

Probo.CI



CEC_HOSPITAL — no.3536605

Making Medicine Mercury Free - 2018: MMMF

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](#).

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: [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 if appropriate. Do 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/ procedures **must explicitly mention mercury**.

- ☒ Yes
☐ No

2.c.a Please attach:

2.d Does the facility have **disposal procedures** in place for mercury-containing devices (or dental amalgam--if applicable), such as **recycling** or regulated safe disposal of equipment or spill waste to avoid disposal in an unregulated waste stream. 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 Our inventory did not find any 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.** Has the facility eliminated all mercury-containing blood pressure devices (sphygmomanometers)?

☒ Yes
☐ No

- 6.** Has the facility replaced all mercury-containing clinical devices (e.g., bougies, miller-abbott tubes, cantor tubes, dilators)?

☒ 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 of mercury-containing equipment specific to Facilities:

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 for fluorescent lamps?

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

- ☒ Yes
☐ No

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

11.a Please describe:

12. What is the final disposition of all lamps?

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

- ☒ Yes

☐ No

If you have an onsite lamp crusher, your facility is not eligible for this award. See discussion on [Drum Top Crushers](#).

Battery Recycling

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

☒ Yes

☐ No

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

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 <input type="text"/>	14.k <input type="radio"/> Yes <input type="radio"/> 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:

Mercury Elimination Tools & Resources. Scroll down to Mercury Elimination in Labs.

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

- ☒ Yes
☐ No

15.a Please attach inventory of all mercury-containing lab thermometers and other equipment:

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 mercury-containing **B5 fixative**?

- ☒ Yes
☐ No

18.a B5 replacement:

19. Has the laboratory eliminated the use of mercury-containing **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 of lab manager or personnel:

20.b Title of lab manager or personnel:

20.c Date of communication with lab manager or personnel:

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

Please indicate **remaining mercury-containing chemicals** in the laboratory in Table C:

Table C. Mercury-containing Lab Chemicals

Chemical	Amount in Lab	Concentration of Mercury	Plan to replace?	Replacement Status
21.a.i <input type="text"/>	21.a.j <input type="text"/>	21.a.k <input type="text"/>	21.a.l <input type="text"/>	21.a.m <input type="text"/>
21.a.n <input type="text"/>	21.a.o <input type="text"/>	21.a.p <input type="text"/>	21.a.q <input type="text"/>	21.a.r <input type="text"/>
21.a.s <input type="text"/>	21.a.t <input type="text"/>	21.a.u <input type="text"/>	21.a.v <input type="text"/>	21.a.w <input type="text"/>
21.a.x <input type="text"/>	21.a.y <input type="text"/>	21.a.z <input type="text"/>	21.a.aa <input type="text"/>	21.a.ab <input type="text"/>

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 the healthcare setting and to assess for potential alternatives. While products like mercury-containing thermometers are easy to detect, it is **not obvious** that mercury is in

vaccinations, bleach and other products. Please share your **challenges and success stories** for identifying and implementing mercury-free alternatives 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** or templates?

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

28. 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).