



TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY
WITH NO BEDS — no.1680138

Partner Recognition (No Beds) - 2016: Chemicals

Introduction

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

- 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
☐ No
☐ Not Applicable

2.a Please attach:

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:

Green Cleaning

3. 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.

4. Does the facility use **Green Seal or UL/EcoLogo-certified** cleaners?

- ☒ Yes
- ☐ No
- ☐ Not Applicable

4.a Please select third-party certified green cleaners being used:

- ☒ 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

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

- ☒ Yes
☐ No
☐ Not Applicable

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

- ☒ Yes
☐ No
☐ Not Applicable

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

- ☒ Yes
☐ No
☐ Not Applicable

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

- ☒ Yes
☐ No
☐ Not Applicable

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

- ☒ Yes
☐ No
☐ Not Applicable

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

- ☐ Yes
☐ No
☐ Not Applicable

10. 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

11. 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

11.a What alternatives are used?

- ☐ OPA (ASP Cidex OPA, Metrex Metricide OPA)
- ☐ Hydrogen peroxide
- ☐ Other

12. 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

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

- ☐ Yes
- ☐ No
- ☐ Not Applicable

14. 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

15. 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)

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

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

- ☒ Yes
- ☐ No
- ☐ Not Applicable

16.a Please describe:

DEHP and PVC

17. Does the facility have a **DEHP** and **PVC** reduction program?

- ☒ Yes
☐ No
☐ Not Applicable

17.a Please describe:

18. Has the facility eliminated **DEHP** and **PVC** from at least one product line?

- ☒ Yes
☐ No
☐ Not Applicable

18.a 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

Other Chemical Reduction Activities

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


- ☒ Yes
☐ No
☐ Not Applicable

20. Does the facility purchase **medical products** that are free of **chemicals of concern** (i.e. mattresses, positioners, apparel, drapes and curtains)?

- ☒ Yes
☐ No
☐ Not Applicable

20.a Please describe:

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

No 

Mercury

22. 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 [\[link to MMMF app\]](#)

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

22.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

22.b.a Please attach:

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

- ☒ Yes
☐ No
☐ Not Applicable

22.c.a Please attach:

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

- ☒ Yes
☐ No
☐ Not Applicable

22.d.a Please attach language:

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

- ☒ Yes
☐ No
☐ Not Applicable

22.e.a Please attach language:

Mercury in the Clinical Arena

22.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

22.f.a Please attach inventory:

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

- ☒ Yes
☐ No
☐ Not Applicable

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

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

- ☐ Yes
☐ No
☐ Not Applicable

22.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

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

- ☐ Yes
☐ No
☐ Not Applicable
☐ No Dental Chairs

Mercury in the Laboratory

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

- ☐ Thermometers
☐ Solutions
☐ Equipment

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

- ☒ Yes
☐ No
☐ Not Applicable

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

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

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

Please share these resources with your lab manager:

For a list of **laboratory chemicals** that may contain mercury, see: <http://mntap.umn.edu/labs/Resources/92-Mercury.htm> and
<http://www.mntap.umn.edu/labs/Resources/10a-MercLabs.htm>

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

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

- ☒ Yes
☐ No
☐ Not Applicable

22.m.a B5 replacement:

22.m.b Zenkers replacement:

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

- ☐ Yes
☐ No
☐ Not Applicable

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

- ☒ Yes
☐ No
☐ Not Applicable

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

Table B. Mercury-free Product Substitutions

Name of mercury-free product	Name of product with mercury (replaced)
22.o.a <div></div>	22.o.b <div></div>
22.o.c <div></div>	22.o.d <div></div>
22.o.e <div></div>	22.o.f <div></div>

Chemicals Successes

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.

23. Success 1: Please describe

24. Please attach any additional documentation (optional):

25. Success 2: Please describe

26. Please attach any additional documentation (optional):