# ISLHD POLICY COVER SHEET



| NAME OF DOCUMENT            | Carbon Emissions Policy  |
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| EXECUTIVE CLINICAL SPONSOR  | Corporate Services, Assets and Chief Information Officer   |
| AUTHOR                      | Energy, Utilities and Maintenance  |
|                             | Contracts Officer  |
| KEY TERMS                   | Carbon Emissions, Carbon Footprint, Climate Change   |
| FUNCTIONAL GROUP OR HUB     | District Wide  |
| NSQHS STANDARD              | Standard 1   |
| SUMMARY                     | This policy outlines the Local Health District's initiatives to reduce carbon emissions through improved understanding and management of its carbon footprint. |

# COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to <a href="mailto:ISLHD-CorporateGovernance@health.nsw.gov.au">ISLHD-CorporateGovernance@health.nsw.gov.au</a>

# **ISLHD POLICY**



#### CARBON EMISSIONS

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#### 1. POLICY STATEMENT

It is now widely recognised that climate change due to increasing carbon emissions is one of the most serious threats to life, our health, and our wellbeing. As a significant member of the local economy and community the Illawarra Shoalhaven Local Health District (ISLHD) can make a real difference and set an important example for the local community by reducing its carbon emissions.

European studies have concluded that the benefits of strong, early and coordinated action against climate change far outweigh the economic costs of doing nothing. It is estimated that the cost of not taking action could be equivalent to losing between 5% and 20% of annual global Gross Domestic Product (GDP), whereas the cost of taking action can be limited to around 1% of annual global GDP. Failing to take the right action now and over the coming decades risks major disruption to economic and social activity that would be very difficult and costly to reverse.

Health Services contribute to carbon dioxide emissions on a global scale each year from heating, cooling and lighting buildings, powering equipment, procuring goods and commissioning services, sending waste to landfill, and patient, staff and visitor travel.

#### 2. AIMS

The aim of this policy is to assist the Local Health District staff, patients, visitors and contractors to understand, manage and reduce their carbon footprint.

It is anticipated that reducing carbon emissions will not only reduce the risk associated with climate change in the long term but has the potential to deliver benefits in the immediate future such as:

- · Health benefits associated with increased physical activity
- Reduced carbon emissions from vehicle exhausts
- Improved air quality
- Reduction in costs associated with waste disposal
- Improved resource management
- Reduction in energy costs

### 3. TARGET AUDIENCE

All staff and contractors of the Illawarra Shoalhaven Local Health District

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#### 4. RESPONSIBILITIES

All ISLHD clinical and non-clinical staff and contractors are required to comply with this policy.

#### 5. **DEFINITIONS**

## **Carbon Footprint**

The total set of greenhouse gas (GHG) emissions caused by an organization, event, product or person Greenhouse gases can be emitted through transport, land clearance, and the production and consumption of food, fuels, manufactured goods, materials, wood, roads, buildings, and services. For simplicity of reporting, it is often expressed in terms of the amount of carbon dioxide, or its equivalent of other GHGs, emitted

## Climate Change

Within the context of this policy the term climate change refers to global warming caused by human activity.

#### **Carbon Emissions**

Carbon dioxide (CO2) is a colourless, odourless and non-poisonous gas formed by combustion of carbon and in the respiration of living organisms and is considered a greenhouse gas. Emissions means the release of greenhouse gases and/or their precursors into the atmosphere over a specified area and period of time.

#### 6 POLICY REQUIREMENTS

In each of the following areas, the ISLHD has identified key actions that should be taken where practical to achieve a significant reduction in carbon emissions.

## **Travel and transport**

- Fleet vehicles should be fuel efficient and have four cylinder engines
- Teleconferencing and videoconferencing should be utilised to minimise the need for staff to travel between facilities for meetings
- Domiciliary based care should be explored as a viable alternative for patients rather than requiring them to travel to and from hospitals and clinics

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#### Water

- Leaks should be repaired promptly
- Water should be used efficiently, particularly water that is heated or used for ground maintenance
- Water efficiency should be incorporated into the design of new buildings

#### Waste

- Reduce the amount of clinical and domestic waste sent for incineration or landfill respectively
- Promote recycling of recyclable products
- Avoid using Styrofoam cups for staff beverages
- Ensure lighting and computers are turned off after hours in non-patient care areas
- Utilise energy efficient lighting

#### Workforce

- Compliance with waste reduction policies and procedures to be included in position descriptions where practical.
- Encourage staff to promote recycling within their units

#### **Procurement**

 Tendering specifications for products should include a requirement that the supplier demonstrates a commitment to reducing carbon emissions in the manufacture and supply of its products.

#### 9 REFERENCES

- Carbon Trust <u>'Footprinting: carbon, water and waste measurement and</u> reduction'
- NHS England 'Saving Carbon, Improving Health 2009'
- NASA "What's in a Name? Global Warming vs. Climate Change"
- OECD Glossary of Statistical Terms

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#### 10 REVISION & APPROVAL HISTORY

| Date        | Revision No. | Author and Approval   |
|-------------|--------------|---|
| June 2011   | 0            | Director of Clinical Governance   |
| August 2017 | 1            | Reviewed by Energy, Utilities & Maintenance Contracts Officer.                          |
| March 2018  | 2            | Updated version after Draft for Comments stage  |
| August 2018 | 2            | Approved by Executive Director Corporate Services, Assets and Chief Information Officer |