



**Australian
Nursing &
Midwifery
Federation**
VICTORIAN 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

ANMF (Vic Branch) Submission to the Draft Regulations to ban Single Use Plastic Items in Victoria

Lisa Fitzpatrick
Secretary
ANMF (Vic Branch)

9 May, 2022

Contact person:

Roslyn Morgan
Environmental Health Officer
rmorgan@anmfvic.asn.au

Australian Nursing and Midwifery Federation (ANMF) Victorian branch, background

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. ANMF's eight state and territory branches represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

ANMF (Vic Branch) has a membership of over 95 000 comprising nurses, midwives and personal care workers (however titled and working predominantly in the private residential aged care sector). Our members are employed in a range of health services and clinical specialties including hospitals, aged care, community health, mental health, maternal and child health, alcohol and other drug sector, medical clinics, prisons and the Australian Red Cross Blood Service.

The ANMF (Vic Branch) actively promotes action on environmental sustainability. Nurses, midwives and carers see daily the ways in which the community's health is inextricably linked to the health of our environment. Negative health impacts of climate change and environmental degradation affect the key social determinants of health and damage social and community structures. These negative health impacts in turn increase pressure on already burdened health services and our members.

ANMF (Vic Branch) appreciates that the Regulatory Impact Statement (RIS) considers the health impacts from plastic and its various chemical loads. This occurs at a macro level through litter and entanglement, and at a micro level through nanoparticulate exposure with bio-accumulative disruptive potentials. Plastics are made from a complex combination of chemicals, including additives which can be toxic. In many countries these are poorly regulated. While it is hard to quantify the toxicological impact of plastics and their chemical additives, studies have found that many of these chemicals are not "adequately regulated."¹ We should be concerned – "plastics should not be in your blood!"²

The imperative of action

While efforts have been made to implement recycling, the fact remains that many single use plastics are problematic to capture and divert and the majority of plastic ends up in landfill with only about 13% actually recovered.³ Government estimations that single use plastic items make up a third of the volume of Victoria's litter stream,⁴ serves as a call to action in and of itself.

Member consultation

ANMF (Vic Branch) welcomes the opportunity to provide feedback on the Draft Regulations to ban single-use plastic items in Victoria. A survey was distributed to members and within days was accessed by over 500 members with 217 fully completing the survey.

Overall, members supported the single use ban and healthcare's inclusion.

¹ National Geographic 27.4.22, Microplastics are in our bodies. How much do they harm us? <https://www.nationalgeographic.com/environment/article/microplastics-are-in-our-bodies-how-much-do-they-harm-us#:~:text=This%20spring%2C%20scientists%20from%20the,the%20blood%20of%20anonymous%20donors.>

² Professor Emeritus of Ecotoxicology at the Brije Universiteit Amsterdam, as cited in National Geographic 27.4.22, Microplastics are in our bodies. How much do they harm us?

³ RIS p.11

⁴ Single-use plastics ban | Victorian Government. (n.d.). Retrieved March 27, 2021, from <https://www.vic.gov.au/single-use-plastics> www.vic.gov.au

96.77% agree the Victorian government should take action to reduce the use of single use plastics.

84.79% agree that healthcare should be included in the ban.

Favourable comments include:

- *No concerns, only emphatic approval. Any policy aimed at reducing waste and/or promoting recycling in the healthcare setting is a step in the right direction*
- *We waste so much plastic in hospitals, it's very bad to see as well as recycling. We have recycling bins however the bins are lined with plastic and then those plastic bags go into the recycling bins. Every syringe is wrapped in plastic and we use thousands a day in our unit.*
- *Healthcare settings are the biggest users of single use plastic. There needs to be mandates in place to recycle or re-use or replace with non-plastic options. Some hospitals are already recycling, due to efforts of a few dedicated staff members, otherwise nothing would be done.*
- *I think the vast majority of single use plastic in health care is avoidable and can be replaced I'm so happy the issue of environmental responsibility is finally being prioritised in health care!*
- *I think there should be bans in the healthcare settings. Plenty of substitutions are available these days.*
- *No single use plastics full stop. There's plenty of earth friendly alternatives. Simple as that.*
- *I think the amount of waste we produce in the healthcare setting is pretty tragic for our environment.*
- *I believe that there should be a ban on plastics and an alternative found. I think if hospitals are exempt, there will be less large business looking for and funding alternatives.*

Some felt the proposal did not go far enough:

- *We need to start thinking more sustainably because there is too much waste in healthcare [The ban] needs to come in sooner and cover more items*
- *Many products in health care are more environmentally problematic, but most of the banned items are trivial.*
- *The amount of single use plastics used in hospitals is horrendous. Surely alternative solutions to masks, aprons, face shields, equipment etc can be found. Is the government funding research into this?*
- *If an area is exempted there should be mandates to recycle or reuse.*
- *Without proof you're a designated person, anyone can still buy these items.*
- *Single use plastic straws are an unnecessary item, with loads of alternatives available to people with medical needs and disabilities. Eg. Sippy cups, reusable stainless-steel straws, (which can have an angle) or bamboo or paper straws, silicone straws for those needing softer option, drink bottles with mouth piece.*
- *Single use medicine cups – so many are used in a shift.*

The Australian Marine Conservation Society provides information on the status of Australian states and territories in relation to banning single use plastics. The infograph illustrates the need for consistent national policy and enforcement, as well as the opportunity for Victoria to also implement bans in a range of other single use plastics including fruit and veggie bags, microbeads and coffee cups containing plastic.



Australian State / Territory Commitments

Ban on Single-Use Plastics

Last Updated: 27 April 2022

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Lightweight plastic bags	✓	✓ 2022	✓	✓	✓	✓	✓	✓
Straws	✓ 2022	✓ 2022	✓ 2025	✓	✓		✓ 2023	✓
Drink stirrers	✓	✓ 2022	✓ 2025	✓	✓		✓ 2023	✓
Cutlery	✓	✓ 2022	✓ 2025	✓	✓		✓ 2023	✓
Polystyrene food + drink containers	✓	✓ 2022	✓ 2025	✓	✓		✓ 2023	✓
Plates + bowls		✓ 2022	✓ 2025	✓	✓ 2024		✓ 2023	✓
Cotton bud sticks	✓ 2022	✓ 2022		✓ TBC	✓ 2023		✓ 2023	✓ 2023
Fruit + veggie bags	✓ 2022			✓ TBC	✓ 2023			✓ 2023
Heavyweight plastic bags			✓ 2025	✓ TBC	✓ 2024			✓
Microbeads	✓ 2023	✓ 2022	✓ 2025	✓ TBC				✓ 2023
Plastic cups + lids				✓ TBC	✓ 2024			✓
Coffee cups containing plastic				✓ TBC	✓ 2024			✓ 2023
Helium balloons			✓ 2025					
Plastic takeaway containers	✓ 2023				✓ 2024			

KEY:  = Banned  = Ban yet to commence  = Proposed (subject to consultation)

Notes: Australia's Environment Ministers have identified eight priority plastics for industry to phase out nationally by 2025, although this is understood to be voluntary. These are lightweight plastic bags; plastic products misleadingly termed as 'degradable'; plastic straws; plastic utensils and stirrers; expanded polystyrene (EPS) consumer food containers; EPS consumer goods packaging (loose fill and moulded); and microbeads in personal health care products. The Commonwealth Government has also committed to oversee a phase out of PVC packaging labels by December 2022. In addition to the plastics listed above, some jurisdictions are also banning other plastics such as balloon sticks, balloon ties, and pre-packaged cutlery/straws (i.e. on juice boxes). Helium balloon releases have also been formally banned in QLD, VIC & WA.

[marineconservation.org.au](https://www.marineconservation.org.au)

Image from the Australian Marine Conservation Society.⁵

⁵ <https://www.marineconservation.org.au/which-australian-states-are-banning-single-use-plastics/>, last accessed 29.4.22

Waste matters

ANMF (Vic Branch) is a member of Global Green and Healthy Hospitals (GGHH). GGHH provide a comprehensive environmental health agenda for hospitals and health systems with the aim to “achieve greater sustainability and to contribute to improved public environmental health.”⁶ Both procurement and waste are recognised engagement platforms.

The Andrews government supported the ANMF (Vic Branch) approach for inclusion in the Victorian Waste Education strategy through the appointment of the Victorian Healthcare Waste Officer through 2019-20. The objectives of this work were identified as:

1. Reduce the **environmental impact** of the healthcare sector through a reduction of waste generation and recoverable resources going to landfill
2. Reduce the **cost of waste management**.

The Victorian Waste Strategy has been replaced by Recycle Victoria. The ANMF (Vic Branch) continues to advocate to the Andrew’s government for the restoration of the Victorian Healthcare Waste Officer to implement Recycle Victoria within the health sector and to capture other potentials, such as to assist with the implementation of the single use plastic ban in healthcare.

Acknowledgement

ANMF (Vic Branch) acknowledges the emphasis from the Victorian government on circular economy through Recycling Victoria.

Victoria has successfully implemented the lightweight plastic shopping bag ban resulting in a reported 75% of shoppers adopting reusable bags.⁷ ANMF (Vic Branch) supported this ban.

We will soon have a Container Deposit Scheme (CDS). A CDS was among recommendations made by ANMF (Vic Branch) in our 2019 submission into the Recycling and Waste Management Inquiry. Another recommendation from ANMF (Vic Branch) was a ban on the mass release of balloons. This has also become law in Victoria as of 1 July 2021.

Labelling

The RIS references the Australasian Recycling Label Program. One of the challenges our members report is that they can be unclear about what is appropriate and available waste streaming.

Research commissioned by the Victorian government in 2017 found that inadequate recycling labelling (e.g. on packaging) was causing confusion at many households and served as one of the barriers impeding kerbside recovery.⁸

⁶ GGHH A Comprehensive Environmental Health Agenda for Hospitals and Health Systems Around the World, p.1

⁷ Better Bag Habits Campaign Evaluation, Sustainability Victoria.

⁸ Optimising Kerbside Collecting Systems: supporting evidence and analysis. Submission to Sustainability Victoria, 16th August 2017, MRA Consulting.”

The Australasian Recycling Label is designed to reduce this confusion with clear on pack instructions on what to do. It shows what needs to be done with each piece of a package to dispose of it in the best way. ANMF (Vic Branch) endorses the implementation of this label and would like to see it expanded to healthcare packaging. Not as a standalone option, but in addition to single use plastic auditing and replacement.

SURVEY RESPONSE

a) General graphed member response:

Do you think the Victorian government should take action to reduce the use of single use plastics?

Choices	Percentage
Yes	96.77%
No	3.23%

Do you think healthcare should be included in the ban?

Choices	Percentage
Yes	84.79%
No	15.21%

Do you have any concerns or comments about the ban in community?

Choices	Percentage
No	85.25%
Yes	14.75%

Do you have any concerns or comments about the ban in a healthcare setting?

Choices	Percentage
No	70.51%
Yes	29.49%

b) ANMF (Vic Branch) Survey response.

Representative samples of member feedback is incorporated.

Survey	Response	Comment
Do you support the definition of a single-use plastic item? ⁹	Yes	The RIS reflects what we have observed in healthcare and community settings. Inability to differentiate between conventional and bioplastic

⁹ The draft Regulations define what is a banned single-use plastic item, including that it is either wholly or partly comprised of plastic, and includes conventional and biodegradable, degradable or compostable plastics.

		<p>or compostable plastic has led to further confusion about waste segregation and potential contamination of recycling streams.</p> <p>At the same time, we are concerned that the move toward paper-based alternatives may have unintended or assumed consequences, particularly with regard to forestry consumption and water usage.</p> <p>Understanding the life cycle impacts of alternatives was one of the concerns raised by our members.</p> <p><i>Survey comment: Something may be fashionable, and in 5 years time, found to be environmentally unfriendly.</i></p> <p>The RIS contains an example of this when it suggests a likely response to the ban is a switch to products such as FSC certified paper.(p.29, 44) A number of paper products have appeared in healthcare as alternatives to plastic and enquiry with the manufacturer does not find that they are forestry certified.</p> <p>The RIS acknowledges it is good practice to assess the potential impact on competition (p.45). Given the reality of opportunistic greenwash among commercial competitors eager to fill a product space, we request the government assist consumers, including healthcare, with guidelines for procurement. These guidelines should have incorporated research and life cycle assessments that can guide procurement decisions with the least environmental impact and carbon footprint.</p> <p>We also need policy, manufacturing and procurement levers that incentivises product that is a) reusable and b) made of recycled material, rather than virgin resource.</p>
--	--	--

<p>Do you support the (provided) definition of 'single-use' and 'reusable'?¹⁰</p>	<p>Yes, in relation to these specified items.</p>	<p>a) There are special considerations within the healthcare sector pertaining to items outside the current list.</p> <p>b) Hospitals spend millions of dollars on imported single use medical devices thrown to landfill after single patient or single use. A device may be labelled as single use because the manufacturer chooses not to conduct the studies needed to demonstrate that the device can be labelled as reusable¹¹ or large volume repeat sales of single use are financially lucrative.</p> <p>Our resource constrained and emissions threatened world needs to move away from this single use mindset and all sectors need to audit current practice and identify improvement opportunities.</p> <p>An example of this would be Medsalv¹² in New Zealand who have identified low risk medical items, such as calf compressors and mobility mattresses which have substantial plastic componentry. Medsalv remanufactures single use medical devices and returns them to hospitals for re-use at financial and environmental savings. They assume legal manufacturer responsibilities with items certified to equivalent in all areas to a new device. They achieve up to 14 re-uses of these items prior to eventual deconstruction and recycling.</p> <p>While this is not available in Australia at present, there is need for a move in all sectors, including healthcare to re-examine the concept of single use items. We would not want to see this one-year</p>
--	---	--

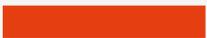
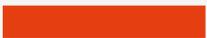
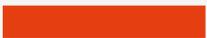
¹⁰ The draft Regulations also define banned single-use plastic items as those that are not 'reusable', with reusable defined as a plastic item that is manufactured: (a) to be used for the same purpose on multiple occasions; and (b) with a warranty (or other written representation from the manufacturer as to the length of time the item is designed to last) of at least one year. This definition provides manufacturers and other parties in the supply chain with clarity of what is and what is not a banned item. It also aims to ensure that only genuinely reusable plastic straws, plates, cutlery, drink-stirrers, and cotton bud sticks are available and used in Victoria.

¹¹ <https://www.medsalv.com/faqs>

¹² <https://www.medsalv.com/>

		warranty requirement, compromise remanufacturing companies such as the above which works on reuse of specialist equipment rather than a timescale.
Are you a manufacturer of reusable plastic items, such as plates and cutlery?	No	n/a
Do you support a proposed exemption for drinking straws that are used or intended to be used by a person who requires them due to a disability or for medical reasons?	Yes	<p>There was concern among some members that alternative products may not have the durability or be hygienically manageable.</p> <p>Survey comments:</p> <p>Yes:</p> <ul style="list-style-type: none"> - <i>Paper straws become soggy if gets too wet. Not sure if they disintegrate which could cause choking hazard. Also, not good texture feel and taste especially for those with cognitive impairment.</i> - <i>Elderly people requiring a straw which prevents burning.</i> <p>No:</p> <ul style="list-style-type: none"> - <i>I think that alternatives to plastic straws could be used. There was a time before plastic and humans managed without. We should be forced to develop alternatives.</i>
Do you support a proposed exemption for cotton bud sticks used or intended to be used for testing carried out for scientific, medical, forensic or law enforcement purposes? Such as for use in a COVID test or laboratory testing.	Yes	It has been reported that paper-based cotton buds can be reactive with chemicals in laboratory experiments. We only support this while no appropriate alternative exists and only in the described narrow setting.
Do you support a proposed exemption for cutlery used or intended to be used in mental health facilities, and in correctional, police or youth justice custodial	Yes	<p>Member response:</p> <ul style="list-style-type: none"> - <i>Cutlery can still be used as a weapon in high risk setting such as mental health and emergency</i> - <i>Plastic spoons are required as current bamboo option is not deep enough to administer crushed medication well.</i>

settings, for health and safety purposes?		<ul style="list-style-type: none"> - <i>I hate plastic spoons for administering meds why not buy washable spoons and cups to go through the dishwasher/steriliser</i>
<p>Do you support a proposed exemption for paper or cardboard plates lined or laminated with any plastic (often known as party plates) to continue to be sold, supplied, and used in Victoria?</p> <p>The plastic lining is used on colourful paper or cardboard plates to prevent inks contaminating food and there are no single-use non-plastic alternatives currently available in Victorian markets.</p>	No	<p>Members have expressed mixed concerns about the ban in relation to safety and security however it may be that there is need for more information to be made available to both community and healthcare professionals on this item.</p> <p>It is our understanding that the plastic liner is only present to avoid dye and colour bleed into food. We are of the position that cosmetic appeal in this instance is not enough reason to continue to use plastic lined plates. Reusable plates can be used in appropriate settings and where hard plates come with risk and disposables are required, colour free plates can be used. We have no doubt that if there is market demand for a coloured alternative then a safe alternative will be quickly developed.</p> <p>Member comments are included:</p> <ul style="list-style-type: none"> - <i>Violent patients who throw plates are given plastic disposable plates.</i> - <i>Also, no mention of plastic plates for violent/suicidal patients. We have patients throw plates and a patient smashed a bread plate and cut her wrist with it.</i> - <i>What will be used as substitute in ED setting for cups, cutlery, plates</i>
Do you support an exemption for drinking straws, cutlery or expanded polystyrene cups integrated into food/drink packaging by a machine until 31 December 2025?	Qualified yes	<p>While ANMF (Vic Branch) is keen to see the ban implemented expeditiously, we are aware that there will be particular manufacturing and quality control processes that require time and potential manufacturing and machinery adjustment. We also note the RIS assessment that integrated items represent around 0.95 per cent of the in-scope single-use plastic items (p.42).</p> <p>There may also be large volumes of stock that we do not wish to see disposed of to landfill because of the ban's effect as of February 2023.</p>

		We therefore do not object to the transition for integrated items being delayed beyond February 2022, however 2025 should be a strictly implemented deadline.						
Are there any other circumstances where the single-use plastic items proposed to be banned, should continue to be used?	No	The designated person exemptions are adequate. Members were very concerned that there was no shame or discrimination for those “designated.” <i>I would hate to see some people disadvantaged by their needs for some items</i>						
Do you foresee any problems in applying the principles of “a designated person?”								
<table border="1"> <thead> <tr> <th>Choices</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>No</td> <td> 65.44%</td> </tr> <tr> <td>Yes</td> <td> 34.56%</td> </tr> </tbody> </table>			Choices	Percentage	No	 65.44%	Yes	 34.56%
Choices	Percentage							
No	 65.44%							
Yes	 34.56%							
Are there any implementation issues for the single-use plastics ban that have not been captured in the RIS?	<p>Concerns about a designated person and enforcement:</p> <ul style="list-style-type: none"> - <i>Who gets to decide who a designated person is?</i> - <i>How are these people identified, who are the gatekeepers? I can foresee life being made very difficult for those caring for someone with a disability.</i> - <i>Enforcement without clarity and comprehensive advertisements to the wider community would make it unworkable and potentially leave workers refusing sales subject to abuse (verbal/physical)</i> - <i>Although it is easy to follow policies, it's dealing with consumers who will complain about not being able to use them, if they see others using them, as it is hard to reason with some people</i> - <i>I feel as though designated person is a broad term that organisations will freely use to cover all patients and therefore prevent the single use plastic initiatives.</i> - <i>Anyone can say they are a designated person, as there is no need to show evidence of same. But on the flip side, should people have to share their confidential medical information just to get a straw?</i> - <i>If they are not required to provide proof of need selfish people may continue to do their own thing.</i> <p>Some members were worried that including healthcare may compromise infection control:</p> <ul style="list-style-type: none"> - <i>Reusable options for both pose an infection risk, especially in an aged care home</i> - <i>I work with infectious patients (COVID included) and single use items are all we use for these patients. Not having them available will make a healthcare worker's job much more difficult.</i> 							

	<ul style="list-style-type: none"> - Covid is not over. Hygiene is still an issue. Many elderly use straws as do those on spinal precautions. - It will be difficult to totally eliminate single use plastics in a health care setting for infection control reasons, but changes should be made where possible to reduce where possible - Not all wards have sterilisation (nor all staff clean products properly). <p>Questions were asked about management support:</p> <ul style="list-style-type: none"> - Can we guarantee hospitals will continue to supply straws with a good excuse for no longer paying to purchase them? - Resistance from higher ups eg, management <p>There was concern that this would come with more workload for already overworked staff:</p> <ul style="list-style-type: none"> - I don't want to have to complete more paperwork than we already do - The extra demand it will be on cleaners and PSA's- will need to do extra dishwashing cycles - Having the time to research alternatives and for management to implement/enforce them. - I can see more paperwork needed and dietitian required just to get a straw for patients, ridiculous when we are so time poor and understaffed now. - more paperwork and loop-holes to jump through to provide patient care, delaying said care and wasting valuable nursing time - In health care settings we need certain single use plastic items for certain cohorts of patients. It's important that the government doesn't make a lot of red tape for healthcare settings to have access. - If there are alternatives to plastics hospitals should choose the environmentally friendly items instead. Cost should not be a factor in providing such items <p>Concern was expressed about costs, supply, availability that may accompany the change:</p> <ul style="list-style-type: none"> - Cost constraints for personal use, charities, sporting bodies, aged care etc. - Supply and demand will be a big one- ensuring we have enough stock. Working with paed's- a lot of kids need straws for medication and to increase their fluids. - It may negatively impact designated persons if they have to purchase single use items. People who require these items for disability needs may not have enough income to be purchasing them every time - How are people experiencing poverty going to pay for these replacements which often come with a greater initial cost?
--	--

	<ul style="list-style-type: none"> - <i>Why should a designated person be reliant on businesses to purchase the straws they need and pay extra for these items</i> <p>Review was advised:</p> <ul style="list-style-type: none"> - <i>There should be a proviso included in the legislation to review and tweak the ban in 12 - 24 months' time following implementation.</i> - <i>Hopefully over time as public attitudes and behaviour change, fewer non designated people will request these products and it will only be the truly entitled designated persons purchasing these single use plastic items</i> <p>Prioritisation on education both within community and healthcare:</p> <ul style="list-style-type: none"> - <i>I would hope to see the changes are well communicated to the general public, including the reasons why it is so important to reduce plastic in the environment.</i> - <i>(There is a) lack of education around the harm of single use plastics.</i> - <i>Implementing and training staff I.e., hospitality on how to successfully roll out the bans. Have media campaigns and advertising on premises to allow public enough time to prepare and be educated on what the ban entails and its exemptions. So there's less aggression when members if the public resist or question the ban</i> <p>Member responses also illustrated the need for further education with some members unclear about what was extent of the ban and its application in healthcare.</p>
--	---