



TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY
WITH BEDS AND ORS — no.1683058

Making Medicine Mercury Free - 2016: Award

Instructions

The **Making Medicine Mercury Free Award (MMMF)** is a **one time Award**. If your facility has won the MMMF from Practice Greenhealth (or H2E) in the past, your facility does not need to reapply. However, if it has been a number of years since your facility won, we encourage the applicant to review this application for useful resources and to see if there are any additional areas in your facility and operations that may possibly contain mercury.

To win the MMMF Award, the facility needs to be able to answer in the affirmative to all of the questions below with the exception of construction and 'Other.'

If your facility uses a **lamp crusher**, you are not eligible for this Award. For further information please see [Drum Top Crushers](#).

RESOURCES: For more information on mercury in the health care setting, please visit: [Mercury Elimination Tools & Resources](#).

Mercury Policies

Please upload documentation where requested. Only those applications with ALL requested attachments will be considered.

If a **corporate health system policy** is submitted, please answer questions for, and describe, implementation at your facility.

- 1.** Has your facility established and implemented a written **Mercury-free Purchasing Policy** that bans the purchase of mercury-containing items where possible without prior approval? This could be a stand-alone policy or part of a larger Environmentally Preferable Purchasing (EPP) policy, but needs to specifically mention mercury.

- Yes
 No
-

1.a Please attach policy:

- 2.** Does your facility have a **Mercury Management Policy** or policies?

- Yes
 No
-

Your **Mercury Management Policy** (or policies) must include the following attributes. Please attach each policy requested. The same policy

may be attached for a number of questions. Does you have a policy that includes:

2.a A facility **policy statement or commitment statement** expressing a **policy or goal of the virtual elimination of mercury** at your facility or health system?

- Yes
 No

2.a.a Please attach:

2.b **Protocols for safe handling** of remaining mercury containing supplies (this is not a general hazardous waste policy- it must explicitly mention mercury)?

- Yes
 No

2.b.a Please attach:

2.c Does the facility have mercury spill cleanup procedures AND a spill kit on site? A general hazardous waste procedure or policy will NOT suffice--the policy **must explicitly mention mercury**.

- Yes
 No

2.c.a Please attach:

2.d **Disposal procedures – recycling** or regulated safe disposal of equipment or spill waste to avoid disposal in the waste stream (including mercury-containing devices and dental amalgam, if appropriate)? Mercury must be specifically mentioned.

- Yes
 No

2.d.a Please attach:

Clinical Devices

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

- Yes
- No

3.a Please upload the inventory of remaining mercury-containing devices

3.b Please explain the plan and timeline for replacement, if not completely eliminated.

3.c We performed an inventory but did not find any items or mercury-containing items.

- Yes
- No

4. Has your facility eliminated **all patient / clinical mercury thermometers**, including those sold in pharmacies and sent home with patients?

- Yes
- No

4.a What brand do you utilize?

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

- Yes
- No

5.a If not 100%, what is your timeline for total elimination?

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

- Yes
- No

6.a Please list the items that have been replaced:

Facilities

7. Has the applicant communicated directly with the Facilities department to **identify any mercury-containing equipment**? Please attach inventory or list equipment below specific to Facilities

- Yes
 No
-

7.a Please attach inventory:

7.b Please list equipment:

8. Do the **boiler switches** at your facility contain mercury?

- Yes
 No
-

8.a Have these switches been labeled?

- Yes
 No
-

9. Has your facility implemented a program to **recycle fluorescent lamps**?

- Yes
 No
-

9.a Who is your **recycling** vendor?

10. Does your facility use **low-mercury** lamps?

- Yes
 No
-

11. How does the facility handle its **fluorescent lamps**?

Select an option... ▼

12. What is the final disposition of all lamps?

13. Does your facility use a **lamp crusher** onsite?

- Yes
 No

Battery Recycling

14. Has your facility implemented a **battery collection and recycling** program?

- Yes
 No

14.a Who is your **recycling** vendor?

14.b Please indicate the **departments** in the facility where **batteries are collected** for **recycling** (e.g. facility wide, nursing units, etc.)

Please indicate the **types of batteries recycled**.

Table A. Battery **Recycling** Checklist

Battery Type	Recycling (Yes/No)
Ni-Cd	14.c <input type="radio"/> Yes <input type="radio"/> No
Lead-acid	14.d <input type="radio"/> Yes <input type="radio"/> No
Lithium ion	14.e <input type="radio"/> Yes <input type="radio"/> No
Alkaline	14.f <input type="radio"/> Yes <input type="radio"/> No
Ni-MH	14.g <input type="radio"/> Yes <input type="radio"/> No
14.h Other <input type="text"/>	14.i <input type="radio"/> Yes <input type="radio"/> No

14.j

Other

14.k

Yes

No

Laboratory

Mercury in the laboratory setting extends beyond lab thermometers and includes **mercury in lab solutions**, which is harder to detect. Please share the following resources for mercury identification and replacement in the laboratory setting with your lab manager and other appropriate personnel:

15. Has your facility **inventoried** all mercury-containing lab thermometers and other equipment?

Yes

No

15.a Please attach inventory:

16. Has your facility completely **eliminated** all mercury lab thermometers?

Yes

No

17. Lab thermometer elimination comments:

18. Has the laboratory eliminated the use of **B5 fixative**?

Yes

No

18.a B5 replacement:

19. Has the laboratory eliminated the use of **Zenker's fixative / stain** ?

Yes

No

19.a Zenker's replacement:

20. Has the applicant spoken with the **lab manager or appropriate personnel to inventory mercury-containing laboratory chemicals?**

- Yes
- No

20.a Name:

20.b Title:

20.c Date of communication:

21. Has the facility's lab manager (or other) inventoried all **mercury-containing lab chemicals?**

- Yes
- No

21.a The lab manager (or other) indicated:

- None of the lab's chemical solutions contain mercury
- Some of our chemical solutions do contain mercury

Dental

22. Does the facility have **dental chairs?**

- Yes
- No

22.a Does your facility use only mercury-free dental amalgam?

- Yes
- No

Other Mercury-containing Products

The purpose of this section is to ensure there is awareness that **other mercury-containing products** are being used in healthcare and to assess for potential alternatives. While products like mercury-containing thermometers are easy to detect, it is **not obvious that mercury is in these products below**. Please share your **challenges and success stories** for identifying and implementing mercury-free alternatives in the areas below.

23. Pharmacy (thimerosal):

24. Cleaning chemicals (bleach, etc.):

25. If your facility has **eliminated other mercury-containing items** that are not covered above, please list them here:

Construction

26. Does your facility include proper **mercury disposal language** in **demolition contract language /templates?**

- Yes
 No

26.a Please attach language:

26.b Please explain if language is not attached above.

27. Does your facility include **mercury-free language** in **building and/or renovation contract language /templates?**

- Yes
 No

27.a Please attach language:

27.b Please explain if language is not attached above:

28. Does your facility use the **Green Guide for Health Care** to integrate green building **operations** into your facility?

Yes

No

29. Please describe any other **successful or innovative programs** your facility has implemented to **reduce or eliminate** mercury, **educate your staff or community**, etc. (This question is optional).