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Australian and New Zealand  
College of Anaesthetists



Australian Society of  
**Anaesthetists®**



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# Statement on decommissioning nitrous oxide medical gas pipeline systems

The Australian and New Zealand College of Anaesthetists (ANZCA), the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) support:

1. Decommissioning nitrous oxide (N<sub>2</sub>O) medical gas pipeline systems (MGPS).
2. Avoiding installation of new N<sub>2</sub>O MGPS.
3. Utilising point of care cylinder supply where N<sub>2</sub>O is required for clinical use.

Nitrous oxide (N<sub>2</sub>O) is a greenhouse gas that contributes to climate change<sup>1</sup>, and the healthcare contribution to its emissions requires urgent and decisive action. N<sub>2</sub>O leaks in significant quantities from pressurised N<sub>2</sub>O medical gas pipeline systems (N<sub>2</sub>O MGPS)<sup>2-5</sup>. This leaked N<sub>2</sub>O performs no clinical function yet still exerts a negative climate effect. ANZCA supported an amendment to the [Australasian Health Facilities Guidelines](#) in March 2025<sup>6</sup>, which states that N<sub>2</sub>O MGPS are no longer mandatory for any health service.

This is in line with statements released in 2024, from organisations for anaesthetists in the United Kingdom and Ireland<sup>7</sup>, and the American Society of Anesthesiologists<sup>8</sup>, advocating for decommissioning existing N<sub>2</sub>O MGPS and not installing N<sub>2</sub>O MGPS in new hospitals.

In September 2025, the World Health Organization added a [qualifying statement](#) to the Emergency Medicines List to be included from 2025 onwards stating "*Piped nitrous oxide (i.e., centrally supplied systems of delivering gas through buildings) is a major source of atmospheric pollution from healthcare facilities and therefore only point-of-care cylinders are recommended.*"

This statement does not propose to impact or change clinical indications for use of N<sub>2</sub>O. Our understanding of clinical usage patterns of N<sub>2</sub>O has grown substantially. It is clear that operating theatres administer less N<sub>2</sub>O than other clinical areas, notably birth suites<sup>9</sup>. Birth suites and *Specialist hospital groups: Women's and children's hospitals*<sup>10</sup> are expected to have ongoing clinical demand for N<sub>2</sub>O in significant quantities.

Currently, it is uncertain whether cylinder use of N<sub>2</sub>O or N<sub>2</sub>O MGPS, with rigorous attention to leakage identification and rectification, is more suitable in these high usage areas. The evidence to date consistently demonstrates that N<sub>2</sub>O MGPS leak, and that the existing Australian Standards do not detect these leaks. We recommend that, at a minimum, these facilities undertake N<sub>2</sub>O MGPS leakage assessment and consider full or partial decommissioning. When implementing the change from use of N<sub>2</sub>O MGPS to cylinder supply change, relevant policy should be adhered to.

Leakage assessment of individual N<sub>2</sub>O MGPS in Australian and New Zealand hospitals are ongoing, and internal audits and published reports have demonstrated 50-95% leakage rates<sup>4-5</sup>, which is in keeping with the international experience of 47-100% leakage rates<sup>2-3</sup>. N<sub>2</sub>O is responsible for 20% of the Australian healthcare sector's Scope 1 emissions<sup>\*11</sup>: addressing this leakage by decommissioning N<sub>2</sub>O MGPS would result in a significant decrease in Scope 1 emissions without any impact upon clinical care.

While the cost of N<sub>2</sub>O per litre is relatively inexpensive, leakage from N<sub>2</sub>O MGPS can result in substantial financial losses, often amounting to tens of thousands of dollars per year for a single site. N<sub>2</sub>O MGPS also require regular maintenance, and decommissioning avoids this ongoing cost. Whilst the decommissioning process and changing to point of care cylinders has an up-front cost, organisations have reported a return on investment within two years. Avoiding the planning, installation and commissioning of N<sub>2</sub>O MGPS will decrease associated costs in new builds<sup>3</sup>.

The Australian Interim Centre for Disease Control released guidelines for detecting and reducing leakage from N<sub>2</sub>O MGPS in 2024<sup>12</sup>, and several hospitals in Australia and New Zealand have decommissioned their N<sub>2</sub>O MGPS. With current evidence neither maintenance of N<sub>2</sub>O MGPS, nor disconnection of N<sub>2</sub>O delivery devices at the point of clinical care, reliably resolves leakage. In contrast, healthcare sites that have decommissioned their N<sub>2</sub>O MGPS have substantially decreased the amount of N<sub>2</sub>O purchased, achieving both environmental and financial improvements.

Worldwide, anaesthetists are key stakeholders and leaders in efforts to address this issue, prioritising safety and patient care during this period of change. Our three organisations jointly support the decommissioning of N<sub>2</sub>O MGPS, recommend against the installation of new N<sub>2</sub>O MGPS, and endorse the use of point-of-care cylinders as the preferred method of N<sub>2</sub>O delivery in Australia and New Zealand.

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\* Scope 1 emissions (EPA): direct greenhouse gas emissions that occur from sources that are controlled or owned by an organisation (<https://www.epa.gov/climateleadership/scope-1-and-scope-2-inventory-guidance>)

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