

Climate Change

Accountability Report

2025



Eco-Innovation in Action



Territorial Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx and T̓silhqot'in Nations where we live, learn, collaborate and work together.



Table of Contents

- 03** Addressing Climate Change and Sustainability at Interior Health
- 08** Low-Carbon Leadership
- 25** Innovation in Action
- 45** Momentum for the Future
- 47** Appendix

Rainbow Falls, Cherryville, B.C.

A Message from our President and CEO, and Executive Sponsor

At Interior Health (IH), our vision—health and well-being for all—grounds every decision we make and every innovation we pursue. Our mission, working together to improve quality of life for individuals and communities, inspired by innovation and partnership, reflects the collective purpose that drives our teams forward. As climate change increasingly affects our environments, our operations, and the health of the people we serve, this mission has never been more relevant. Delivering on it requires us to continually rethink how we provide care and to lead with solutions that protect both human health and the planet.

Health-care systems across British Columbia are facing significant pressures, prompting new approaches and driving innovation. We have made significant strides in understanding our climate risks and embedding opportunities for environmental sustainability into our operations.

In 2025, we launched the Climate-Ready Leadership Program—an innovative initiative designed to equip leaders with the skills and strategies needed to anticipate and respond to the human impacts of climate-related events. We are also transforming how we plan and invest in infrastructure. By embedding sustainability into the design of new facilities, such as the Kamloops Cancer Centre and other major renovations, we ensure that today’s investments support energy conservation and carbon reduction decisions, while preparing us for the climate realities of tomorrow.

Our progress is strengthened by the people and communities we serve. Their insights inform our preparation and are complementary to how we design

climate-ready approaches that reflect real-world needs. This collaborative spirit is a direct expression of our mission and values in action.

We are continually inspired by the commitment of IH staff. Their leadership, creativity and willingness to rethink how we work are setting a new standard for climate innovation in health care. To our staff, whose dedication drives this progress; to our partners, whose collaboration amplifies it; and to our communities, whose needs guide it: thank you for helping shape a more resilient, sustainable future for health-care. Together, we are living our vision of health and well-being for all.



Sylvia Weir,
President and Chief Executive Officer



Lorne Sisley,
Vice President, Infrastructure and Support Services

The Road Ahead

Interior Health’s (IH) [Strategic Plan for 2024–2027](#) establishes a unified and forward-looking direction for how we will deliver high-quality care, support and grow our workforce, strengthen partnerships, and prepare for the evolving needs of our region.

Central to this plan is our commitment to addressing climate change and advancing sustainability. As a key strategic priority, we ensure the entire health authority works collectively to reduce our environmental impact and build a more resilient, sustainable health-care system for the future.

In 2023, we released our [Climate Change and Sustainability Roadmap](#), IH’s comprehensive, system-wide plan to proactively prepare for and mitigate the health impacts of a changing climate. The Roadmap outlines

a detailed five-year approach centered on 20 actions that guide how we reduce emissions, strengthen climate resiliency, and embed environmental stewardship into everyday operations. Each year, a detailed progress report is prepared for leadership, reporting on the status of each action under the Climate Change and Sustainability Roadmap. To date, over 90% of the actions are on track for completion.

Throughout 2025, we made meaningful progress on several Roadmap actions including:

- **Climate-resilient infrastructure**

IH strengthened climate resilience by developing a new geographic information system (GIS)-based Climate Hazard Mapping Tool and completing 40+ climate risk site assessments within our buildings portfolio.

- **Climate-ready leadership**

The first two cohorts of leaders graduated from IH’s new Climate-Ready Leadership Program, building internal capacity for navigating climate emergencies.

- **Low-carbon clinical care**

Clinical teams advanced low-carbon care through new pharmacy, laboratory and surgical sustainability initiatives.

In 2026 and beyond, we remain committed to implementing the actions outlined in our Roadmap while continuing to explore new opportunities to reduce our carbon footprint and strengthen our climate resiliency.



About this Report

Under the [Climate Change Accountability Act \(CCAA\)](#), all public sector organizations (PSOs) in British Columbia are required to reduce their greenhouse gas emissions (GHG), achieve carbon neutrality through the purchase of carbon offsets, and report annually on progress. This reporting framework is aligned with the Government of British Columbia's [CleanBC Roadmap to 2030](#) and the [Climate Preparedness and Adaptation Strategy](#). A Concordance Table (Appendix A) has been included to demonstrate that all legislative reporting requirements have been met.

The CleanBC Roadmap to 2030 outlines actions across eight pathways to accelerate climate action in B.C., reduce GHG emissions, and support a cleaner, more resilient economy. In alignment with the CleanBC Roadmap, IH has established the following GHG reduction targets:

- Reduce stationary (building) emissions by 50% by 2030, relative to 2010 levels
- Reduce mobile (fleet) emissions by 40% by 2030, relative to 2010 levels

This year's report is organized into four key sections:

- **Legislative Reporting Requirements** – A concise overview of IH's legislative obligations and how these requirements inform and strengthen our climate action planning.
- **Low-Carbon Leadership** – This section highlights the capital investments and energy efficiency measures that are driving greenhouse gas emission reductions across IH.

- **Innovation in Action** – Featuring stories that highlight leaders, employees and medical staff, advancing clinical sustainability initiatives, and climate-resilience efforts.
- **Momentum for the Future** – The opportunities and priorities shaping IH's path toward a more resilient, sustainable health-care system.

Together, these sections demonstrate both our progress and our commitment to embedding sustainability into core operations while accelerating climate action across IH.

How do we achieve carbon neutrality?

Each year, we measure our GHG emissions from our buildings, fugitive sources, fleet vehicles and paper use.

Once we quantify our emissions, we take targeted steps to reduce them as much as possible. Any remaining emissions that cannot be eliminated are then balanced by investing in high-quality carbon offsets.

These offsets are collectively managed by the Province through the [Carbon Offset Portfolio](#). This offsetting program supports projects that reduce or remove GHG emissions provincially, advance green technologies, forestry management, methane capture and more.

Legislative Reporting Requirements

Declaration Statement

This PSO Climate Change Accountability Report for the period January 1, 2025 to December 31, 2025 summarizes our greenhouse gas (GHG) emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2025 to minimize our GHG emissions, and our plans to continue reducing emissions in 2026 and beyond.

Interior Health 2025 GHG Emissions and Offsets Summary Table

GHG emissions for the period January 1 – December 31, 2025	
Total BioCO ₂ *	1,318
Total Emissions (tCO ₂ e)**	46,142
Total Offsets (tCO ₂ e)	44,824
Adjustments to Offset Required GHG Emissions Reported in Prior Years	
Total Offsets Adjustment (tCO ₂ e)***	-345
Grand Total Offsets for the 2025 Reporting Year	
Grand Total Offsets to be Retired for 2025 Reporting Year (tCO ₂ e)	44,479
Offset Investment (\$)	\$1,111,975 plus GST

Retirement of Offsets Statement

In accordance with the requirements of the *Climate Change Accountability Act* and the Carbon Neutral Government Regulation, Interior Health (**the Organization**) is responsible for arranging for the retirement of the offsets obligation reported above for the 2025 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Energy and Climate Solutions (**the Ministry**) ensuring that these offsets are retired on the Organization’s behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to \$25 per tonne of offsets retired on its behalf plus GST.



Sylvia Weir, President and CEO

May 31, 2026

*BioCO₂ refers to the carbon dioxide produced from the combustion of biogenic fuels, such as wood waste used for heating or renewable vehicle fuels (biomass, biofuels) etc.

**Tonnes of carbon dioxide equivalent (tCO₂e) is a standard unit of measure in which all types of greenhouse gases are expressed based on their global warming potential relative to carbon dioxide.

***Our total offset adjustment for prior years includes a credit of 494.2 tCO₂e as communicated by the B.C. Ministry of Energy and Climate Solutions Division on March 6, 2026. This credit has been applied to the 'Adjustments to Offset Required GHG Emissions Reported in Prior Years' section of the 'Interior Health 2025 GHG Emissions and Offsets Summary' Table noted above.

Low-Carbon Leadership

09 2025 Greenhouse Gas Emissions Profile

11 Achieving Operational Excellence Through Energy Management

20 Fugitive Emissions

22 Fleet Emissions

23 Paper Emissions

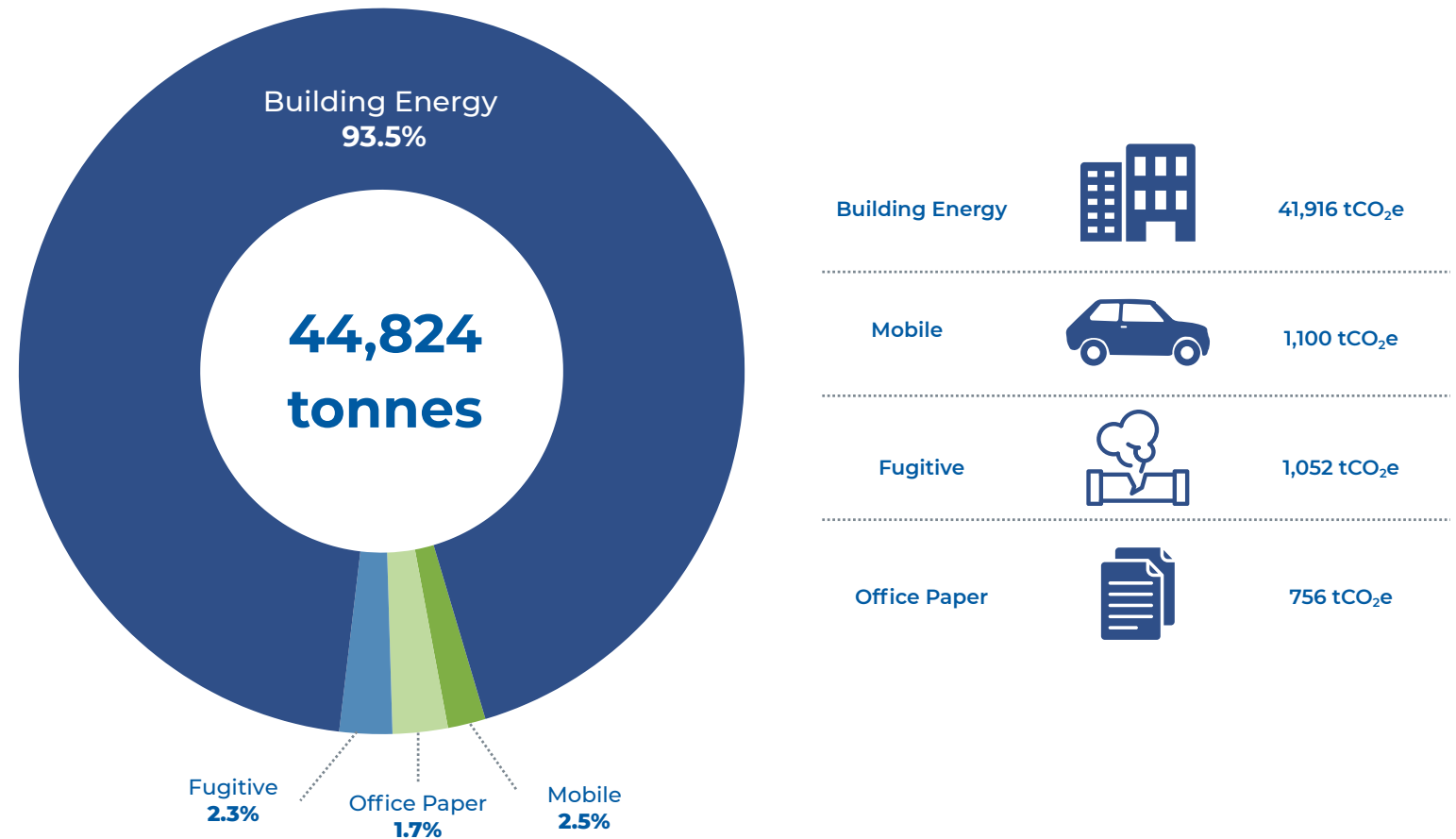
Cranbrook, B.C.

2025 Greenhouse Gas Emissions Profile

Per our legislative requirements as outlined in the *Climate Change Accountability Act*, each year we report on the greenhouse gas emissions associated with energy used in our buildings, fuel consumed by our fleet, fugitive emissions from equipment and our fleet vehicles, and paper used by IH.

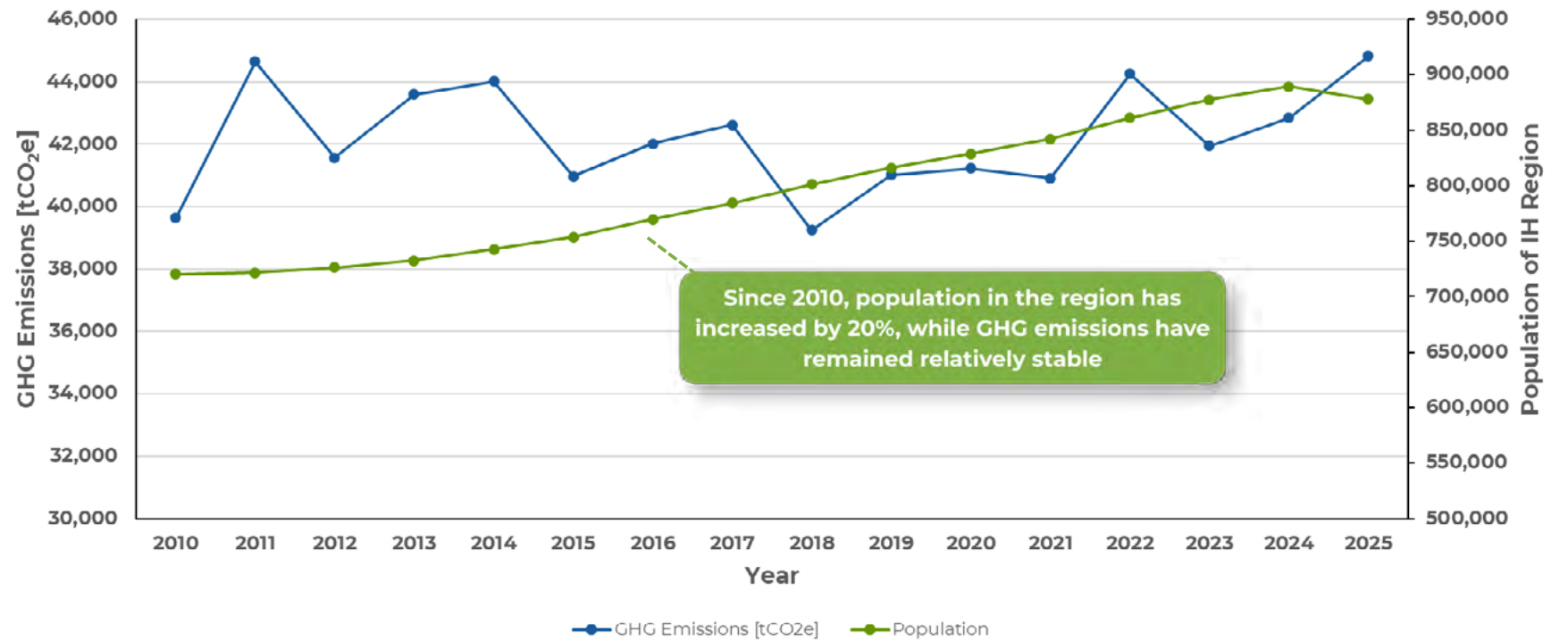
In 2025, our total reportable emissions were 44,824 tonnes of CO₂e (Figure 1). Our buildings (stationary emissions) accounted for 93.5% of these emissions. Fugitive emissions—primarily from unintentional refrigerant leaks in equipment and fleet vehicles—made up 2.3%. Fleet fuel use (mobile emissions) contributed 2.5%, while printing activities represented 1.7% of our reportable emissions.

Figure 1: 2025 GHG emissions profile



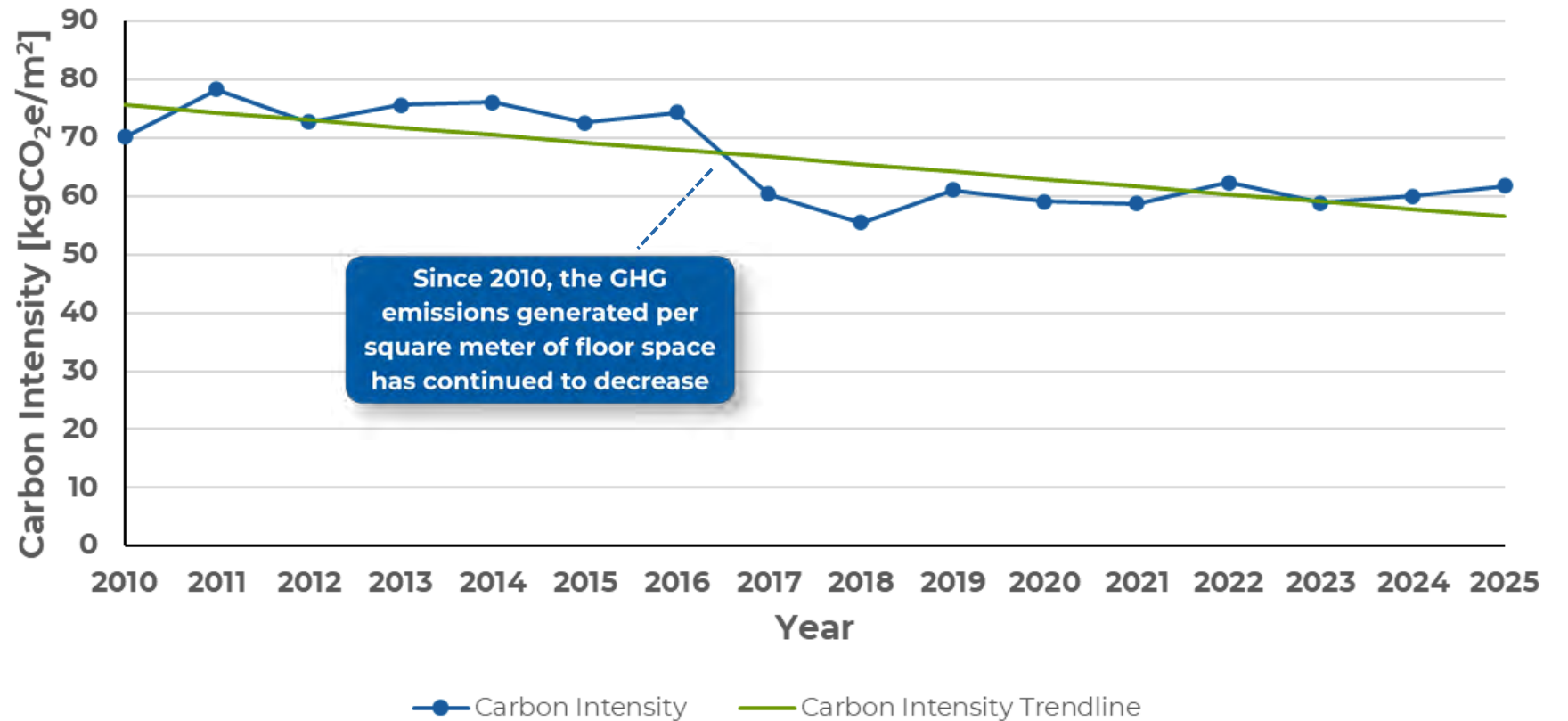
When tracking our carbon emissions, it's important to consider how population growth influences our operations over time. Since 2010, the population of the Southern Interior has grown by approximately 20%, increasing from 720,400 people to over 862,200. To meet the needs of this expanding population, our total facility floor space has increased by nearly 28%.

Graph 1: Tracking Interior Health's Greenhouse Gas Emissions Relative to Population (2010–2025)



Despite this growth, our emissions from energy use have remained stable, an indication that our buildings and systems are becoming more energy efficient as depicted in Graph 1. This improvement is further reflected in our declining carbon intensity, which as shown in Graph 2 by the solid green line, indicating that the amount of GHG emissions generated per square metre of floor space continues to decrease.

Graph 2: Carbon intensity of building energy emissions



Achieving Operational Excellence Through Energy Management

IH has been tracking emissions since 2010, and we are still making steady progress in reducing emissions from our buildings. At the same time, the amount of space we manage has grown by 28%, which naturally makes it harder to lower emissions as quickly as we would like.

Since 2010, Interior Health has made steady progress reducing building emissions—even as the the amount of space we manage has grown by 28%.

Reducing emissions continues to be a major focus across our operations and capital projects, supported by our Energy Management and Environmental Sustainability teams. We use an integrated approach for emissions reduction, which includes strategic planning, cross-organization engagement, change leadership, and implementation of capital projects.

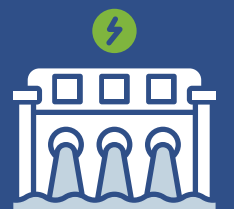
In 2025, our buildings made up 93.5% of our overall greenhouse gas emissions (GHG) emissions. Most of these emissions come from fossil fuels, mainly natural gas. This year, emissions from electricity sources increased provincially, due to an increase in the electricity emissions intensity factor (EEIF).

What is the electricity emissions intensity factor (EEIF) for B.C., and why does it change year over year?

Simply put, the EEIF defines the carbon footprint of our electricity supply, which varies depending on the energy sources feeding the grid each year.

EEIF changes from year to year because it's influenced by the mix of energy sources, seasonal variations in electricity demand, and the amount of electricity imported from other regions. IH uses the provincial integrated grid, which depends primarily on clean, renewable hydroelectric power, and has a much lower carbon intensity than a grid that uses more natural gas or coal.

In a hydroelectric-based power system such as B.C.'s, GHG emissions from electricity generation can vary significantly from year to year. As a result of droughts in B.C. in 2025, B.C.'s hydroelectric power needed to be supplemented with imported electricity. The imports were sourced from the Fort Nelson Grid, which depends more on fossil fuels, causing an increase in our emissions.



Strategic Energy Management Planning (SEMP)

As a significant portion of our reportable emissions come from our facilities portfolio, we make strategic investments to maximize the provincial funding we receive by coordinating infrastructure renewal priorities with opportunities to reduce carbon emissions.

Our SEMP details the actions, investments and performance targets that guide how we manage energy today and how we plan for a lower-carbon future.

In 2025, IH conducted an energy management assessment (EMA) to clarify the organization's key energy management priorities across four areas of influence: business, operations, people and technology. The EMA outlined 36 actions for implementation in 2025 and 2026. In the first year, we advanced 32 of these actions, with several notable achievements including:

- Identifying energy-related initiatives at the outset of capital projects. This ensures energy conservation and emission reductions are integrated early on in the capital planning phase
- Creating a sustainable procurement guideline for key energy-consuming equipment to inform equipment purchases

- Providing Facilities Management & Operations (FMO) staff with improved access to facility-specific energy and emissions data.

The key to meaningful and lasting change is ongoing communication and collaboration with our invested internal partners, including Finance, Capital Projects, FMO, Energy Management and Environmental Sustainability.

Planning for a Low-Carbon Future

In 2025, we began developing a Low-Carbon Capital Plan (LCCP) for our building portfolio with support from our utility partners. Scheduled for completion in spring 2027, the LCCP will guide priority infrastructure investments that reduce emissions (mitigation) and strengthen climate resilience (adaptation). The LCCP applies detailed engineering analysis, facility data, technology reviews, financial modelling and input from across the organization to outline a long-term pathway for IH to meet our GHG emission goals through to 2050.

The dynamic plan will align energy savings and emissions reduction goals with capital project planning processes, operational requirements and infrastructure renewal schedules, and will recommend a series of energy-efficiency measures within capital projects. When completed, the LCCP will inform FMO and Capital Projects teams for years to come.

Optimizing Building Performance

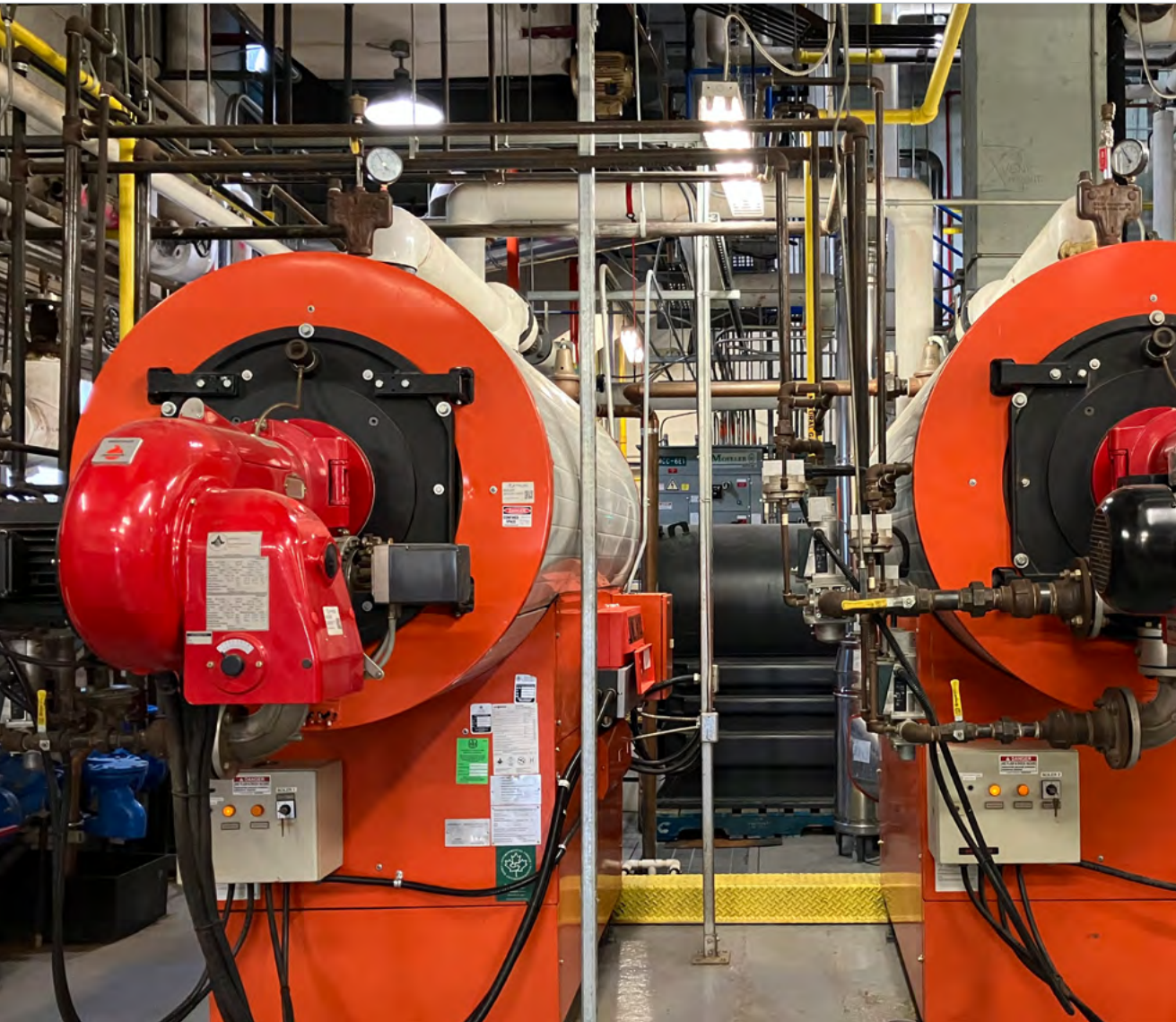
The Energy Management team maintains the continuous optimization program, which keeps buildings running efficiently by regularly identifying and implementing low-cost initiatives. Through targeted energy conservation measures (ECMs), including equipment repairs, enhancements to building control systems, and HVAC and lighting occupancy schedule matching, we reduce energy consumption and associated emissions.

As of 2025, continuous optimization initiatives are underway at:

- Boundary District Hospital (Grand Forks)
- Castlegar and District Community Health Centre
- Cranbrook Health Centre
- Elk Valley Hospital and Fernie Health Centre
- Invermere and District Hospital
- Princeton General Hospital
- Shuswap Lake General Hospital (Salmon Arm)



Installed through a previous continuous optimization initiative, this heat pump at Dr. Helmcken Memorial Hospital and Health Centre in Clearwater showcases how targeted HVAC upgrades can deliver efficient, low-emission heating and cooling.



Kootenay Lake Hospital's Continuous Optimization Initiative

Built in 1957, Kootenay Lake Hospital in Nelson, B.C. provides surgical, inpatient and emergency services. A continuous optimization study completed in 2025 identified low-cost and no-cost energy conservation opportunities, supporting energy savings and emissions reduction. Seven energy conservation measures were implemented including creating temperature setbacks when spaces are unoccupied and optimizing temperatures in heating and cooling distribution loops. The project achieved more than 163,000 kWh of electricity savings and 3,800 GJ of natural gas savings, reducing GHG emissions by 196 tCO₂e annually.

New boiler upgrades at Kootenay Lake Hospital contribute to reduced energy use and lower emissions.

Capital Projects

Interior Health is committed to integrating energy and emissions reduction measures into capital projects, ensuring that new development supports both clinical needs and environmental performance.

New construction creates opportunities to advance energy efficiency and reduce emissions while ensuring high-quality clinical care.

When completing capital projects in existing buildings—for example, when replacing a piece of equipment or renovating a section of a building—the Energy Management team provides targeted support by assessing expected performance and identifying opportunities to reduce emissions and improve efficiency. The Energy Management team is also developing shared guidelines to support the selection of low-carbon equipment during the procurement phase of a project.



Breaking ground in Cranbrook at Dr. F.W. Green Memorial Home in September 2025.



Kamloops Cancer Centre

The new B.C. Cancer Centre in Kamloops is being designed to meet Leadership in Energy and Environmental Design (LEED) Gold certification, a standard for high-performance buildings. This means the facility will use less energy, produce fewer emissions, and create a healthier indoor environment for patients and staff. The building will be fully electrified, with careful consideration to energy efficiency, including a well-performing building envelope (windows, doors, exterior walls). To lower carbon emissions further, the facility will also capture heat from medical imaging equipment that would normally be wasted and use it to pre-heat the domestic water system. Benefiting from the natural climate in Kamloops, a 350kW solar energy system will be installed above the parkade to help power the facility.

The new B.C. Cancer Centre in Kamloops is being designed to meet LEED Gold certification, a standard for high-performance buildings.



Retrofit Projects

Under the Province's Carbon Neutral Capital Program (CNCP), IH implements retrofit projects to existing buildings with the aim to improve energy efficiency and lower GHG emissions. Retrofits can include adding high-impact equipment such as a heat recovery chiller or biomass boiler. In 2025, energy retrofit projects were completed at:

- Creston Valley Hospital – A boiler was replaced with high-efficiency condensing boilers, along with upgrades to the heating system
- Invermere and District Hospital – A new biomass boiler was added to reduce energy use and lower GHG emissions
- Summerland Health Centre – A boiler was upgraded to high-efficiency condensing boilers, the heating system was improved, and gas absorption heat pumps were installed.



Project managers like Martin Karlsson ensure energy savings and emissions reductions by overseeing the design, construction and commissioning of retrofit projects

Public-Private-Partnerships

Public-private-partnership (P3) sites at IH include: Kelowna General Hospital, Penticton Regional Hospital, Royal Inland Hospital and Vernon Jubilee Hospital. These sites make up approximately half of our building-related GHG emissions. In collaboration with our P3 partners, we are working towards a shared goal of decreasing energy use and reducing GHG emissions.

Each P3 facility has an energy target set up during building design and verified during an operational test period, which is compared with actual energy usage throughout the contract period. Contractually, P3 partners are encouraged to implement measures that reduce energy use.



In partnership with our P3 teams, IH is accelerating energy savings and reducing emissions.

Fugitive Emissions

In 2025, fugitive emissions accounted for 2.3% of our total GHG emissions. Fugitive emissions are unintentional, often invisible leaks of gases or vapours into the atmosphere from industrial equipment, and from mobile sources including our fleet vehicles.

Common types of equipment which release fugitive emissions include valves, seals, pipes and storage tanks.

The IH FMO team supports fugitive emissions management through the ongoing operation, maintenance and documentation of refrigerant-containing equipment across IH facilities. Refrigeration and HVAC equipment are tracked through existing facilities asset inventories and computerized maintenance management systems. These inventories include major equipment types such as chillers, heat pumps, rooftop units, refrigerators and freezers.



Lorne Hildebrand, technical lead, Facilities Management and Operations, oversees equipment services.

Equipment performance and potential refrigerant losses are primarily identified through routine preventive maintenance activities, service calls, operational alarms and observed system performance degradation. When issues are identified, repairs are completed by qualified technicians, adhering to applicable safety and environmental requirements. Refrigerant handling and service activities are documented through work orders, contractor service reports and maintenance records.

Additional improvements in the management of fugitive emissions include the installation of newer refrigeration and HVAC equipment across the IH building portfolio. This equipment uses low-emitting refrigerants in alignment with evolving building codes, regulatory requirements and manufacturer standards. Refrigerant selection for new or replacement systems is guided by multiple considerations, including equipment compatibility, safety, clinical needs, reliability, serviceability and regulatory compliance.

In addition to routine maintenance and service practices, FMO is working to strengthen the consistency and reliability of fugitive emissions information by improving how refrigerant-related data is collected and reported in 2026. Key focus areas include:

- Finalizing our inventory of refrigerant-containing equipment
- Improving consistency in refrigerant maintenance and service documentation
- Document the reporting process for maintaining and servicing refrigerant-containing equipment

How are we measuring fugitive emissions from fleet vehicles?

Fugitive emissions in fleet vehicles mainly come from small refrigerant leaks in their air-conditioning systems. These leaks can happen as hoses, seals, and fittings wear down over time, or from the constant vibration and temperature changes vehicles experience during normal use. Corrosion, minor damage, and even routine servicing can also allow small amounts of refrigerant to escape. While each leak is usually small, the combined effect across an entire fleet can be significant, which is why estimating these emissions matters.

To measure these emissions, we group similar types of vehicles together and assign each group an emissions factor, which represents the average amount of refrigerant that vehicles in that category typically leak over a year. We then multiply the number of vehicles in each group by that group's emissions factor and add the results together. This provides a practical, consistent, and transparent way to estimate total emissions.



Fleet Emissions

Emissions from fuel used by our fleet vehicles represented approximately 2.5% of Interior Health’s (IH) total emissions. In 2025, fleet vehicles consumed 489,466 litres of fuel, equivalent to 1,100 tCO₂e. Since 2010, fleet emissions have been reduced by approximately 36% (Graph 3), and we are well on track to meet our target 40% reduction in emissions by 2030. We continue to advance our Electric Vehicle (EV) Transition Plan, focusing on replacing internal combustion vehicles with EVs, plug-in hybrids (PHEVs) and hybrid vehicles over the next four years.

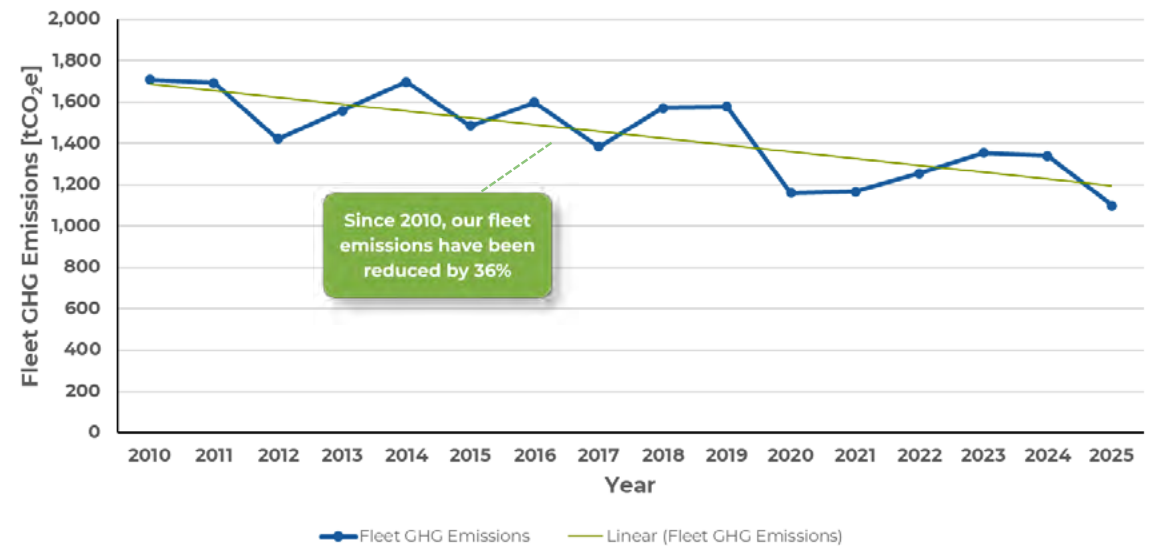
The total electric fleet for IH includes eight EVs, seven PHEVs, and 17 hybrids. In 2025, 11 hybrid vehicles and one EV were added to our fleet. To support staff with the EV transition, IH launched an EV-specific online educational course in 2025. The course reviews EV safety and maintenance, charging procedures, route planning, booking and returning fleet EVs, and the use of regenerative braking.

IH currently operates 18 ‘Level 2’ fleet chargers at the following locations:

- Community Health and Service Centre (Kelowna)
- Kelowna General Hospital
- Nelson Health Campus
- Penticton Regional Hospital
- Reid’s Corner Warehouse (Kelowna)
- Royal Inland Hospital (Kamloops)

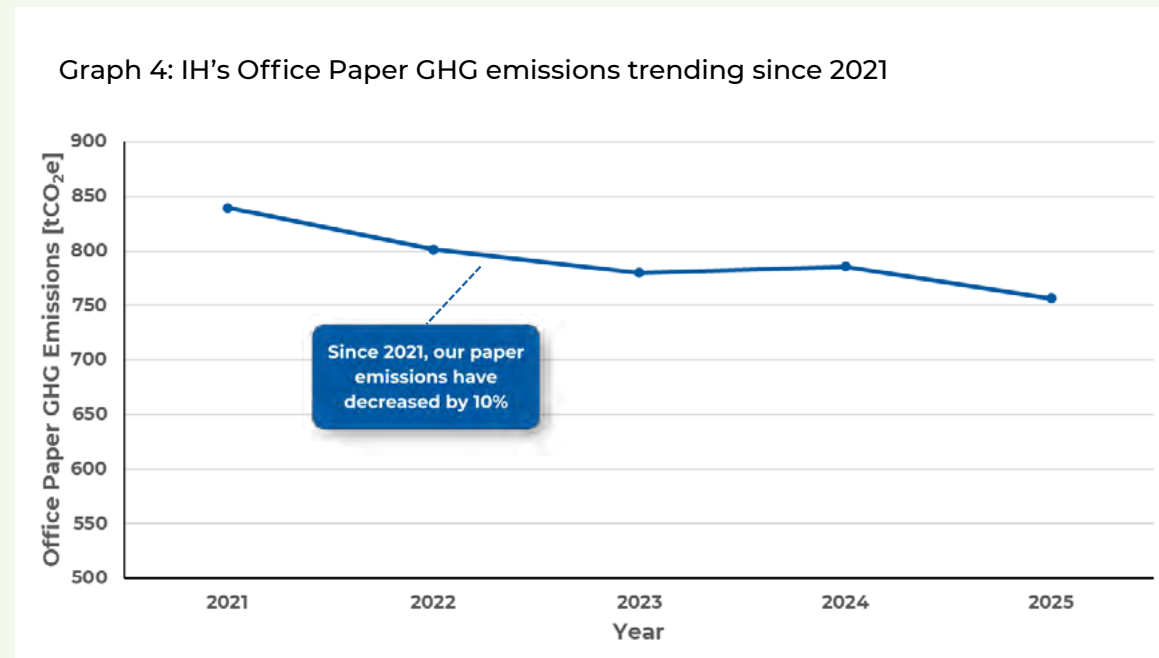
In 2026, IH will continue fleet electrification by adding more EVs, PHEVs and hybrid vehicles and install chargers at two additional sites.

Graph 3: IH’s fleet vehicle emissions trending since 2010



Paper Emissions

Although paper remains essential in many clinical and administrative workflows, we continue to reduce its use wherever feasible through expanded digital systems and streamlined processes. In 2025, office paper use accounted for 1.7% of our emissions portfolio, equivalent to 756 tCO₂e. Paper-related emissions have dropped by 10% since 2021, reflecting steady progress over time (Graph 4).



How is IH reducing paper related emissions?

In alignment with the other B.C. health authorities, we are transitioning to a paper made from sugarcane bagasse (waste pulp left over from harvesting sugars and biofuels) known as Sugar Sheet. The production process for Sugar Sheets emits less carbon emissions than traditional wood paper production. In 2026, we will continue to reduce unnecessary printing and support staff in making environmentally responsible purchasing decisions.





Darryl Somcher, manager, device services and service continuity from Health Technology and Clinical Services, and Nathan Friesen, senior technical print analyst, provide regional support to staff transitioning their workflows to electronic faxing (left). Champions of e-faxing in the OR at EKRH, Ashley, Stacey, Kim, and Kim (right).



Digital Faxing at IH Reduces Paper Waste and Streamlines Care

In 2025, IH became the first health authority in B.C. to digitize our faxing system. Digital lines are faster and more reliable and secure; in addition, because faxes are sent digitally over the network, documents no longer need to be printed to be sent or received. This removes the need for ink, toner and thousands of pages that would otherwise end up in the waste stream.

This has now been implemented across several departments in the Interior region. One of the early adopters was the operating room booking team at East Kootenay Regional Hospital (EKRH) in Cranbrook. Since introducing electronic faxing in 2025, the EKRH team has reduced paper use and improved workflow efficiency within the department.



Innovation in Action

26 Climate-Resilient Facilities

30 Climate Change and Health

34 Climate-Ready Leadership

36 Transforming Care Delivery

Enderby, B.C.

Climate-Resilient Facilities

Climate change in B.C. is intensifying, with increasing frequency and severity of extreme weather events. The Interior region has experienced significant impacts, including wildfires, extreme heat and cold events, flooding and smoke-related air quality emergencies. These events directly threaten health-care delivery at the very moment services are most critical.

Designing Resilient Spaces

B.C. has established a robust process for designing climate resilient public sector facilities. This includes applying the *Climate Resilience Framework and Standards for Public Sector Buildings* and, for health care, the *Climate Resilience Guidelines for BC Health Facility Planning and Design (Version 2.0)*. These resources guide all major capital projects and renovations through planning, design, and construction, including completing climate risk assessments to ensure facilities are prepared for future climate conditions.

National organizations have also recognized the need for climate-ready buildings. In December 2025, the National Research Council Canada updated the National Building Code to incorporate future climate projections—rather than relying solely on historical data—so new buildings account for expected changes in temperature, precipitation, wind, and moisture. The 2025 National Energy Code of Canada for Buildings further strengthens energy efficiency and

emissions requirements by integrating forward-looking climate assumptions into building performance modelling. Together, these updates make future climate conditions a standard part of building design across Canada.

IH will continue to design and build climate-resilient facilities by:

- Early collaboration between the Design, FMO, and Environmental Sustainability teams in capital project planning.
- Integrating climate assumptions into design criteria and modelling
- Building adaptability and future-proofing strategies into long-term capital planning
- Establishing clear documentation of climate risk assessments and resilience-related decisions

IH actively monitors and applies leading climate risk tools and newly released federal and provincial resources. In 2025, this included:

- [British Columbia Disaster and Climate Risk and Resilience Assessment \(DCRRA\)](#): A province-wide assessment identifying priority climate and disaster risks across B.C.
- [Climate Insight \(ICLEI Canada\)](#): A national program providing climate risk assessment tools and guidance to support evidence-based local climate action

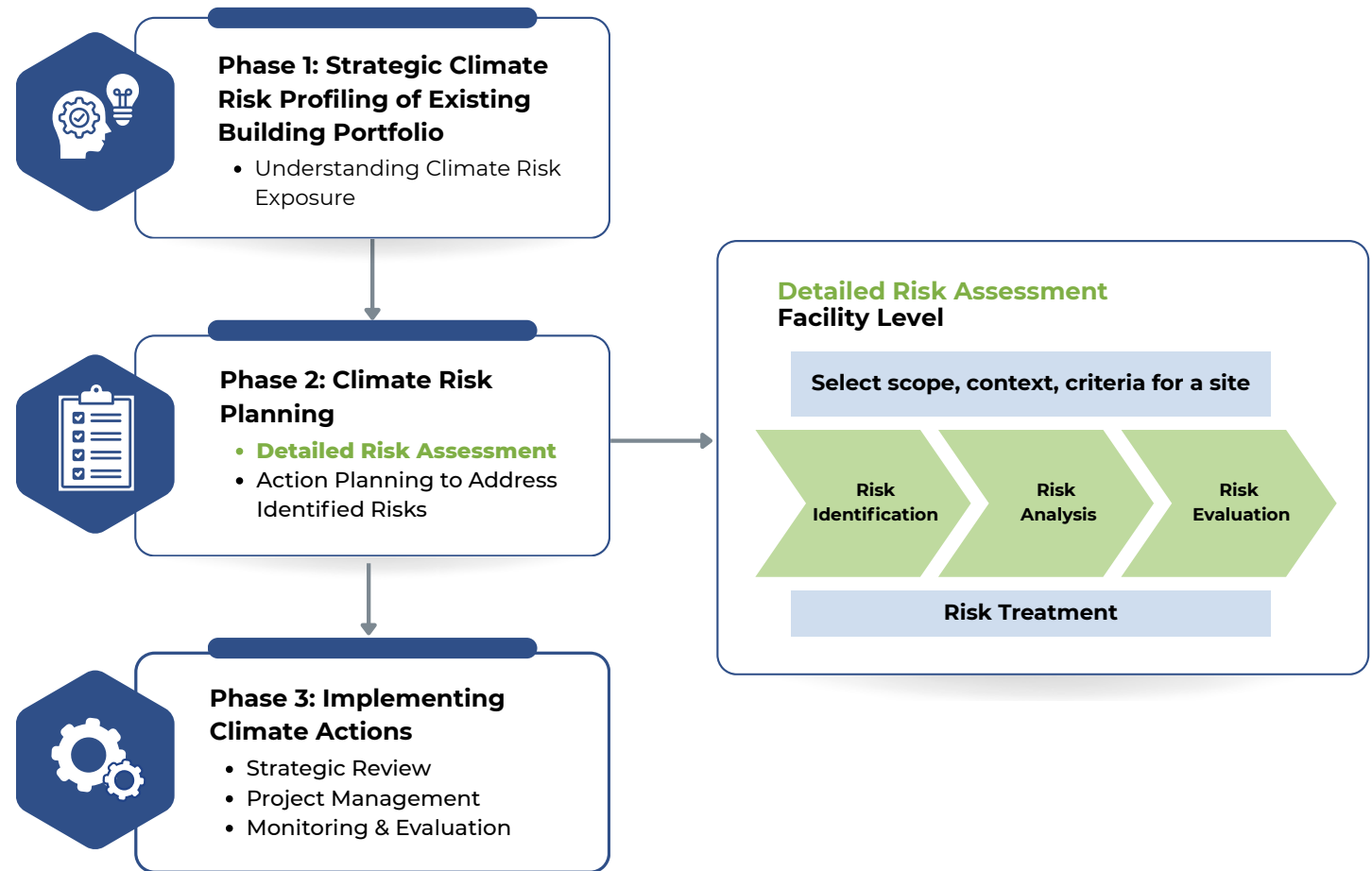
Climate Risk Assessments

Detailed climate risk assessments (CRAs) have been an integral part of the new-build planning process and in the evaluation of our existing facilities at IH. These CRAs evaluate how projected changes in temperature, precipitation and extreme weather events may affect infrastructure, operations and occupants over multiple future time horizons.

The CRA process based on the [Public Infrastructure Engineering Vulnerability Committee Protocol \(PIEVC\)](#), identifies priority climate hazards, estimates how likely they are and how serious their impacts could be, and recommends adaptation strategies to enhance long-term resilience. In 2025, comprehensive CRAs were conducted in over 44 facilities across IH.

These assessments are part of IH’s broader adaptation planning cycle, ensuring that climate risks are evaluated and addressed systematically across the organization. Figure 2 illustrates the climate risk assessment process and outlines the stages from understanding climate risk to monitoring and evaluation. The facility-level detailed risk assessment shows how individual buildings are assessed for risk, including identification, analysis, evaluation, and treatment. This approach ensures that high-level adaptation planning translates into actionable strategies at the facility level.

Figure 2: Climate Risk Assessment Process





Resilient Routes for Critical Clinical Supplies

We recognize that climate resilience goes beyond individual buildings. IH's road network is increasingly exposed to climate-related hazards that can disrupt the movement of essential supplies, staff and patients between facilities, threatening continuity of care across the region. With support from the Ministry of Health's Climate Innovation Program, IH completed a pilot and proof of concept in the design of our new GIS-based Climate Hazard Mapping Tool. The mapping tool was designed to strengthen contingency planning, and to understand areas of our road network most exposed to climate hazards.

The new mapping tool was first piloted within Pharmacy Services to assess medication delivery routes. The pilot demonstrated value by analyzing climate hazards, road closure data and alternative routing options to identify critical corridors and support proactive operational planning. Since February 2026, the project has entered an expansion phase to extend the tool across additional programs and to strengthen decision-making for road connections and emergency evacuation planning between acute and long-term care facilities.

Planned enhancements will allow the tool to:

- Provide real-time information on road hazards and closures
- Support planning for alternative routes and emergency response
- Identify the most critical roads for health-care operations



Water Resilience in a Changing Climate

Climate change increases the risk of water supply disruptions, which can affect essential health-care operations such as sanitation, patient care, sterilization and emergency services. In 2025, IH's Environmental Sustainability team mentored a fourth-year engineering capstone project at UBC Okanagan titled “*Water Resilience Planning Project: Monitoring, Analysis, and Action.*”

Climate change raises the risk of water disruptions that can jeopardize core health care services.

A team of six students analyzed water use across IH facilities, assessed current resilience, identified vulnerabilities and developed decision-making models to support adaptation planning. Key deliverables included a centralized water use database, a facility-level water resilience ranking, and a summary report with recommendations to strengthen preparedness across IH.

This project established a foundation for IH to identify facilities with the highest relative vulnerability to water-supply disruptions. Future phases will develop site-specific water resilience plans.



UBCO 4th year Engineering Student Capstone Team with IH mentors, Amanda McKenzie, manager, Environmental Sustainability, and Mehrnaz Makuei, climate resilience coordinator.

Climate Change and Health

Interior Health (IH) is strengthening community-level climate resilience by working with internal teams and external partners, including local governments and Indigenous communities, to advance preparedness, response and adaptation to climate related health risks. IH is progressing initiatives that support:

- Coordinating seasonal readiness planning and response activities
- Completing climate change and health vulnerability and adaptation assessments
- Strengthening community and system capacity for climate adaptation

Through these efforts, IH is building capacity to respond to a changing climate and protect the physical, mental and social health of our staff and the population we serve. The following sections highlight key actions during the reporting period.

Seasonal Readiness Planning and Response

IH's broader seasonal readiness efforts continued to focus on heat response, cold weather response, air quality, drought and flooding. These efforts aim to strengthen IH's operational readiness while supporting communities to anticipate risks and build resilience during climate-related events.



Flood preparedness is an important part of IH's broader seasonal readiness planning.

Program and Portfolio Collaboration

IH continues to strengthen cold weather preparedness and response by coordinating across internal programs to better support communities in planning for and responding to cold weather events. This work brings together teams across Population and Public Health and Clinical Operations to support priority communities facing elevated health risks during cold weather.

This has strengthened information sharing, clarified roles and responsibilities, and supported operational readiness in communities with limited shelter capacity, a high number of people sheltering outdoors, or with complex social and health needs. This coordination facilitates timely identification of emerging risks, enables rapid escalation to Medical Health Officers when needed, and supports a more aligned and effective response during cold weather events, thereby bolstering sustainable healthy community development and establishing accountability for action across IH.

Community Engagement

Engagement with communities has fostered a shared understanding of local context, unique challenges and planning gaps. Insights from discussions have informed the development of internal guidance documents, practical planning tools, and a coordinated process that supports consistent and responsive organizational readiness.

These planning conversations are focused on prevention, helping staff and communities to anticipate risks and reduce potential harm before cold weather events occur. These efforts support IH's strategic priority of preparing for climate-related emergencies.



Through cross-program coordination, IH continues to enhance cold weather preparedness and response to better support communities.

Climate Change and Health Vulnerability and Adaptation Assessments

A Climate Change and Health Vulnerability and Adaptation Assessment (CCHVAA) is an evidence-based method of assessing the impacts that climate change has on a population in a defined geographic region. Building on the pilot CCHVAA in the [Kootenay Boundary](#) (KB) region, IH completed the second phase of engagement with community partners across the Thompson Cariboo Shuswap (TCS), Okanagan (OK) and East Kootenay (EK) Health Service Delivery Areas (HSDAs).

Engagement with local governments, community organizations and the IH Indigenous Partnerships team deepened understanding of local context, climate-related challenges and planning gaps, along with examples of community resilience, informing assessments of adaptive capacity and opportunities for future climate action.

This work was significantly strengthened by the support of Emily Pletsch, a Master of Public Health student from the University of Victoria. Working closely with IH's climate and health scientist, Emily led the synthesis and analysis of engagement insights and developed an engagement summary report. The summary was shared back with partners for validation. In parallel, CCHVAAs were developed for the TCS, OK and EK HSDAs that incorporate engagement findings.



Emily Pletsch, Master of Public Health student at the University of Victoria, played a key role in synthesizing community engagement insights to support IH's CCHVAAs.

Across regions, the assessments identified social and structural factors, such as housing insecurity, geographic isolation and limited-service access, as key drivers of climate-related health risk. Common barriers to adaptation included limited staff capacity, short-term funding, unclear roles across sectors, and gaps in integrating health evidence into decision-making. Despite these constraints, communities have implemented adaptation actions across major domains such as emergency preparedness, infrastructure and the built environment, and community resilience.

Communities face climate-related health risks driven by social inequities and limited capacity, yet they continue advancing adaptation across preparedness, infrastructure, and resilience.

Drawing on findings from the KB CCHVAA, training modules were co-developed with IH's Healthy Community Development team and delivered early 2026. The training aims to build capacity for integrating climate considerations into community development practice, supporting the broader goal of applying CCHVAA findings across IH to inform planning and policy, strengthen adaptive capacity, and guide future capacity-building initiatives.



Drawing on findings from the KB CCHVAA, training modules were co-developed with IH's Healthy Community Development team and delivered early 2026.

Climate-Ready Leadership

In recent years, IH staff have faced severe climate related emergencies—wildfires, floods, heat waves and other disruptions — placing significant pressure on leaders and teams. These events showed that effective climate response requires not just operational readiness but strong, emotionally grounded leadership.

To support this need, IH launched the Climate-Ready Leadership Program in 2025 with support from the Ministry of Health’s Climate Innovation Program. The first program of its kind in Canada, it was co-designed with experts in climate change, disaster psychiatry, emergency management and organizational leadership. The six-week program blends evidence-informed learning, scenarios and peer support to help leaders navigate the human dimensions of climate disruption.

Two cohorts, with a total of 48 leaders, have completed the program so far, with more planned. This marks meaningful progress toward a more resilient, adaptive and climate-ready health system, where leaders can guide their teams with clarity, compassion and confidence.



Through the Climate Ready Leadership Program, IH leaders are building the emotional and operational skills needed to guide teams through climate emergencies.

Engaging with IH

Sustainability Engagement Program

At its core, the Sustainability Engagement Program (SEP) is about people—staff coming together to make everyday changes that add up to a more sustainable health system. By creating opportunities for staff to connect, collaborate and lead local initiatives, the program nurtures a growing community of sustainability champions across IH. The program is comprised of nine regional Environmental Sustainability Committees, with close to 100 members.



In 2025, we collaborated with [University of British Columbia's Sustainability Scholar Program](#) on a project to mobilize knowledge of environmental sustainability initiatives at IH. The project evaluated the SEP and identified priority opportunities to guide future development and expansion. Through staff surveys and interviews, the scholar examined the current staff experience and the factors that enable or hinder sustainability

initiatives at IH. Insights from this engagement informed the creation of targeted projects designed to address the needs identified by staff.

Physician-Led Action: IH's Regional Planetary Health Table

The Regional Planetary Health Table (RPHT) is a key forum for engaging physicians and strengthening collaboration on climate action across IH. Its membership brings together physicians, Facility Engagement (Doctors of BC), the Office of the Chief Medical Health Officer, Population and Public Health and Environmental Sustainability, creating a multidisciplinary space for shared learning and coordinated action. Since its launch in 2023, the RPHT has met quarterly to learn, connect and empower physicians to champion climate-ready practices within their teams and communities.

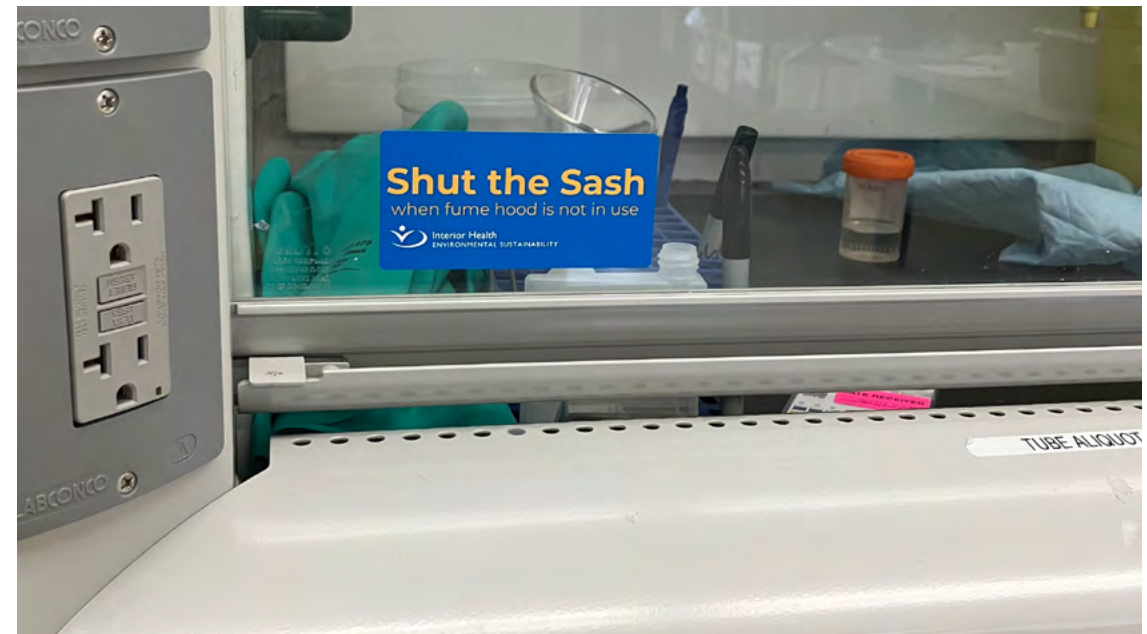


Greening the Lab

Since its launch in 2024, the Lab Environmental Sustainability Focus Group has advanced sustainable practices across IH, from reducing paper and energy use to cutting chemical waste. In 2025, the team was featured in the IH article [How a small team at IH is making lab testing services greener](#), which highlighted their growing impacts. Additional achievements include East Kootenay Regional Hospital Pathology nearly eliminating formaldehyde use for placentas, and piloting energy-use stickers to support conservation in labs across the region.

Transforming Care Delivery

According to the World Health Organization, the health sector contributes to approximately [5% of global GHG emissions](#). A large portion of these global emissions come from the purchase of goods and services, and in the delivery of care. That is why in 2025, the B.C. Health Authorities co-developed a standardized greenhouse gas emissions calculator to better understand the overall environmental impact of our health system. Teams at IH are also working to embed sustainability into quality improvement, pharmacy, laboratory services, surgical services and health technology practices. These initiatives demonstrate how eco-innovation is reshaping care delivery.



Achievements include piloting energy-use stickers to support conservation in labs across the region.

Greening the Pharmacy

The Pharmacy Sustainability Steering Committee, established in 2025, is led by Cheryl Martelli, Carrie St.Onge, Laura Wolfe and Lexie Allan in partnership with Environmental Sustainability. The committee brings together Pharmacy Services staff from across IH to share practices, apply a sustainability lens to IH-policies, and champion improvements. Following the early success of VJH Pharmacy’s adoption of EcoloVial, a Canadian pill bottle made with 35% less plastic, they have now been rolled out across IH.



Cheryl Martelli, Carrie St.Onge, Laura Wolfe and Lexie Allan



EcoloVial pill bottles, containing 35% less plastic, are being rolled out across Interior Health pharmacies to support more sustainable practices. Photo via [EcoloPharm](#).

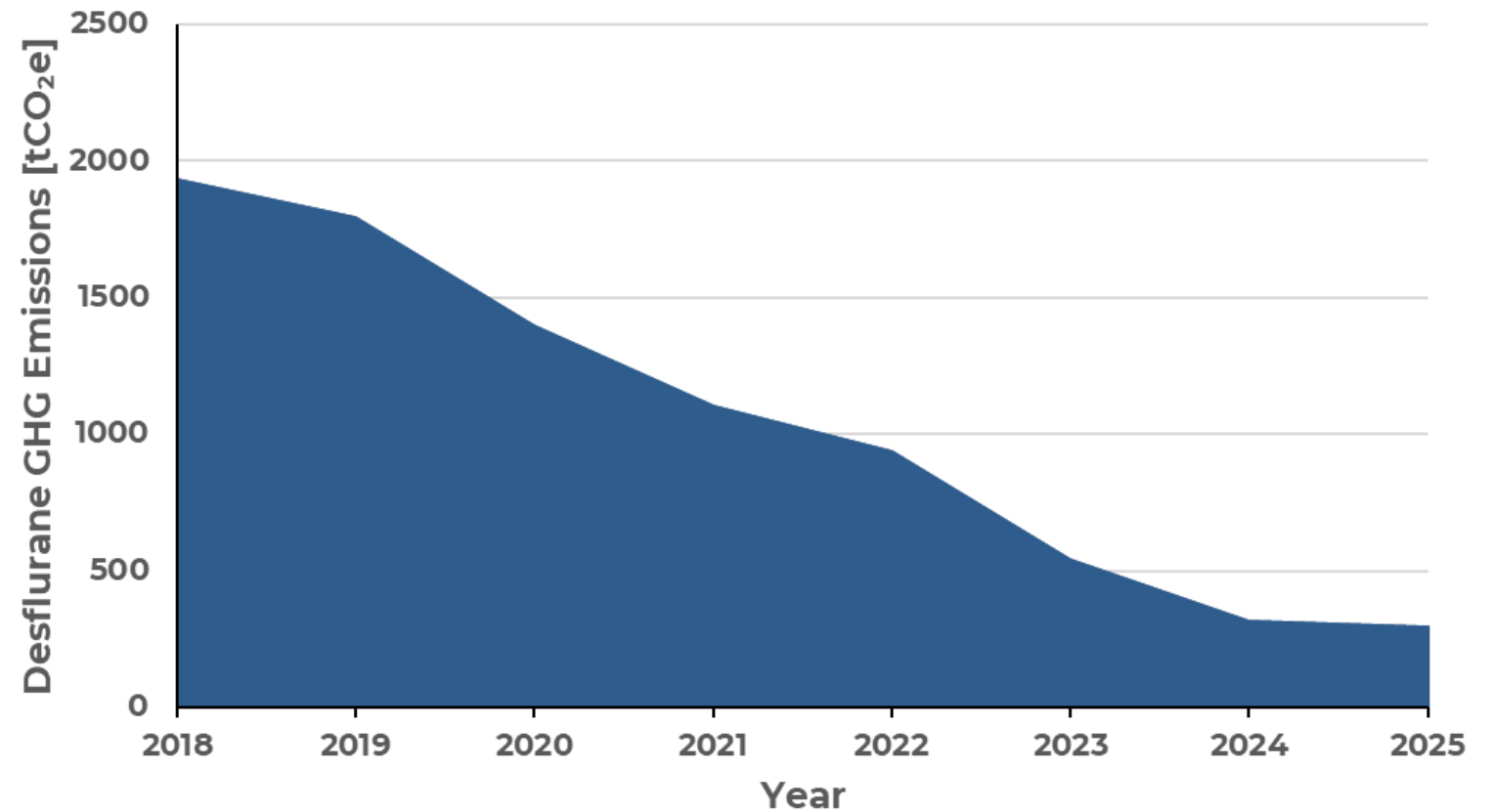
Cutting the Carbon Footprint of Inhaled Medications

Sevoflurane and Desflurane

Sevoflurane and desflurane, the two anesthetic gases used at IH, and emit potent greenhouse gases—130 and 2,540 times more impactful than CO₂, respectively. One hour of desflurane use equals driving 370 km in a gas-powered car.

Since 2018, IH has achieved an 85% reduction in GHG emissions from desflurane use since 2018 (Graph 5), shifting to lower impact options like sevoflurane and local anesthesia. IH has piloted anesthetic gas recovery systems to capture and eventually recycle exhaled gases, preventing 17 tonnes of CO₂e emissions to date and supporting a circular economy.

Graph 5: IH’s Desflurane GHG Emissions since 2018



Nitrous Oxide

Nitrous oxide (laughing gas), used for sedation and pain relief, is 298 times more potent than CO₂ and contributes to ozone depletion. Its carbon footprint at IH rivals that of the entire vehicle fleet. The [Canadian Anesthesiologists Society](#) recommends switching to bedside tanks—a transition already made by several Canadian hospitals. This change in practice can result in an [80-98% reduction](#) of NO₂ use and release into the environment. In 2026, six of IH’s 12 facilities with central systems will be piloting bedside tanks, with results expected to guide the phase-out of central delivery.

Metered-Dose Inhalers

Metered-dose inhalers (MDIs), used for asthma and chronic obstructive pulmonary disease (COPD), carry a significant climate impact due to their GHG emitting propellants. Strategies to reduce their environmental impact were highlighted in a [2025 webinar](#) featuring IH’s medical director for climate change and sustainability, Dr. Ilona Hale, alongside patient partner Sandy Ketler. Sandy also co-developed an MDI patient poster, providing essential insight to strengthen trust, patient experience, and quality of care.



Do You Use an Inhaler? Want to Go Green?

- 1 Ask your provider if a low-carbon inhaler is right for you.** There are inhaler types that have less impact on climate change, like soft mist or dry powder inhalers.


- 2 Use your inhaler as directed with proper technique.** Getting the medication you need for best possible disease management, and to prevent care needs in the future, is good for you and the planet.
- 3 Track your remaining doses.** Keeping track of when you use your inhaler will help you to know when it is empty. Better for you and the planet!

Inhaler dose tracking sheet →


- 4 Return your inhaler to an eligible community pharmacy for disposal.** Dispose of your inhaler at a community pharmacy to neutralize the remaining greenhouse gas and residual medication.



Metered-dose inhalers (MDIs) contain potent greenhouse gases, which impact climate change.

Lung Sask has step-by-step inhaler instructions, including in Indigenous languages like Dene!



The Calgary COPD and Asthma program has inhaler instructions in up to 13 languages!



Find a disposal location

Thank you for considering the climate!

Interior Health is improving our environmental footprint while maintaining the highest standards of care. Learn more about our efforts through the [Climate Change and Sustainability Roadmap](#) and our annual [Climate Change Accountability Report](#).

Prepared by the Interior Health MDI Pilot Project Team (2025)




Greening the Operating Room

The Surgical Services Sustainability and Cost Containment Collaborative was established in 2025 as a partnership between Surgical Services, Supply Chain, Environmental Sustainability and Medical Device Reprocessing. The group is focused on implementing projects that reduce both costs and environmental impact. Priorities for 2026 include streamlining surgical instrument trays by removing instruments not commonly used, reducing unnecessary use of sterile water, and expanding the use of third-party remanufactured single-use items.

Reusable Case Cart Covers

- Over the past year, clinical staff at Kelowna General Hospital, Penticton Regional Hospital and Royal Inland Hospital have collaborated on the development and pilot of Reusable Case Cart Covers.
- Case carts require protective covers maintain sterility during transport between sterile processing and the operating room. Transitioning to reusable covers maintains regulatory compliance, strengthens infection control, and significantly decreases single-use plastic waste.



Reusable case cart covers are cutting single-use plastic waste and delivering cost savings while maintaining safe, sterile transport between sterile processing and the operating room.

CASCADES Sustainability Embedded-Quality Improvement (SE-QI) Toolkit

Quality Improvement is an established framework for change-making in health care. IH, Vancouver Coastal Health, Health Quality BC and CASCADES developed the [SE-QI toolkit](#) to help QI teams embed environmental sustainability considerations into their projects. In 2025, the beta toolkit was released and piloted by more than 30 participants across six provinces.

SE-QI Toolkit

Apply the SE-QI Toolkit to ANY QI project and:

- Find the alignment with environmental sustainability
- Explore relevant sustainability opportunity areas & resources
- Consider practical environmental metrics

Fill out the Google Form while learning about sustainability

Receive emailed results with curated insights

Consider your recommendations and learnings

Demonstrate your project's impact and protect planetary health

Greening Health Technology

In 2025, Environmental Sustainability and Health Technology launched the Greening Health Technology Opportunity Investigation to identify opportunities to:

- Strengthen material stewardship and e-waste management
- Align digitization efforts with sustainability goals
- Improve sustainable data management
- Reduce printing across IH
- Enhance sustainable procurement practices

As these opportunities move from investigation to implementation, one of the most immediate and measurable benefits is the continued reduction of emissions associated with office paper. By accelerating digitization and rethinking how information flows through our organization, we are steadily decreasing our reliance on paper-based processes. This shift not only lowers emissions but also supports more efficient, resilient, and accessible services for staff and patients alike.



Eco-Innovation
in Action

PRH Teams Collaborate to Reduce Printing

In the initial phase of the opportunity investigation, it was discovered that at Penticton Regional Hospital (PRH) almost 20,000 pages are printed daily from 188 devices. In collaboration with PRH staff, Health Technology and Environmental Sustainability, a Think Before you Print campaign was launched. This program is focused on reducing unnecessary printing without compromising patient care.

The team has developed an internal webpage for print reduction resources which highlights:

- Tips and tricks for smarter printing
- Eliminating forgotten or unnecessary print jobs
- Instructions on how to send and receive electronic faxes
- Guidance on exploring auto-printed report solutions

Johanna Marsh-deBoer, Environmental Sustainability student, and Lois Leonard, administrative assistant at PRH, led the Think Before You Print campaign.

Waste Management

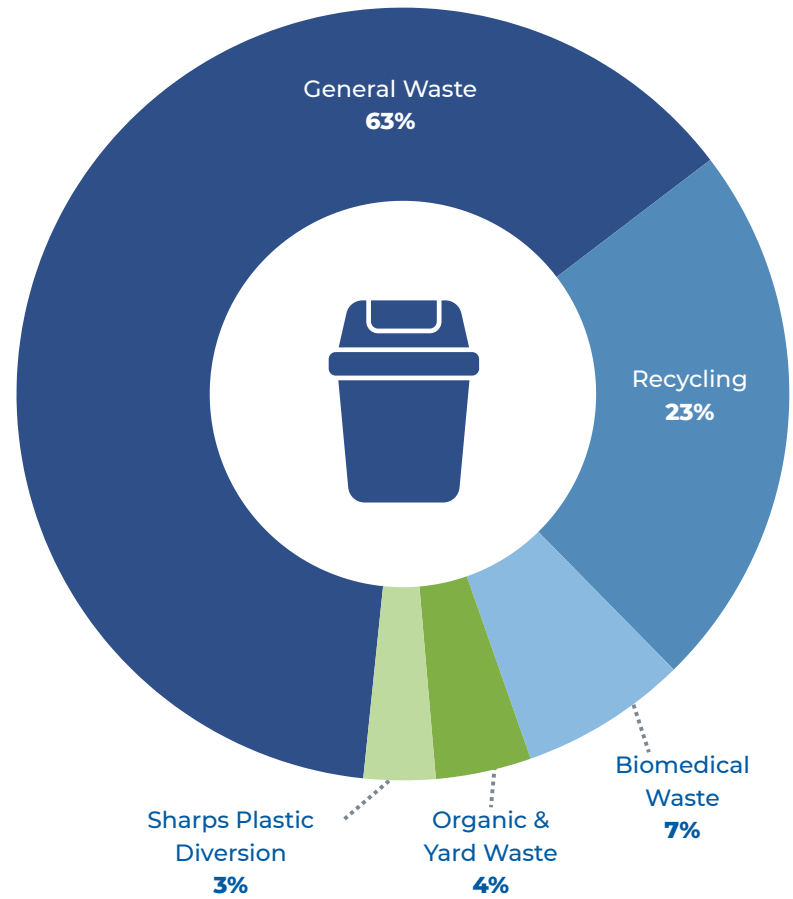
Behind the scenes, countless teams work every day to ensure patients and staff experience a clean, safe and well-functioning environment. Services such as laundry, food operations and waste management play a vital role in maintaining hygienic environments and supporting high-quality care. Through their consistent, everyday actions, our Support Services teams create system-wide impacts that strengthen patient outcomes and the overall care experience.

Health-care operations generate large volumes of waste that must be managed responsibly. Medical waste also comes at a higher cost for disposal, so ensuring staff use the appropriate waste streams supports environmental stewardship and reducing overall health system costs. In 2025, IH focused on improving our waste collection systems so that recoverable materials are diverted from landfills. As a result, 30% of our total waste generated was diverted from landfills in 2025.

Interior Health's Waste Composition

General Waste		4,787 tonnes
Recycling*		1,723 tonnes
Biomedical Waste		555 tonnes
Organic & Yard Waste		317 tonnes
Sharps Plastic Diversion		239 tonnes
Specialized Recycling**		29 tonnes

Recycling* includes cardboard, paper, mixed recycling
Specialized Recycling** includes dedicated recycling for electronics, batteries, PPE, glass



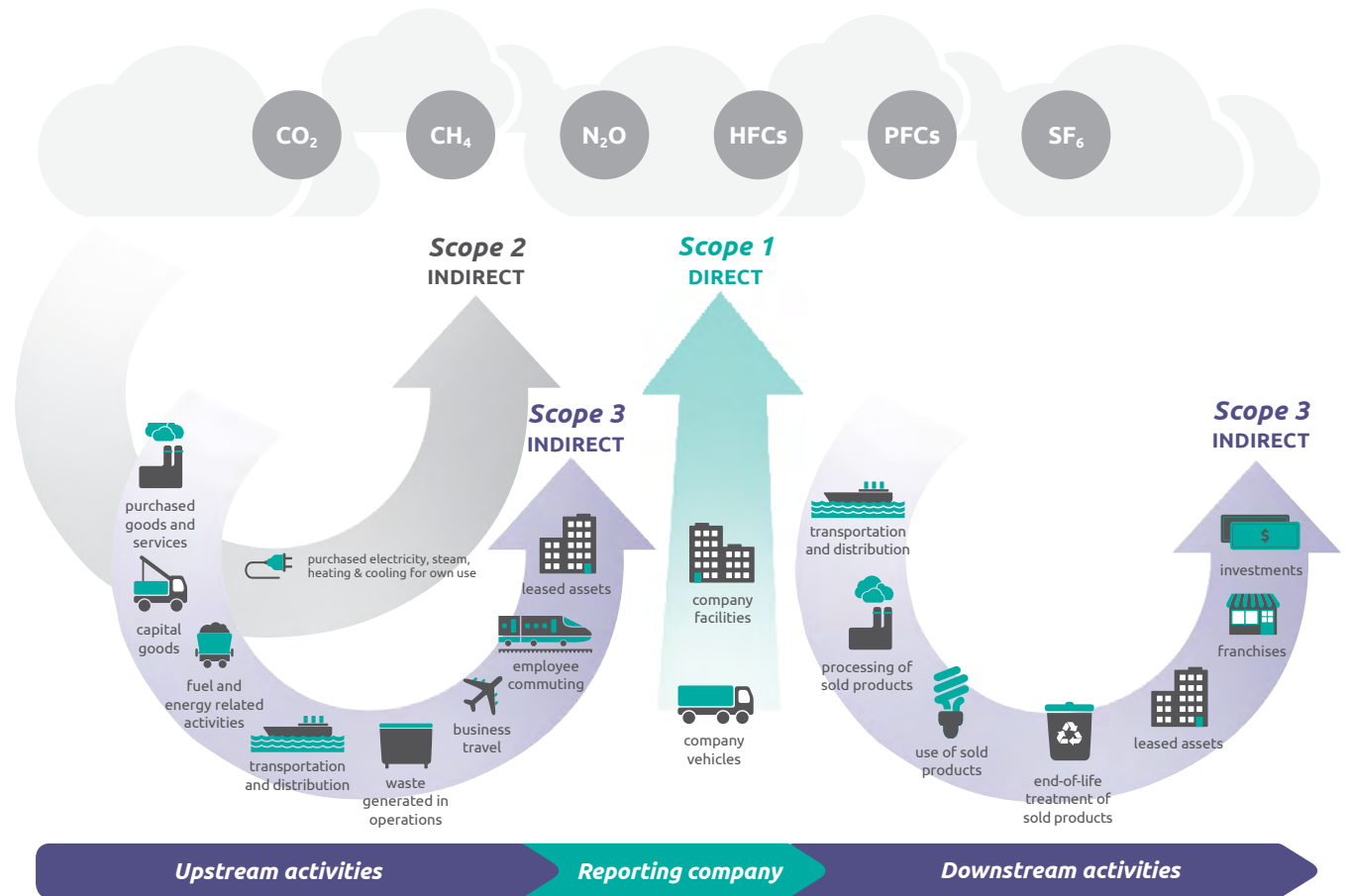


Creating a Sector Wide Greenhouse Gas (GHG) Calculator

In 2025, IH joined all B.C. health authorities in a major collaborative effort to develop a GHG emissions database that captures sources beyond current regulatory requirements (paper, fleet, fugitive emissions and buildings).

As large, complex organizations serving millions across urban, rural and Indigenous communities, B.C. health authorities operate hospitals, community health centres, long-term care facilities and support services that collectively consume significant energy and resources through very large supply chains. Understanding, monitoring and managing these emissions is essential to reducing environmental impacts and strengthening sustainability across the health-care sector.

Funded through the Ministry of Health’s Climate Innovation Stream, this project is creating a standardized GHG calculation methodology and sector-specific emissions calculator tailored to the emission sources of health-care operations. The resulting protocol will offer clear, step-by-step guidance to help each health authority measure Scope 1, 2 and 3 emissions consistently.



Examples of Scope 1, 2, and 3 emissions for corporations, sourced from [Greenhouse Gas Protocol](#).





Momentum for the Future

Antenna Trail, Montrose, B.C.

Momentum for the Future

At Interior Health, delivering safe, high-quality care is at the heart of everything we do—and we are committed to doing so in ways that also protect the environment. Guided by our strategic direction, we continue to embed sustainability into our operations, processes and policies so that climate-ready care becomes part of everyday practice. The progress we've made this year continues the momentum for our priorities in 2026 and beyond.

Key areas of focus include:

- **Implementing the Low-Carbon Capital Plan** to help reduce GHG emissions
- **Collaborating across portfolios and with internal and external partners** to build capacity and integrate sustainability into program delivery
- **Engaging with communities** to ensure their contributions and readiness regarding climate preparedness.

Looking ahead, we will continue to build on this year's momentum by strengthening climate resilience, accelerating eco-innovation and empowering leaders across IH to deepen the integration of environmental sustainability into their work.

With actions from the Climate Change and Sustainability Roadmap well underway, the progress achieved to date is delivering meaningful benefits. As we embed this work more deeply across IH, we are well positioned to advance the 20 action items of the Roadmap with greater focus and impact.

These accomplishments reflect the significant foundations we have built together and the impact of our collective efforts. By continuing to build on these strong foundations, we will shape a more sustainable, resilient future for our staff, partners, the communities we serve and our organization in the years to come.



Appendix A: Concordance Table

Reporting Requirements, in accordance with the Climate Change Accountability Act (CCAA) Section 8.1, and the Carbon Neutral Government Regulation (CNGR)

Required Section	Title	Notes	Interior Health’s Report
Title	2025 Climate Change Accountability Report		Cover page
Organization	Organization Name		Cover page
Part 1. Legislative Reporting Requirements	Declaration Statement	This PSO Climate Change Accountability Report for the period January 1, 2025 to December 31, 2025 summarizes our greenhouse gas (GHG) emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2025 to minimize our GHG emissions, and our plans to continue reducing emissions in 2026 and beyond.	Declaration Statement, page 7
	Emissions Reductions: Actions & Plans	Please describe the actions taken by your organization in the 2025 calendar year to minimize emissions and your plans to continue reducing emissions in future years.	Low-Carbon Leadership, page 8
Part 1. A	Stationary Sources (e.g. buildings, power generation)	Please describe actions taken by your organization in 2025 to minimize emissions from stationary sources in buildings your organization owns or directly leases and plans to continue reducing those emissions in 2026 and beyond.	Achieving Operational Excellence Through Energy Management, page 12
		Please provide details about goals, targets and progress related to GHG emissions reductions.	Achieving Operational Excellence Through Energy Management page 12
Part 1. B	Mobile Sources (e.g. fleet vehicles, off road/portable equipment)	Please describe actions taken by your organization in 2025 to minimize emissions from mobile sources and plans to continue reducing those emissions in 2026 and beyond.	Fleet Emissions, page 22
		Indicate whether your organization acquired zero emission vehicles (ZEVs) or installed electric vehicle charging stations (EVCS) in 2025, including the number of ZEVs acquired and EVCS installed during the 2025 calendar year.	Fleet Emissions, page 22



Required Section	Title	Notes	Interior Health’s Report
		Indicate whether your organization has any strategies to support emission reductions from mobile sources, such as a Clean Fleet Plan or ZEV-First Purchasing Policy.	Fleet Emissions, page 22
Part 1. C	Paper Consumption	Please describe actions taken by your organization in 2025 to reduce emissions from paper.	Paper Emissions, page 23
		Describe plans to continue reducing those paper emissions in 2026 and beyond.	Paper Emissions, page 23
Part 1. D	Fugitive Sources (e.g., heat pumps, refrigerators, air conditioners)	Describe actions taken by your organization in 2025 to reduce fugitive emissions from equipment your organization directly owns or leases.	Fugitive Emissions, page 20
		Describe plans to continue reducing those fugitive emissions in 2026 and beyond.	Fugitive Emissions, page 20
2025 GHG Emissions Offsets Summary Table	[Organization name] 2025 GHG Emissions and Offsets Summary Table	Complete table per CGRT and include table from template in report	Interior Health 2025 GHG Emissions and Offsets Summary Table, page 7
	Retirement of Offsets Statement	In accordance with the requirements of the Climate Change Accountability Act and the Carbon Neutral Government Regulation, [Organization Name] (the Organization) is responsible for arranging for the retirement of the offsets obligation reported above for the 2025 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Energy and Climate Solutions (the Ministry) ensuring that these offsets are retired on the Organization’s behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to \$25 per tonne of offsets retired on its behalf plus GST.	Retirement of Offsets Statement, page 7



Required Section	Title	Notes	Interior Health’s Report
Part 2.	Public Sector Climate Leadership	Information provided in this section is essential to support continued planning for emissions reduction and climate change adaptation initiatives across the public sector, as well as inform high-level reporting in the annual provincial Climate Change Accountability Report.	Innovation in Action, page 25
Part 2. A	Climate Risk Management	Please describe actions taken by your organization in 2025 to manage risk related to the changing climate and plans to continue managing those risks in 2026 and beyond.	Climate-Resilient Facilities, page 26
Part 2. B	Additional Sustainability Initiatives	Please describe any additional initiatives in your organization that support sustainability in general.	Innovation in Action, page 25
Part 2. C	Success Stories	Please describe any success stories that your organization would like to highlight, whether related to reducing emissions or preparing for/ adapting to a changing climate.	Transforming Care Delivery, page 36
Executive Sign-Off	Executive Sign-Off	Signature by a senior official, such as CEO, COO or Superintendent.	Executive Sign-Off, page 7

