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TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY  
WITH NO BEDS — no.1678261

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## Partner for Change (No Beds) - 2016: Chemicals

### Introduction

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Chemical minimization programs are an extremely important part of any sustainability program. The use of certain chemical constituents in products and materials can have significant health repercussions for building occupants, patients, staff, and the community. Please use this section of the application to highlight how the facility has begun to address the use and minimization/elimination of certain **chemicals of concern**.

### Policy

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- 1.** Does the facility contract for, or perform internally, a **hazardous chemical/material audit** by department and update at least annually?
- Yes
  - No
  - Not Applicable

- 2.** Does the facility have **chemical or purchasing policies** that identify and avoid **specific chemicals of concern** contained in products that may be hazardous to human health and the environment?

Yes

- 2.a** Please attach:

Multiple policies can be attached via **zip file**, if necessary.

- 2.b** Please check all **chemical constituents** included in the policy.

(Please note that non-chemical constituents, such as water, energy, and packaging are evaluated in the EPP portion of this application.)

- Bisphenol A and its structural analogues
- CA Proposition 65 listed chemicals (e.g., Carcinogens, mutagens, reproductive toxicants)
- Flame retardants, including chlorinated, brominated, and phosphate-based flame retardants
- Formaldehyde
- Latex
- Lead
- Mercury
- Persistent, Bioaccumulative, and Toxic substances (PBTs)

- Perfluorinated compounds
- Phthalates (DEHP, BBP, DnHP, DIDP, DBP, DINP, and DiBP)
- Polystyrene
- Polyvinyl chloride, or PVC
- Triclocarban
- Triclosan
- Volatile organic compounds (VOCs)
- Other prioritized chemical constituents

**2.b.a** Other prioritized chemical constituent:

**2.b.b** Other prioritized chemical constituent:

**2.b.c** Other prioritized chemical constituent:

**3.** Has the facility developed a **fragrance-free policy** for staff?

- Yes
- No
- Not Applicable

**3.a** Please attach policy:

## Green Cleaning

**4.** Has the facility **conducted an inventory** of all products used at the facility for cleaning and disinfection of surfaces?

- Yes
- No
- Not Applicable

Conducting an inventory can identify where the hospital may be using multiple products for the same purpose in different areas of the institution. Standardization of cleaning and disinfection products can lower costs and improve training effectiveness and safety.

**5.** Does the facility utilize any **Green Seal or UL ECOLOGO-certified** cleaning products?

**NEW in 2016** Please document **ALL** dollars spent on cleaning chemicals at your organization during 2015. For each type of cleaning product your organization selects below, a table will appear in which you need to enter **two numbers**--a value for green chemical spend and a value for

conventional chemical spend on that particular product category. The table will **autocalculate** your total cleaning chemical spend and your % green spend for that category. If you are using 100% green certified chemicals for a product category, you **MUST** enter a zero for conventional cleaning chemicals in the table. If you are using 100% conventional cleaning chemicals for a product category, you **MUST** enter a zero for green cleaning chemical spend. No points will be awarded for rows with **incomplete information**.

**5.a** Please select all cleaning products being used at the organization:

- General purpose (hard surface) cleaners
- Window/glass cleaners
- Carpet and upholstery cleaners
- Bathroom/restroom cleaner
- Floor cleaners
- Floor strippers
- Floor finishes
- Laundry soaps/cleaners
- Liquid and foam handsoap
- Other

General Purpose Cleaners

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
General purpose cleaning chemicals			0	0

Window/Glass Cleaners

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Window/glass cleaners			0	0

Carpet and Upholstery Cleaners

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Carpet cleaners			0	0

Bathroom/restroom

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Bathroom/restroom cleaners			0	0

Floor Cleaners

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Floor cleaners			0	0

Floor Strippers

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Floor strippers			0	0

Floor Finishes

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Floor Finishes			0	0

Laundry Soaps

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Laundry			0	0

Liquid Dishsoaps

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Liquid handsoap			0	0

Other

Procurement type	\$ spent on green cleaning chemicals	\$ spent on conventional cleaners	Total (\$) Spent on Cleaning Products	% Green spend of total
Other			0	0

**Percent Green Spend on Cleaning Products**

Total

Procurement type	Total \$ spent on green cleaning chemicals	Total \$ spent on conventional cleaners	Total (\$) Spent on all Cleaning Products	% Green spend of total
Total Spend	0	0	0	0

6. Has the facility, in collaboration with the **Infection Prevention & Control Committee**, instituted a **policy** and/or implementation plan that addresses **environmentally preferable cleaning** and addresses cleaning/ disinfection of major surfaces (as outlined in the Green Seal Certification Checklist, **Standard GS-42**)?

- Yes
- No
- Not Applicable

No points will be received for this question unless the policy or plan is attached. Policy/plan must specifically reference environmentally preferable or green cleaning

practices.

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**6.a** Please attach:

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**7.** Has the facility inventoried its use of antimicrobial hand soaps?

- Yes
- No
- Not Applicable

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**8.** Has the facility eliminated the purchase and use of antimicrobial hand soaps in **non-clinical areas**?

- Yes
- No
- Not Applicable

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**8.a** Is this encoded in an organizational policy?

- Yes
- No
- Not Applicable

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**8.a.a** Please attach:

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**9.** Has the facility eliminated the purchase and use of antimicrobial hand soaps **that contain triclosan or triclocarban**?

- Yes
- No
- Not Applicable

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**9.a** Is this encoded in an organizational policy?

- Yes
- No
- Not Applicable

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**9.a.a** Please attach:

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**10.** Has Environmental Services collaborated with the **Infection Control Committee** to identify areas where use of **disinfectants can safely be minimized or eliminated**?

- Yes
- No
- Not Applicable

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**11.** Does the facility utilize **ultraviolet germicidal irradiation** (UVGI) technology for surface disinfection in any area of the organization?

- Yes
- No
- Not Applicable

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**11.a** Please select the clinical areas where this technology is used:

- Patient rooms
- Isolation rooms
- OR
- Other

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**11.a.a** What other areas is this technology used in:

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**12.** Does the facility use vacuums certified by the Carpet and Rug Institute's **Seal of Approval/Green Label** program for commercial vacuums?

- Yes
- No
- Not Applicable

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**13.** Does the facility utilize **automatic scrubbing machines** that use **only water** for floor cleaning?

- Yes
- No
- Not Applicable

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**13.a** Was your facility able to reduce or replace other cleaning chemical use as a result of this equipment?

- Yes
- No
- Not Applicable

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**13.a.a** Please describe:

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**14.** Does the facility utilize **microfiber mops and cleaning cloths** as a mechanism to reduce water and chemical use, reduce cross contamination and ergonomic stress?

- Yes

- No
- Not Applicable

## Sterilization and Disinfection

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**15.** Does the facility utilize **medical instrument cleaners** that are certified by **EPA's Safer Choice Program** (formerly Design for the Environment-DfE)?

- Yes
- No
- Not Applicable

While GreenSeal and UL ECOLOGO are the preferred certifications for surface cleaning chemicals, cleaning of medical instrumentation is not covered by these certification programs. EPA's Safer Choice program certifies medical instrument cleaners.

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**16.** Has the facility eliminated the use of the high-level disinfectant **glutaraldehyde** and moved to safer alternatives (as defined by the **ICRA process** involving Infection Prevention & Control and Employee Health)?

- Yes
- No
- Not Applicable

An **Infection Control Risk Assessment (ICRA)** is a multidisciplinary, organizational, documented process that after considering the facility's patient population and program The **ICRA process** focuses on reduction of risk from infection, acts through phases of facility planning, design, construction, renovation, facility maintenance, and coordinates and weighs knowledge about infection, infectious agents, and care environment, permitting the organization to anticipate potential impact.

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**16.a** What alternatives are used?

- OPA (ASP Cidex OPA, Metrex Metricide OPA)
  - Hydrogen peroxide
  - Other
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**16.a.a** Please describe other alternatives being utilized:

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**17.** In the product evaluation/**value analysis process**, does the facility seek to avoid products where disinfection with **glutaraldehyde** is required by manufacturer warranty?

- Yes
  - No
  - Not Applicable
- 

**18.** Has the facility **eliminated** the use of the sterilant **ethylene oxide (EtO)** onsite while maintaining compliance with regulatory requirements?

- Yes
  - No
  - Not Applicable
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**18.a** What alternatives are used?

- Steam Sterilization
- Ozone plasma (3M Optreoz with TSO3 Sterizone technology)

- Low temperature hydrogen peroxide gas plasma (Sterrad)
- Peracetic Acid (Steris 1 or 1E)
- Other

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**18.a.a** Please describe other alternatives being utilized:

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**19.** In the product evaluation/value analysis process, does the facility seek to avoid products where disinfection with **ethylene oxide (EtO)** is required by manufacturer warranty?

- Yes
- No
- Not Applicable

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**20.** Has the facility purchased **automatic machine washers/disinfectors** to replace manual high-level disinfection to minimize staff exposure to liquid high-level disinfectants?

- Yes
- No
- Not Applicable

### **Integrated Pest Management (IPM)**

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**Integrated Pest Management (IPM)** is an approach to managing pests that protects health and the environment. Learn more at: [\*\*IPM Frequently Asked Questions\*\*](#)

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**21.** Has the facility **reduced or eliminated** the use of **chemical pesticides** by implementing an IPM program?

- Yes
- No
- Not Applicable

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**22.** Has the facility developed a **written IPM plan/policy** for the facility that includes attention to both indoor and outdoor (buildings and grounds) pest habitats and issues?

- Yes
- No
- Not Applicable

In order to receive points for this question, policy/plan must be attached, and **MUST** contain language specifically related to IPM program implementation.

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**22.a** Please attach plan or policy:

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**23.** Has the facility **designated an IPM coordinator** to oversee pest management?



Yes

## DEHP and PVC

**24.** Does the facility have a **DEHP/PVC** reduction program?

- Yes  
 No  
 Not Applicable

**24.a** Please describe:

**24.b** Is the commitment to reduce the purchase of medical supplies made with **DEHP** and **PVC** encoded in a written policy or plan?

- Yes  
 No  
 Not Applicable

**24.b.a** Please attach policy or plan:

Note: No points will be given for this question unless policy or plan is attached.

**25.** Has the facility eliminated **DEHP** and **PVC** from at least **two** product lines?

Yes

**26.** Please select all product lines that are **DEHP** and **PVC**-free:

- Breast Pumps and accessories  
 Enteral Nutrition Products, including all tubing  
 Parenteral Infusion Devices and Sets  
 General Urological (irrigation/urology sets and solutions, urinary catheters)  
 Exam Gloves  
 Vascular Catheters including Umbilical Vessel Catheters  
 Nasogastric Tubes  
 Other

**26.a** Please list other **DEHP** and **PVC-free** product lines:

## Healthy Interiors

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**27.** Does the facility purchase **paints, adhesives and sealants** that are **low or no VOC**?

- Yes
- No
- Not Applicable

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**28.** Does the facility require furniture to meet an environmental standard/certification or obtain LEED HC credit?

Yes

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**28.a** Choose all the **Multiple Attribute** certifications that apply:

- BIFMA level
- Cradle to Cradle
- SMaRT
- Other

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**28.a.a** Please describe which other Multiple Attribute certifications the facility is using:

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**28.b** Choose all the **Single Attribute** certifications that apply:

- Greenguard Gold (VOCs only)
- Forest Stewardship Council (wood only)
- California Section 01350 (VOCs only)
- Energy Star
- RoHS (hazardous substances only)
- SCS Indoor Advantage Gold (VOCs only)
- ANSI/BIFMA X7.1 (VOCs only)
- GOTS (textiles only)
- Global Recycled Standard (textiles only)
- Other

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**28.b.a** Please describe which other Single Attribute certifications the facility is using:

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**29.** Does the facility **refurbish or reupholster furniture** for reuse?

- Yes
- No
- Not Applicable

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**30.** Does your facility purchase **flame retardant-free furniture** where code permits?

- Yes
- No
- Not Applicable

Please report dollars spent on furnishings and furniture **that eliminate the use** of the following target chemicals: flame retardants, formaldehyde, perfluorinated compounds, **PVC** (vinyl) and antimicrobials. Please also include the **total dollars spent on ALL** furnishings and furniture to determine % **Spend on Healthy Interiors** in Table C below.

Furnishings and furniture include surfaces (tables, desks, etc.), built-in and modular casework, seating (chairs, stools, sofas, benches, etc.), systems (walled desks with seating), beds (including mattresses), cubicle curtains, window coverings, panels and partitions, storage (cabinets, filing cabinets, dressers, drawers), and shelving (bookshelves, built-in shelves, etc.).

**Table C. Healthier Interiors**

Healthy Interiors % Spend	Dollars (\$) Spent
Dollars spent on furnishings and furniture <u>that eliminate target chemicals</u>	<b>31.</b> <input type="text"/>
Dollars spent on ALL non-medical furniture and medical furnishings	<b>32.</b> <input type="text"/>
% Total spend on furnishings and furniture that eliminate target chemicals of concern	<b>33.</b> <input type="text" value="0"/>

**34.** Is **30% of total spend** on furnishings and furniture free of the target **chemicals of concern**?

- Yes
- No
- Not Applicable

## Mercury

**35.** Has the facility won the **Making Medicine Mercury Free Award (MMMF)**?

- Yes
- No
- Not Applicable

The following questions must be answered in order to show that mercury has been addressed at some level at the facility to be considered for the Partner for Change Award. However, this is NOT the MMMF Award application. To apply for MMMF, click here: [\*\*Making Medicine Mercury Free\*\*](#)

**Note to Applicants: all requested policies in this section must be attached.**

**35.b** Has the facility established a **mercury-free purchasing policy** (a stand-alone policy or included in a broader policy with other constituents of concern)?

- Yes
- No
- Not Applicable

**35.b.a** Please attach:

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**35.c** Has the facility established **protocols and written procedures for safe handling** of any mercury remaining onsite?

- Yes
- No
- Not Applicable

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**35.c.a** Please attach:

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**35.d** Has the facility included proper **mercury disposal language in demolition contract** templates?

- Yes
- No
- Not Applicable

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**35.d.a** Please attach language:

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**35.e** Has the facility included mercury-free language in **building and renovation contract** templates?

- Yes
- No
- Not Applicable

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**35.e.a** Please attach language:

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### Mercury in the Clinical Arena

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**35.f** Has the facility **inventoried** (and labelled where possible) all mercury devices/sources within the organization and have a **plan in place** to substitute non-mercury devices?

- Yes
- No
- Not Applicable

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**35.f.a** Please attach inventory:

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**35.g** Has the facility **replaced all clinical thermometers with mercury-free** patient thermometers?

- Yes
- No
- Not Applicable

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**35.g.a** What brand(s) do you utilize?

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**35.h** Does the facility utilize **90% or more mercury-free blood pressure devices** (sphygmomanometers) with a goal of total elimination?

- Yes
- No
- Not Applicable

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**35.i** Does the facility utilize **90% or more mercury-free clinical devices** (e.g., bougies, miller-abbott tubes, cantor tubes, dilators) with a **goal of total elimination**?

- Yes
- No
- Not Applicable

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**35.j** Has the facility purchased mercury amalgam separators for installation at all **dental chairs**?

- Yes
- No
- Not Applicable
- No Dental Chairs

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### Mercury in the Laboratory

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**35.k** The facility specifies and purchases, where possible, these **laboratory items mercury-free**:

- Thermometers
- Solutions
- Equipment

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**35.l** Has the applicant spoken with the lab manager to **inventory mercury-containing laboratory chemicals** ?

- Yes
- No
- Not Applicable

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**35.l.a** Lab Manager **Name**:

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**35.l.b** Lab Manager **Title**:

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**35.l.c** Date of communication:

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Please share these resources with your lab manager:

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For a list of **laboratory chemicals** that may contain mercury, see: [Mercury in Healthcare Lab Reagents](#) and [Mercury in Labs and Pharmacies](#).

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For information on **mercury in laboratories**, see the [College of American Pathologists](#)

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**35.m** Has the laboratory eliminated the use of **B5 fixative**?

- Yes
- No
- Not Applicable

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**35.m.a** B5 replacement:

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**35.m.b** Zenkers replacement:

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**35.n** Has the laboratory eliminated the use of **Zenkers solution**?

- Yes
- No
- Not Applicable

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**35.o** Has the facility identified other **product substitutions** in the lab that eliminate mercury?

- Yes
- No
- Not Applicable

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Please indicate the name of the new product(s) and the name of the replaced mercury-containing product(s) in Table C.

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**Table D. Mercury-free Product Substitutions**

Name of mercury-free product	Name of product with mercury (replaced)
<b>35.o.a</b> <input type="text"/>	<b>35.o.b</b> <input type="text"/>
<input type="text"/>	<input type="text"/>

<b>35.o.c</b>	<b>35.o.d</b>
<b>35.o.e</b>	<b>35.o.f</b>

### Other Program Successes

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Please describe below any other **innovative techniques or initiatives (not mentioned above)** used to reduce your organization's use of **chemicals of concern**. Please feel free to provide commentary and/or attach supporting files.

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**36.** Success 1: Please describe

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**37.** Please attach any additional documentation (optional):

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**38.** Success 2: Please describe

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**39.** Please attach any additional documentation (optional):

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**40.** Success 3: Please describe

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**41.** Please attach any additional documentation (optional):

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