



TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY
WITH BEDS BUT NO ORS — no.1678818

Partner for Change (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

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

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

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

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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

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.

6.a Please attach:

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

- ☒ Yes
☐ No

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

- ☒ Yes
☐ No

8.a Is this encoded in an organizational policy?

- ☒ Yes
☐ No
☐ Not Applicable

8.a.a Please attach:

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

- ☒ Yes
☐ No

9.a Is this encoded in an organizational policy?

- ☒ Yes
☐ No

9.a.a Please attach:

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

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

- ☒ Yes
☐ No

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

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

- ☒ Yes
☐ No

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

- ☒ Yes
☐ No

13.a.a Please describe:

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

Integrated Pest Management (IPM)

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

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

- ☒ Yes
☐ No


16. 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

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

16.a Please attach plan or policy:

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

Yes 

DEHP and PVC

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

- ☒ Yes
☐ No

18.a Please describe:


18.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

18.b.a Please attach policy or plan:

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

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

Yes 

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

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

Healthy Interiors

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

- ☒ Yes

☐ No

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

Yes

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

- ☒ BIFMA level
- ☒ Cradle to Cradle
- ☒ SMaRT
- ☐ Other

21.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

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

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

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

Please report dollars spent on furnishings and furniture **that eliminate the use** of 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>	<u>24.</u> <input type="text"/>
Dollars spent on ALL non-medical furniture and medical furnishings	<u>25.</u> <input type="text"/>
% Total spend on furnishings and furniture that eliminate target chemicals of concern	<u>26.</u> <input type="text" value="0"/>

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

- ☒ Yes
☐ No

Mercury

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

- ☐ Yes
☒ No

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.

28.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

28.b.a Please attach:

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No
-

Mercury in the Clinical Arena

28.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
-

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

- ☐ Yes
☐ No
-

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

- ☐ Yes
☐ No
-

28.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
-

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

- ☐ Yes
☐ No
☐ No Dental Chairs
-

28.k Has the facility identified other **product substitutions** in the lab that eliminate mercury?

- ☒ Yes
☐ No
-

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

Table D. Mercury-free Product Substitutions

Name of mercury-free product	Name of product with mercury (replaced)
28.k.a <input type="text"/>	28.k.b <input type="text"/>
28.k.c <input type="text"/>	28.k.d <input type="text"/>
<input type="text"/>	<input type="text"/>

28.k.e

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28.k.f

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Other Program 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.

29. Success 1: Please describe

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30. Please attach any additional documentation (optional):

31. Success 2: Please describe

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32. Please attach any additional documentation (optional):

33. Success 3: Please describe

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34. Please attach any additional documentation (optional):