

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

Partner Recognition (No Beds) - 2016: Waste

Introduction

Practice Greenhealth recommends **comprehensive waste tracking** as a starting point for any healthcare institution looking to improve its environmental footprint. Understanding the breakdown of both cost and weight for different waste categories can be one of the easiest strategies to identify areas of opportunity and low-hanging fruit. Beyond waste data, understanding how waste can be prevented, or shifted from a more environmentally-intensive (and expensive) waste stream to a less environmentally intensive waste stream (e.g., from <u>regulated medical waste</u> into <u>recycling</u>) is key to truly reducing the facility's waste footprint.

Baseline Year: The facility's baseline year is generally the first year the facility started tracking waste data. Some facilities use the first year they apply for an Award. If 2015 is your first year of waste tracking, please enter it in both the Baseline Year and the Current Year column, and it will become your baseline for next year's award data.

1. Baseline Year:

The waste data in this section requires **12 consecutive months of waste data**. Please choose a timeframe that is easy for your organization (calendar year, fiscal year, or however you collect the data) and use the **same 12 months consistently** each year you apply.

Solid Waste

Please indicate the facility's **Solid Waste** totals in Table A below (enter a numerical response). You are required to complete the **Current Year** column at a minimum.

If you are using a vendor that uses a **flat fee for integrated waste removal** (e.g., RMW and **solid waste** go out at the same price per lb.), please enter your tonnage but <u>do not include your cost data</u> in Table A below, as it will skew the data set.

NEW in 2016 Non-RCRA Pharmaceutical Waste data will be captured in the category in which it is being treated/disposed. If the facility is segregating and collecting Non-RCRA Pharmaceutical Waste and disposing of it as **SOLID WASTE** (e.g. sent to a municipal waste incinerator), please enter Non-RCRA Pharm Waste data in **Table A.** <u>Solid Waste</u>. If Non-RCRA Pharm Waste is disposed of as <u>REGULATED MEDICAL WASTE</u> (e.g. sent to a RMW incinerator), please enter Non-RCRA Pharm Waste data in **Table A.** <u>Solid Waste</u>. If Non-RCRA Pharm Waste is disposed of as <u>REGULATED MEDICAL WASTE</u> (e.g. sent to a RMW incinerator), please enter Non-RCRA Pharm Waste data in **Table C.** <u>Regulated Medical Waste</u>

Table A. Solid Waste

(Please do not use commas or \$ signs.)

Solid Waste	TONS per Year Baseline	Annual Costs Baseline	TONS per Year Current	Annual Costs Current
Solid Waste	<u>2.</u>	<u>3.</u>	<u>4.</u>	<u>5.</u>
Non-RCRA Pharmaceutical	<u>6.</u>	<u>7.</u>	8.	<u>9.</u>
Waste (MSW)				
Total Solid Waste	<u>10.</u>	<u>11.</u>	<u>12.</u>	<u>13.</u>
	0	0	0	0

14. How does your facility dispose of its regular (non-pharmaceutical) solid waste?

- C Landfill
- C Municipal Waste Incinerator
- Waste-to-Energy Incinerator
- Other

14.a Please describe other method to dispose of **solid waste**:

Recycling

15. How did the recycling program fare financially? (Please select one.)

Break even

16. Please explain:

17. Does the facility recycle clinical/medical plastics?

- Yes
- ⊂ No
- O Not Applicable

<u>17.a</u> Please choose all that apply.

- □ Irrigation bottles
- Skin prep solution bottles
- Trays
- □ Overwraps
- Rigid inserts
- 🗆 Blue wrap
- □ Tyvek
- Basins

\Box	Urinals/Bedpans
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✓ Other

17.a.a Please describe any other plastic items being recycled.

Please indicate tonnage and cost for the selected items above in Appendix A.

Recycling Profile

Please enter the facility's individual **Recycling** Totals in **Appendix A**. The data will self-populate in Table B "Current Year" columns.

Please enter baseline and previous year <u>recycling</u> tonnage and annual costs in Table B below. If this year is your first year of tracking <u>recycling</u> data, go ahead and enter the same number as **Current Year** in the **Baseline Year** column. <u>Do not enter zeros</u>. A negative number in cost field denotes a revenue (or rebates from <u>recycling</u>). Reuse and diversion are <u>not included in this table</u> but are credited elsewhere in the application. Construction & Demolition (C&D) waste <u>recycling</u> is tracked in the <u>Profile</u>, Table C.

PLEASE NOTE: The tonnage and costs for Current Year will be auto-populated from Appendix A.

Table B. Recycling

Recycling Streams	TONS per Year Baseline	Annual Costs Baseline	TONS per Year Current	Annual Costs Current
Recycling (Current Year data will be entered from Appendix A)	<u>18.</u>	<u>19.</u>	20. 0	21. 0
Universal Waste (Current Year data will be entered from Appendix A)	<u>22.</u>	<u>23.</u>	24. 0	25. 0
Recycling Total	26. 0	27. 0	28. 0	29. 0

Waste Reduction Activities

30. Has the facility developed an internal reuse program or strategy for office supplies, clinical products and equipment, and furniture?

- G Yes
- O No
- O Not Applicable

31. Does the facility require its distributor(s) to use reusable totes for supply delivery?

- C Yes
- ⊂ No
- O Not Applicable

31.a Please describe:

32. Does the facility require the use of reusable totes for other product areas beyond med/surg, such as food, office supplies, etc.?

Yes

O No

O Not Applicable

33. Has the facility implemented a paper reduction program?

G Yes

O No

C Not Applicable

33.a Please indicate which activities the institution has pursued to gain those reductions. Select all that apply.

- □ Reduced network printers
- Make double-sided printing the default on printers/copiers
- Reduced number of automatically printed reports
- □ Implemented EMR/EHR system
- Other

<u>33.a.a</u>

Please describe other paper reduction efforts:

Regulated Medical Waste (RMW)

Please indicate the facility's <u>Regulated Medical Waste</u> totals in **Table C** below (enter a numerical response). If you cannot break out one of the waste types, please leave it blank; do not enter zero. If you are using a vendor that uses a **flat fee for integrated waste removal** (e.g., RMW and <u>solid waste</u> go out at the same price per lb), please enter your tonnage, but **DO NOT** include your <u>cost data</u> in **Table C** below, as it will skew the data set. All applicants must fill out **Current Year** tonnage and costs. If this year is your baseline year (e.g. first year of collecting accurate RMW data), please enter your **Current Year** totals in the **Baseline Year** column as well.

RMW Treated Onsite or Offsite:

Please include **all general RMW** in this number, including any RMW that is <u>treated onsite and landfilled</u>. If the facility normally combines treated RMW with its <u>solid waste</u>, please estimate weight or contact Awards Technical Assistance for guidance at <u>awards@practicegreenhealth.org</u> or 888-378-2259.

Non-RCRA Pharmaceutical Waste

Non-RCRA pharmaceutical waste does not meet the EPA or state agencies' definition of hazardous waste but is still dangerous to human health and the environment. Many health care institutions choose to use a vendor to manage this waste stream as incinerate-only to protect health. This waste stream is typically managed in a blue or white pharm waste container. This waste stream can be incinerated as municipal <u>solid waste</u> (if so please track in Table A.) or as RMW (please track in Table C.). Please <u>do not</u> enter non-RCRA pharmaceutical waste in both tables or it will be double-counted.

All Non-RCRA pharmaceutical waste data entered in either Table A or Table C will be autopopulated in Table E. Pharmaceutical Waste below.

Incinerated RMW

Please include any RMW that is incinerated, such as pathology waste, trace chemotherapeutic waste, or any waste that is segregated and removed by a licensed hauler for **medical waste incineration**. This category may be very small.

Sharps

Sharps waste is typically tracked as a separate waste stream by <u>regulated medical waste</u> haulers and should be entered in the Sharps category. If sharps are incinerated, they can be included in the <u>Incinerated RMW</u> category. If the facility uses a reusable sharps container service, make sure the sharps disposal data does not include the weight of the containers.

Table C. Regulated Medical Waste

Regulated Medical Waste Stream	TONS per Year Baseline	Annual Costs Baseline	TONS per Year Current	Annual Costs Current
RMW (treated onsite or offsite)	34.	35.	36.	37.
Sharps	38.	<u>39.</u>	<u>40.</u>	41.
Non-RCRA Pharmaceutical Waste	42.	43.	<u>44.</u>	45.
Incinerated RMW	<u>46.</u>	<u>47.</u>	<u>48.</u>	<u>49.</u>
RMW total waste	<u>50.</u> 0	<u>51.</u> 0	<u>52.</u>	<u>53.</u> 0

RMW Waste Metrics Table

54. Outpatient Visits:	55. Number of ORs (if applicable): 0	56. Number of FTEs
57. Pounds of RMW per Outpatient Visit (The 2015 median value was 0.05, data ranged from 0.01 to 0.05)	58. Tons of RMW per OR (The 2015 median value was 2.52, data ranged from 0.88 to 15.5).	59. Pounds of RMW per FTE (The 2015 median value was 34.18, data ranged from 7.33 to 118.0).

For comparison purposes, based on data submitted from last year's Award winners, the 2015 median value was 0.05 pounds of RMW per outpatient visit (data ranged from 0.01 to .05 lbs of RMW/ staffed bed/ day). The 2015 median value for Tons RMW per OR was 2.52, (data ranged from 0.88 to 15.5 pounds of RMW per OR). The 2015 median value for pounds RMW per FTE was 34.18 (data ranged from 7.33 to 118.0 lbs of RMW per FTE).

60. Does the facility incinerate any portion of its regulated medical waste (RMW)?

Yes

○ No○ Not Applicable

60.a Please indicate which medical waste streams are incinerated:(Please select all that apply)

- □ General RMW
- Path/Chemo
- □ Sharps
- Non-RCRA Pharm
- C Other

61. Does the facility disinfect/treat any portion of its RMW using onsite technology?

Yes

O No

C Not Applicable

Please do not include fluid management systems that empty to the sanitary sewer in this question.

61.a Which of the following technologies does the facility use to treat RMW onsite? (Select one).

- ☐ Autoclave
- Rotoclave
- Microwave
- □ Chemical disinfection
- Incineration
- C Other

<u>61.b</u> If the facility treats its RMW onsite, this treated waste is disposed as:

- C Solid waste
- Treated medical waste
- C Other

61.b.a Please describe how treated waste is disposed of:

61.c How does the facility track its RMW volume or weight if it treats RMW onsite?

- \bigcirc The waste is weighed manually.
- The equipment weighs the material and the facility tracks this weight.
- It is estimated and tracked.
- C The treated RMW is considered part of solid waste volume.
- The facility does not track this weight.
- C Other
- 61.d Does the facility track the cost of treating RMW in-house?
 - Yes
 - O No

61.d.a The facility includes these costs

- Power/utilities
 Water/sewer
- Staff time
- ✓ Other

<u>61.d.a.a</u>	Please describe:
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RMW Reduction/Minimization Strategies

<u>62.</u>	Has the facility	eliminated the standard use of red bag waste (RMW) containers in regular patient room	I S ?
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- Yes
- O No
- C Not Applicable

63. Has the facility implemented a Reusable Sharps Container program?

- C Yes
- ⊖ No
- C Not Applicable

63.a How many tons of plastic were diverted from the landfill or other disposal?

64. Has your facility implemented a single-use device (SUD) reprocessing program with an FDA-approved third party reprocessor?

- O Yes
- O No
- Not Applicable

Updated in 2016 A successful reprocessing program includes many patient care areas as well as the <u>operating room</u>. To simplify the application process, Practice Greenhealth is collecting any data pertaining to SUD reprocessing on the <u>Greening the OR section</u> of the Partner Recognition application. Please enter all data pertaining to your facility's reprocessing collection and purchasing program - inside and outside the <u>operating room</u> - on that page.

Pharmaceutical Waste

Non-RCRA Pharmaceutical Waste

Segregating non-RCRA regulated pharmaceutical waste for incineration is currently considered a best management approach. For facilities using a pharmaceutical waste vendor (not Reverse Distribution), this is typically the blue or white container. Non-RCRA Pharmaceutical Waste data is entered in **Table A** (if disposed of through municipal waste incineration) or **Table C** (if disposed of through RMW incineration). Data from Tables A or C will autopopulate **Table E. Pharmaceutical Waste** below. Pharmacy, Environmental Services, EH&S or your pharmaceutical waste vendor are good resources to identify the waste pharmaceutical tonnage.

RCRA-Regulated Hazardous Pharmaceutical Waste

RCRA hazardous pharmaceutical waste is comprised of waste that is either listed as hazardous or meets the characteristics of hazardous waste in <u>EPA's Resource Conservation and Recovery Act (RCRA)</u> or via state agency. This waste stream should not be confused with red bag or "biohazardous" waste. For facilities using a pharmaceutical waste vendor (not Reverse Distribution), this is typically the black container.

Please enter the facility's RCRA Hazardous Pharmaceutical Waste totals in tons in Table E below. <u>Entering RCRA Hazardous Pharm Waste data in</u> this table will auto-populate **Table G. Hazardous Waste** below.

All applicants must enter **Current Year** tonnage and costs. If this is the first year for which you have accurate pharmaceutical waste data, please enter your **Current Year** totals in the **Baseline Year** column as well. If the facility does not break out a waste type, leave that space blank, <u>do not enter</u> <u>zeros</u>.

Enter data in tons. Pounds can be easily converted to tons by dividing poundage by 2000.

Table E. Pharmaceutical Waste

Pharmaceutical Waste Stream	Pharmaceutical Waste Stream	TONS per Year Baseline	Annual Costs Baseline	TONS per Year Current	Annual Costs Current
RCRA-Hazardous Pharmaceutical Waste	RCRA-Hazardous Pharmaceutical Waste	<u>65.</u>	<u>66.</u>	<u>67.</u>	<u>68.</u>
Non-RCRA Pharmaceutical Waste (MSW)	Non-RCRA Pharmaceutical Waste (MSW)	69. 0	70. 0	71. 0	72. 0
Non-RCRA Pharmaceutical Waste (RMW)	Non-RCRA Pharmaceutical Waste (RMW)	73. 0	74. 0	75. 0	76. 0
Total Pharmaceutical Waste	Total Pharmaceutical Waste	77. 0	78. 0	79. 0	80. 0

Table F. Pharmaceutical Waste Metrics

Total Pounds of Pharmaceutical Waste per Outpatient Visit	Total Pounds of Pharmaceutical Waste per OR	Total Pounds of Pharmaceutical Waste per FTE
81. (The 2015 median value was 0.02, data ranged from 0.013 to 0.108). 0	82. (The 2015 median value was 640; values ranged from 583 to 2320).	83. (The 2015 median value was 0.15 (data ranged from 0.30 to 36.5).

<u>84.</u> If the facility has not provided data for Non-RCRA Pharmaceutical Waste, how is the facility is currently handling waste pharmaceuticals that are not regulated as Hazardous Waste (such as antidepressants, statins, antibiotics, etc.): (Please select all that apply).

 \sqsubset We treat all pharm waste as RCRA-hazardous to better protect human health and the environment

- E Pharm waste is being disposed of in red bags or sharps containers
- □ Pharm waste is going down the drain
- □ Pharm waste is going into clear trash bags

85. Has the facility taken any measures to reduce the generation of pharmaceutical waste?

- Yes
- O No

○ Not Applicable

85.a Please describe:

Hazardous Waste

Please enter the facility's Hazardous Waste total in tons in **Table G. Hazardous Waste** below. All applicants must enter **Current Year** tonnage and costs. If this is the facility's first year of tracking comprehensive waste data, please enter the hazardous waste tonnage from **Current Year** in the **Baseline Year** column. Do not enter zeros. All health care facilities generate some amount of hazardous waste.

If your hazardous waste is in gallons or a mix of gallons and pounds, please convert to tons. It is most accurate to convert gallons to tons using the specific gravity of the waste liquid. However, if this is unavailable, convert gallons to tons using a general conversion factor of 8.35 lbs=1 gallon (e.g., there are approximately 8.35 pounds in a gallon of liquid). Pounds can be easily converted to tons by dividing poundage by 2000.

RCRA-Regulated Hazardous Waste

Please note that your facility's hazardous waste tonnage **should not be zero**. Hazardous waste includes waste solvents, lab fixatives and stains, spill clean-up residue, lab packs, refrigerants, or any "listed" or "characteristic waste" per RCRA regulations. Check with your Laboratory Manager, Pharmacy Director, Safety Director, Hazardous Materials Coordinator, hazardous waste hauler, Accounts Payable, or review waste removal manifests to identify hazardous waste removal documentation that will provide you with the data needed for this section.

Hazardous Waste Stream	TONS per Year Baseline	Annual Costs Baseline	TONS per Year Current	Annual Costs Current
RCRA-Regulated Hazardous Waste	<u>86.</u>	87.	88.	<u>89.</u>
RCRA-Regulated Hazardous	<u>90.</u>	<u>91.</u>	<u>92.</u>	<u>93.</u>
Pharmaceutical Waste	0	0	0	0
Total hazardous waste	<u>94.</u>	<u>95.</u>	<u>96.</u>	<u>97.</u>
	0	0	0	0

Table G. Hazardous Waste Table

Hazardous Waste Minimization Activities

<u>98.</u> Has the facility established a contract with a certified electronics waste/recycling vendor that is certified to e-Stewards (or subcontractors that use e-Stewards certified vendors) for legal and environmentally responsible electronics (or e-waste) management and recycling?

Yes

	<u>98.a</u>	Please pro	ovide name of vendor:
	Please	enter tonna	ge and cost for electronics <u>recycling</u> in <u>Profile</u>.
<u>99.</u>	Does th	e facility us	se digital x-rays which reduce the use and disposal costs of fixer solutions?
	Yes		
	O No		
		pplicable	
<u>100.</u>	How do	es the facili	ity handle its fluorescent lamps?
	Select a	an option	
Green	health. C	rushed lam	of crushing fluorescent lamps releases mercury vapor into the atmosphere and is not recommended by the EPA or Practice aps must be removed as hazardous waste by a licensed hazardous waste hauler and cannot be counted toward recycling or earn more at EPA's Mercury Lamp Drum Top Crusher Study (2006) .
<u>101.</u>	Does th	e facility re	cycle batteries?
	Yes		
	○ No		
		pplicable	
	<u>101.a</u>	Please inc	dicate which of the following types of batteries you recycle:
		□ Ni-Cd	
		□ Lead-a	
		C Alkaline	
		□ Mercur	ic oxide
		□ Ni-MH	
		Other	
		Please indic	cate tonnage and cost for battery recycling in Appendix A .
		<u>101.a.a</u>	If other, please list:
<u>102.</u>	Does yo	our facility h	nave an onsite laboratory ?
	Yes		
	⊖ No		
	C Not A	pplicable	
	<u>102.a</u>	Has your	facility done any work to green its laboratory?

102.a.a Please describe:

102.b Does the facility **recycle**, **reprocess or distill solvents**, **alcohols or other chemicals** from the lab (such as xylene, alcohols or formalin)?

- C Yes
- O No
- Not Applicable

Waste Summary

The following items have been **automatically calculated** based on the information that was provided in Tables A, B,C, and G. If the numbers do not look accurate, check the tonnage and costs entered in those Tables.

Table H. Total Waste Tonnages and Costs for Solid Waste, Recycling, RMW and Hazardous Waste

	Total tonnage (Baseline)	Total Cost (Baseline)	Total tonnage (Current)	Total Cost (Current)
Total Waste	<u>103.</u>	<u>104.</u>	<u>105.</u>	<u>106.</u>
	0	0	0	0

Table I. Total Waste Metrics

Based on the information above, the facility's total pounds of waste per outpatient visit is:	Based on the information above, the facility's total pounds of waste per FTE is:	Based on the information above, the facility's total tons of waste per OR is:
<u>107.</u>	<u>108.</u>	<u>109.</u>
0	0	0

Table J. Total Waste Percentages

	% Waste (Baseline)	% Cost (Baseline)	% Waste (Current)	% Cost (Current)
Solid Waste [from table A]	<u>110.</u>	<u>111.</u>	<u>112.</u>	<u>113.</u>
	0	0	0	0
Recycling [from table B]	<u>114.</u>	<u>115.</u>	<u>116.</u>	<u>117.</u>
	0	0	0	0
RMW [from table C]	<u>118.</u>	<u>119.</u>	<u>120.</u>	<u>121.</u>
	0	0	0	0
			•	•

Hazardous Waste [from table	<u>122.</u>	<u>123.</u>	<u>124.</u>	<u>125.</u>
Ej	0	0	0	0

Waste Successes

Updated for 2016 Practice Greenhealth has condensed the waste success stories into one section.

Please use the space below to describe your most successful and/or innovative waste minimization, reduction, recycling, medical waste or hazardous waste management program(s) in 2015. Practice Greenhealth not only scores these questions but also uses them to identify great case studies to share with the sector. Environmental benefit and cost-savings data appreciated. Please use complete sentences.

126. Success 1:

<u>127.</u> Please attach any additional documentation (optional):

128. Success 2:

<u>129.</u> Please attach any additional documentation (optional):

130. Success 3:

<u>131.</u> Please attach any additional documentation (optional):

132. Success 4:

<u>133.</u> Please attach any additional documentation (optional):

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