace are located in such areas or not).
- ix. Where they are potentially individually affected by an area identified as high risk for bushfire / FDR or current fire activity, each nurse, midwife or carer will ensure that they notify the employer immediately in the event they become aware of any circumstance which may prevent their attendance at work; eg - where they would be required to travel through an area identified as high risk for bushfire or has current fire activity to attend.

## **5. ANMF (VIC BRANCH) SUPPORT**

5.1 If you have any concerns about working in bushfire prone areas in your workplace, discuss them with a senior colleague, preferably your supervisor, and your HSR or ANMF Job Representative for your workplace. If you need additional advice, contact ANMF Member Assistance.

## **6. OTHER USEFUL DOCUMENTS**

- Occupational Health and Safety Act (Victoria) 2004
- Occupational Health and Safety Regulations 2017 (Vic)
- Fair Work Act (Cth) 2009
- ANMF (Vic Branch) Occupational Health and Safety Policy
- <http://www.cfa.vic.gov.au/warnings-restrictions/about-fire-danger-ratings>
- <https://www.cfa.vic.gov.au/about-us/cfa-events/fire-safety-programs>
- Australian Standard AS3745 – 2010 (Planning for emergencies in facilities)
- Australia Standard AS4083 – 2010 (Planning for emergencies - Health care facilities)